Drug Use and Delinquency

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CHAPTER OBJECTIVES
After reading this chapter you should:

1. Know which are the drugs most frequently abused by American youth.
2. Understand the extent of the drug problem among American youth today.
3. Be able to discuss how teenage drug use in this country has changed over time.
4. Know the main explanations for why youths take drugs.
5. Recognize the different behavior patterns of drug-involved youths.
6. Understand the relationship between drug use and delinquency.
7. Be familiar with the major drug-control strategies.
8. Be able to argue the pros and cons of government using different drug-control strategies.
There is little question that adolescent substance abuse and its association with delinquency are vexing problems. Almost every town, village, and city in the United States has confronted some type of teenage substance abuse problem. Nor is the United States alone in experiencing this. In the United Kingdom, one out of eight high school students reports having used illicit drugs (other than marijuana) at least once, and in Denmark 85 percent of high school students report using alcohol in the past month. South Africa reports an increase in teen cocaine and heroin abuse, and Thailand has a serious heroin and methamphetamine problem.  

Self-report surveys indicate that more than half of high school–age kids have used drugs. Although this is a troubling statistic, these surveys also show that teen drug use is down from five and ten years ago. Many programs have been implemented over the years to help children and teens avoid taking drugs, such as educating them about the dangers of drug use and developing skills to “Just Say No.” Some of these programs take place in the school and the community, and some involve police and other juvenile justice agencies. But what role can families play in helping to prevent teen drug use? A study by the Center on Addiction and Substance Abuse suggests that parents can play an important role. The study found that teens whose parents set down rules about what they can watch and listen to, care about how they are doing at school, and generally take an active interest in their lives are the least likely group to use drugs. In contrast, teens with hands-off parents were found to be more likely to try drugs.

FREQUENTLY ABUSED DRUGS

A wide variety of substances referred to as drugs are used by teenagers. Some are addicting, others not. Some create hallucinations, others cause a depressed stupor, and a few give an immediate uplift. In this section we will identify the most widely used substances and discuss their effects. All of these drugs can be abused, and because of the danger they present, many have been banned from private use. Others are available legally only with a physician’s supervision, and a few are available to adults but prohibited for children.

Marijuana and Hashish

Commonly called “pot” or “grass,” marijuana is produced from the leaves of Cannabis sativa. Hashish (hash) is a concentrated form of cannabis made from unadulterated

substance abuse

Using drugs or alcohol in such a way as to cause physical harm to oneself.

hashish

A concentrated form of cannabis made from unadulterated resin from the female cannabis plant.
Marijuana is the drug most commonly used by teenagers. Surveys suggest that marijuana use among high school students is much lower today than it was during its peak in the mid-1990s.

Cocaine

Cocaine is an alkaloid derivative of the coca plant. When first isolated in 1860, it was considered a medicinal breakthrough that could relieve fatigue, depression, and other symptoms, and it quickly became a staple of patent medicines. When its addictive qualities and dangerous side effects became apparent, its use was controlled by the Pure Food and Drug Act of 1906.

Cocaine is the most powerful natural stimulant. Its use produces euphoria, restlessness, and excitement. Overdoses can cause delirium, violent manic behavior, and possible respiratory failure. The drug can be sniffed, or “snorted,” into the nostrils, or it can be injected. The immediate feeling of euphoria, or “rush,” is short-lived, and heavy users may snort coke as often as every ten minutes. Another dangerous practice is “speedballing”—injecting a mixture of cocaine and heroin.

Crack is processed street cocaine. Its manufacture involves using ammonia or baking soda (sodium bicarbonate) to remove the hydrochlorides and create a crystalline form of cocaine that can be smoked. In fact, crack gets its name from the fact that the sodium bicarbonate often emits a crackling sound when the substance is smoked. Also referred to as “rock,” “gravel,” and “roxanne,” crack gained popularity in the mid-1980s. It is relatively inexpensive, can provide a powerful high, and is highly addictive psychologically.

Heroin

Narcotic drugs have the ability to produce insensibility to pain and to free the mind of anxiety and emotion. Users experience relief from fear and apprehension, release of tension, and elevation of spirits. This short period of euphoria is followed by a period of apathy, during which users become drowsy and may nod off. Heroin, the most commonly used narcotic in the United States, is produced from opium, a drug derived from the opium poppy flower. Dealers cut the drug with neutral substances (sugar or lactose), and street heroin is often only 1 to 4 percent pure.
Heroin is probably the most dangerous commonly abused drug. Users rapidly build up a tolerance for it, fueling the need for increased doses to obtain the desired effect. At first heroin is usually sniffed or snorted; as tolerance builds, it is “skin popped” (shot into skin, but not into a vein); and finally it is injected into a vein, or “mainlined.” Through this progressive use, the user becomes an addict—a person with an overpowering physical and psychological need to continue taking a particular substance by any means possible. If addicts cannot get enough heroin to satisfy their habit, they will suffer withdrawal symptoms, which include irritability, depression, extreme nervousness, and nausea.

Alcohol
Alcohol remains the drug of choice for most teenagers. More than 70 percent of high school seniors reported using alcohol in the past year, and 78 percent say they have tried it at some time during their lifetime; by the twelfth grade just under two-thirds (62 percent) of American youth report that they have “been drunk.” More than twenty million Americans are estimated to be problem drinkers, and at least half of these are alcoholics.

Alcohol may be a factor in nearly half of all murders, suicides, and accidental deaths. Alcohol-related deaths number one hundred thousand a year, far more than all other illegal drugs combined. Just over 1.4 million drivers are arrested each year for driving under the influence (including 13,400 teen drivers), and around 1.2 million more are arrested for other alcohol-related violations. The economic cost is staggering. An estimated $185 billion is lost each year, including $36 billion from premature deaths, $88 billion in reduced work effort, and $19 billion arising from short- and long-term medical problems.

Considering these problems, why do so many youths drink to excess? Young people who use alcohol report that it reduces tension, enhances pleasure, improves social skills, and transforms experiences for the better. Although these reactions may follow the limited use of alcohol, alcohol in higher doses acts as a depressant. Long-term use has been linked with depression and physical ailments ranging from heart disease to cirrhosis of the liver. Many teens also think drinking stirs their romantic urges, but scientific evidence indicates that alcohol decreases sexual response.

Other Drug Categories
Other drug categories include anesthetic drugs, inhalants, sedatives and barbiturates, tranquilizers, hallucinogens, stimulants, steroids, designer drugs, and cigarettes.

Anesthetic Drugs
Anesthetic drugs are central nervous system (CNS) depressants. Local anesthetics block nervous system transmissions; general anesthetics act on the brain to produce loss of sensation, stupor, or unconsciousness. The most widely abused anesthetic drug is phencyclidine (PCP), known as “angel dust.” Angel dust can be sprayed on marijuana or other leaves and smoked, drunk, or injected. Originally developed as an animal tranquilizer, PCP creates hallucinations and a spaced-out feeling that causes heavy users to engage in violent acts. The effects of PCP can last up to two days, and the danger of overdose is high.

Inhalants
Some youths inhale vapors from lighter fluid, paint thinner, cleaning fluid, or model airplane glue to reach a drowsy, dizzy state that is sometimes accompanied by hallucinations. Inhalants produce a short-term euphoria followed by a period of disorientation, slurred speech, and drowsiness. Amyl nitrite (“poppers”) is a commonly used volatile liquid packaged in capsule form that is inhaled when the capsule is broken open.

Sedatives and Barbiturates
Sedatives, the most commonly used drugs of the barbiturate family, depress the central nervous system into a sleeplike condition.
On the illegal market sedatives are called “goofballs” or “downers” and are often known by the color of the capsules: “reds” (Seconal), “blue devils” (Amytal), and “rainbows” (Tuinal).

Sedatives can be prescribed by doctors as sleeping pills. Illegal users employ them to create relaxed, sociable feelings; overdoses can cause irritability, repellent behavior, and unconsciousness. Barbiturates are the major cause of drug-overdose deaths.

**Tranquilizers**  
Tranquilizers reduce anxiety and promote relaxation. Legally prescribed tranquilizers, such as Ampazine, Thorazine, Pacatal, and Sparine, were originally designed to control the behavior of people suffering from psychoses, aggressiveness, and agitation. Less powerful tranquilizers, such as Valium, Librium, Miltown, and Equanil, are used to combat anxiety, tension, fast heart rate, and headaches. The use of illegally obtained tranquilizers can lead to addiction, and withdrawal can be painful and hazardous.

**Hallucinogens**  
Hallucinogens, either natural or synthetic, produce vivid distortions of the senses without greatly disturbing the viewer’s consciousness. Some produce hallucinations, and others cause psychotic behavior in otherwise normal people.

One common hallucinogen is mescaline, named after the Mescalero Apaches, who first discovered its potent effect. Mescaline occurs naturally in the peyote, a small cactus that grows in Mexico and the southwestern United States. After initial discomfort, mescaline produces vivid hallucinations and out-of-body sensations.

A second group of hallucinogens are synthetic alkaloid compounds, such as psilocybin. These can be transformed into lysergic acid diethylamide, commonly called LSD. This powerful substance stimulates cerebral sensory centers to produce visual hallucinations, intensify hearing, and increase sensitivity. Users often report a scrambling of sensations; they may “hear colors” and “smell music.” Users also report feeling euphoric and mentally superior, although to an observer they appear disoriented. Anxiety and panic may occur, and overdoses can produce psychotic episodes, flashbacks, and even death.

**Stimulants**  
Stimulants (“uppers,” “speed,” “pep pills,” “crystal”) are synthetic drugs that stimulate action in the central nervous system. They increase blood pressure, breathing rate, and bodily activity, and elevate mood. Commonly used stimulants include Benzedrine (“bennies”), Dexedrine (“dex”), Dexamyl, Bephetamine (“whites”), and Methedrine (“meth,” “speed,” “crystal meth”).

Methedrine is probably the most widely used and most dangerous amphetamine. Some people swallow it; heavy users inject it. Long-term heavy use can result in exhaustion, anxiety, prolonged depression, and hallucinations. A new form of methamphetamine is a crystallized substance with the street name of “ice” or “crystal.” Smoking this crystal causes weight loss, kidney damage, heart and respiratory problems, and paranoia.15

**Steroids**  
Teenagers use highly dangerous anabolic steroids to gain muscle bulk and strength.16 Black market sales of these drugs approach $1 billion annually. Although not physically addicting, steroids can become a kind of obsession among teens who desire athletic success. Long-term users may spend up to $400 a week on steroids and may support their habit by dealing the drug.

Steroids are dangerous because of the health problems associated with their long-term use: liver ailments, tumors, kidney problems, sexual dysfunction, hypertension, and mental problems such as depression. Steroid use runs in cycles, and other drugs—Clomid, Teslac, and Halotestin, for example—that carry their own dangerous side effects are often used to curb the need for high dosages of steroids. Finally, steroid users often share needles, which puts them at high risk for contracting HIV, the virus that causes AIDS.
Designer Drugs  Designer drugs are lab-created synthetics that are designed at least temporarily to get around existing drug laws. The most widely used designer drug is Ecstasy, which is actually derived from speed and methamphetamine. After being swallowed, snorted, injected, or smoked, it acts simultaneously as a stimulant and a hallucinogen, producing mood swings, disturbing sleeping and eating habits, altering thinking processes, creating aggressive behavior, interfering with sexual function, and affecting sensitivity to pain. The drug can also increase blood pressure and heart rate. Teenage users taking Ecstasy at raves have died from heat stroke because the drug can cause dehydration.

Cigarettes  Approximately twenty-five countries have established laws to prohibit the sale of cigarettes to minors. The reality, however, is that in many countries children and adolescents have easy access to tobacco products. In the United States, the Synar Amendment, enacted in 1992, requires states to enact and enforce laws restricting the sale of tobacco products to youths under the age of eighteen. States are required to reduce rates of illegal sales to minors to no more than 20 percent within several years. The FDA rules require age verification for anyone under the age of twenty-seven who is purchasing tobacco products. The FDA has also banned vending machines and self-service displays except in adult-only facilities. Despite all of these measures, almost six out of ten high school seniors in America—57 percent of them—report having smoked cigarettes over their lifetime. However, in recent years cigarette use by high school students has been on the decline.

DRUG USE TODAY  Surveys show that alcohol continues to be the most widely used drug and that synthetic drugs such as Ecstasy have become more popular. Some western states report that methamphetamine ("speed," "crank") use is increasing and that its low cost and high potency has encouraged manufacturers ("cookers") to increase production. The use of other synthetics, including PCP and LSD, is focused in particular areas of the country. Synthetics are popular because labs can easily be hidden in rural areas, and traffickers do not have to worry about border searches or payoffs to foreign growers or middlemen. Users like synthetics because they are cheap and produce a powerful, long-lasting high that can be greater than that provided by more expensive natural products such as cocaine.

Crack cocaine use has been in decline in recent years. Heavy criminal penalties, tight enforcement, and social disapproval have helped to lower crack use. Although it was feared that abusers would turn to heroin as a replacement, there has been little indication of a new heroin epidemic. Heroin use has stabilized in most of the country, although there are still hundreds of thousands of regular users in large cities.

Arrest data show that the most frequent heroin users are older offenders who started their habit decades ago. There is reason to believe heroin use is in decline among adolescents, possibly because it has acquired an extremely negative street image. Most youths know that heroin is addictive and destructive to health, and that needle sharing leads to HIV. Research conducted in New York City shows that most youths avoid heroin, shun users and dealers, and wish to avoid becoming addicts.

Despite concern over these "hard drugs," the most persistent teenage substance-abuse problem is alcohol. Teenage alcoholism is sometimes considered less serious than other types of substance abuse, but it actually produces far more problems. Teenage alcohol abusers suffer depression, anxiety, and other symptoms of mental distress. Also, it is well established that alcoholism runs in families; today's teenage abusers may become the parents of the next generation of teenage alcoholics.

What do national surveys tell us about the extent of drug use and the recent trends in teen usage?
The Monitoring the Future (MTF) Survey

One of the most important and influential surveys of teen substance abuse is the annual Monitoring the Future survey conducted by the Institute for Social Research at the University of Michigan. In all, about forty-five thousand students located in 433 secondary schools participate in the study.

The most recent MTF survey indicates that, with a few exceptions, drug use among American adolescents held steady in 2002, but declined from the recent peak levels reached in 1996 and 1997. As Figure 10.1 shows, drug use peaked in the late 1970s and early 1980s and then began a decade-long decline until showing an uptick in the mid-1990s; usage for most drugs has been stable or in decline since then. Especially encouraging has been a significant drop in the use of crack cocaine among younger kids. As noted earlier, there has also been a continuing decline in cigarette smoking, as well as the use of smokeless tobacco products. More troubling is the use of Ecstasy, which, because of its popularity at dance clubs and raves, rose among older teens (tenth- and twelfth-graders) for much of the late 1990s and up to 2001, but has since dropped sharply. In 2002, just under 5 percent of tenth-graders reported some use of Ecstasy during the previous twelve months (down from 6.2 percent in 2001); slightly over 7 percent of the twelfth-graders also reported some use (down from 9.2 percent in 2001). On the other hand, the use of anabolic steroids by males in their early to mid-teens has increased (4 percent of twelfth-grade boys now take steroids), possibly because of the reported use of similar substances by respected athletes. Heroin use has dropped sharply in the last couple of years (1 percent of twelfth-grade boys are users) after the rates had roughly doubled between 1991 and 1995, when noninjectable forms of heroin use became popular. It is possible that widely publicized overdose deaths of musicians and celebrities may have helped stabilize heroin abuse. Alcohol use among teens has been fairly stable over the past several years. Nonetheless, nearly one-fifth of eighth-graders and almost half of twelfth-graders use alcohol regularly.

The PRIDE Survey

A second source of information on teen drug and alcohol abuse is the National Parents’ Resource Institute for Drug Education (PRIDE) survey, which is also conducted
Typically, findings from the PRIDE survey correlate highly with the MTF drug survey. The most recent PRIDE survey (for the 2002–03 school year) indicates slight increases in drug activity over the previous school year, but substantial decreases over the last five years. For example, about 24 percent of students in grades six to twelve claimed to have used drugs during the past year, down from 27 percent in the 1998–99 school year (Table 10.1). Cigarette smoking and alcohol use are also down from five years ago. The fact that two surveys generate roughly the same pattern in drug abuse helps bolster their validity and give support to a decline in teenage substance abuse.

**Are the Survey Results Accurate?**

Student drug surveys must be interpreted with caution. First, it may be overly optimistic to expect that heavy users are going to cooperate with a drug-use survey, especially one conducted by a government agency. Even if they were willing, these students are likely to be absent from school during testing periods. Also, drug abusers are more likely to be forgetful and to give inaccurate accounts of their substance abuse.

Another problem is the likelihood that the most drug-dependent portion of the adolescent population is omitted from the sample. In some cities, almost half of all youths arrested dropped out of school before the twelfth grade, and more than half of these arrestees are drug users (Figure 10.2). Juvenile detainees (those arrested and held in a lockup) test positively for cocaine at a rate many times higher than those reporting recent use in the MTF and PRIDE surveys. The inclusion of eighth-graders in the MTF sample is one way of getting around the dropout problem. Nonetheless, high school surveys may be excluding some of the most drug-prone young people in the population.

Although these problems are serious, they are consistent over time and therefore do not hinder the measurement of change or trends in drug usage. That is, prior surveys also omitted dropouts and other high-risk individuals. However, since these problems are built into every wave of the survey, any change recorded in the annual

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**Checkpoints**

- More than half of all high-school-age kids have tried drugs.
- Use of cocaine and crack is on the decline.
- Alcohol remains the drug of choice for most teens.
- Ecstasy has become popular in recent years.
- Teenage drug use is measured by two national surveys, the Monitoring the Future survey and the PRIDE Survey.
- Both of these surveys show that drug and alcohol use has declined in recent years.

To quiz yourself on this material, go to questions 10.1–10.7 on the Juvenile Delinquency: The Core 2e Web site.
substance-abuse rate is probably genuine. So, although the validity of these surveys may be questioned, they are probably reliable indicators of trends in substance abuse.

WHY DO YOUTHS TAKE DRUGS?

Why do youths engage in an activity that is sure to bring them overwhelming problems? It is hard to imagine that even the youngest drug users are unaware of the problems associated with substance abuse. Although it is easy to understand dealers’ desires for quick profits, how can we explain users’ disregard for long- and short-term consequences? Concept Summary 10.1 reviews some of the most likely reasons.

Social Disorganization

One explanation ties drug abuse to poverty, social disorganization, and hopelessness. Drug use by young minority group members has been tied to factors such as racial prejudice, low self-esteem, poor socioeconomic status, and the stress of living in a harsh urban environment. The association between drug use, race, and poverty has been linked to the high level of mistrust and defiance found in lower socioeconomic areas.

Despite the long-documented association between social disorganization and drug use, the empirical data on the relationship between class and crime have been inconclusive. For example, the National Youth Survey (NYS), a longitudinal study of delinquent behavior conducted by Delbert Elliott and his associates, found little if any association between drug use and social class. The NYS found that drug use is higher among urban youths, but there was little evidence that minority youths or members of the lower class were more likely to abuse drugs than White youths and the more affluent.

Research by the Rand Corporation indicates that many drug-dealing youths had legitimate jobs at the time they were arrested for drug trafficking. Therefore, it would be difficult to describe drug abusers simply as unemployed dropouts.

<table>
<thead>
<tr>
<th>Table 10.1</th>
<th>Annual Drug Use, 1998–99 Versus 2002–03, Grades 6–12</th>
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<tr>
<td></td>
<td>1998–99 (%)</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>37.9</td>
</tr>
<tr>
<td>Any alcohol</td>
<td>56.8</td>
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<tr>
<td>Any illicit drug</td>
<td>27.1</td>
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<table>
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<th>Key Reasons Why Youths Take Drugs</th>
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<tbody>
<tr>
<td>Social disorganization</td>
</tr>
<tr>
<td>Peer pressure</td>
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<td>Family factors</td>
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<td>Genetic factors</td>
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<td>Emotional problems</td>
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<tr>
<td>Problem behavior syndrome</td>
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<td>Rational choice</td>
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</table>
Peer Pressure

Research shows that adolescent drug abuse is highly correlated with the behavior of best friends, especially when parental supervision is weak.30 Youths in inner-city areas where feelings of alienation run high often come in contact with drug users who teach them that drugs provide an answer to their feelings of inadequacy and stress.31 Perhaps they join with peers to learn the techniques of drug use; their friendships with other drug-dependent youths give them social support for their habit. Empirical research efforts show that a youth’s association with friends who are
substance abusers increases the probability of drug use. The relationship is reciprocal: adolescent substance abusers seek out friends who engage in these behaviors, and associating with drug abusers leads to increased levels of drug abuse.

Peer networks may be the most significant influence on long-term substance abuse. Shared feelings and a sense of intimacy lead youths to become fully enmeshed in the “drug-use subculture.” Research indicates that drug users do in fact have warm relationships with substance-abusing peers who help support their behaviors. This lifestyle provides users with a clear role, activities they enjoy, and an opportunity for attaining status among their peers. One reason it is so difficult to treat hard-core users is that quitting drugs means leaving the “fast life” of the streets.

Family Factors

Another explanation is that drug users have a poor family life. Studies have found that the majority of drug users have had an unhappy childhood, which included harsh punishment and parental neglect. The drug abuse and family quality association may involve both racial and gender differences: females and Whites who were abused as children are more likely to have alcohol and drug arrests as adults; abuse was less likely to affect drug use in males and African Americans. It is also common to find substance abusers in large families and with parents who are divorced, separated, or absent.

Social psychologists suggest that drug abuse patterns may also result from observation of parental drug use. Youths who learn that drugs provide pleasurable sensations may be most likely to experiment with illegal substances; a habit may develop if the user experiences lower anxiety and fear. Research shows, for example, that gang members raised in families with a history of drug use were more likely than other gang members to use cocaine and to use it seriously. And even among gang members parental drug abuse was a key factor in the onset of adolescent drug use. Observing drug abuse may be a more important cause of drug abuse than other family-related problems.

Other family factors associated with teen drug abuse include parental conflict over child-rearing practices, failure to set rules, and unrealistic demands followed by harsh punishments. Low parental attachment, rejection, and excessive family conflict have all been linked to adolescent substance abuse.
Genetic Factors

The association between parental drug abuse and adolescent behavior may have a genetic basis. Research has shown that biological children of alcoholics reared by non-alcoholic adoptive parents more often develop alcohol problems than the natural children of the adoptive parents.43 A number of studies comparing alcoholism among identical and fraternal twins have found that the degree of concordance (that is, both siblings behaving identically) is twice as high among the identical twin groups.44

A genetic basis for drug abuse is also supported by evidence showing that future substance abuse problems can be predicted by behavior exhibited as early as six years of age. The traits predicting future abuse are independent from peer relations and environmental influences.45

Emotional Problems

As we have seen, not all drug-abusing youths reside in lower-class urban areas. To explain drug abuse across social classes, some experts have linked drug use to emotional problems that can strike youths in any economic class. Psychodynamic explanations of substance abuse suggest that drugs help youths control or express unconscious needs. Some psychoanalysts believe adolescents who internalize their problems may use drugs to reduce their feelings of inadequacy. Introverted people may use drugs as an escape from real or imagined feelings of inferiority.46 Another view is that adolescents who externalize their problems and blame others for their perceived failures are likely to engage in antisocial behaviors, including substance abuse. Research exists to support each of these positions.47

Drug abusers are also believed to exhibit psychopathic or sociopathic behavior characteristics, forming what is called an addiction-prone personality.48 Drinking alcohol may reflect a teen’s need to remain dependent on an overprotective mother or an effort to reduce the emotional turmoil of adolescence.49

Research on the psychological characteristics of narcotics abusers does, in fact, reveal the presence of a significant degree of pathology. Personality testing of users suggests that a significant percentage suffer from psychotic disorders. Studies have found that addicts suffer personality disorders characterized by a weak ego, low frustration tolerance, and fantasies of omnipotence. Up to half of all drug abusers may also be diagnosed with antisocial personality disorder (ASPD), which is defined as a pervasive pattern of disregard for the rights of others.50

Problem Behavior Syndrome

For some adolescents, substance abuse is one of many problem behaviors that begin early in life and remain throughout the life course.51 Longitudinal studies show that youths who abuse drugs are maladjusted, emotionally distressed, and have many social problems.52 Having a deviant lifestyle means associating with delinquent peers, living in a family in which parents and siblings abuse drugs, being alienated from the dominant values of society, and engaging in delinquent behaviors at an early age.53 Youths who abuse drugs lack commitment to religious values, disdain education, and spend most of their time in peer activities.54 Youths who take drugs do poorly in school, have high dropout rates, and maintain their drug use after they leave school.55 This view of adolescent drug taking is discussed in the Focus on Delinquency feature entitled “Problem Behaviors and Substance Abuse.” (Chapter 5 provides an in-depth discussion of problem behavior syndrome.)

Rational Choice

Youths may choose to use drugs because they want to get high, relax, improve their creativity, escape reality, or increase their sexual responsiveness. Research indicates that adolescent alcohol abusers believe getting high will increase their sexual per-
Most experts believe that drug involvement begins with drinking alcohol at an early age, which progresses to experimentation with marijuana and finally to cocaine and then heroin. Though most recreational users do not progress to addictive drugs, few addicts begin their drug involvement with narcotics.

Performance and facilitate their social behavior; they care little about negative consequences. Substance abuse, then, may be a function of the rational, albeit mistaken, belief that substance abuse benefits the user.

PATHWAYS TO DRUG ABUSE

Although there is not a single path to becoming a drug abuser, it is generally believed that most users start at a young age using alcohol as a gateway drug to harder substances. That is, drug involvement begins with drinking alcohol at an early age, which progresses to experimentation with marijuana, and finally to using cocaine and even heroin. Research on adolescent drug users in Miami found that youths who began their substance abuse careers early—by experimenting with alcohol at age seven, getting drunk at age eight, having alcohol with an adult present by age nine, and becoming regular drinkers by the time they were eleven years old—later became crack users. Drinking with an adult present was a significant precursor of substance abuse and delinquency.

Although the gateway concept is still being debated, there is little disagreement that most drug users start their involvement with alcohol as a gateway drug to harder substances. That is, drug involvement begins with drinking alcohol at an early age, which progresses to experimentation with marijuana, and finally to using cocaine and even heroin. Research on adolescent drug users in Miami found that youths who began their substance abuse careers early—by experimenting with alcohol at age seven, getting drunk at age eight, having alcohol with an adult present by age nine, and becoming regular drinkers by the time they were eleven years old—later became crack users. Drinking with an adult present was a significant precursor of substance abuse and delinquency.

What are the patterns of teenage drug use? Are all abusers similar, or are there different types of drug involvement? Research indicates that drug-involved youths do take on different roles, lifestyles, and behavior patterns, some of which are described in the next sections.
Adolescents Who Distribute Small Amounts of Drugs

Many adolescents who use and distribute small amounts of drugs do not commit any other serious delinquent acts. They occasionally sell marijuana, crystal, and PCP.
There is also a connection between substance abuse and serious behavioral and emotional problems. One national study found that behaviorally troubled youth are seven times more likely than those with less serious problems to report that they were dependent on alcohol or illicit drugs (17.1 percent versus 2.3 percent). In addition, youths with serious emotional problems were nearly four times more likely to report dependence (13.2 percent versus 3.4 percent) (Figure B).

**CRITICAL THINKING**

These studies provide dramatic evidence that drug abuse is highly associated with other social problems—physical or sexual abuse, school failure, and emotional disorders. They imply that getting young people off drugs may take a lot more effort than relying on some simple solution like “Just Say No.” What would it take to get young people to refrain from using drugs?

**INFOTRAC COLLEGE EDITION RESEARCH**


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**Figure B** Percent of Youths Ages 12 to 17 Reporting Dependence on Alcohol or Illicit Drugs, by Behavioral and Emotional Problem Scores,* 1994–1996

<table>
<thead>
<tr>
<th>Behavioral problems</th>
<th>Emotional problems</th>
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<tbody>
<tr>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Behavioral problem scores</td>
<td>Emotional problem scores</td>
</tr>
<tr>
<td>17.1</td>
<td>13.2</td>
</tr>
<tr>
<td>6.4</td>
<td>7.3</td>
</tr>
<tr>
<td>2.3</td>
<td>3.4</td>
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</tbody>
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*Severity levels (high, intermediate, and low) for behavioral and emotional problem scale were determined using values set in the Youth Self-Report, an instrument extensively used in adolescent studies to assess psychological difficulties.

Adolescents Who Frequently Sell Drugs

A small number of adolescents are high-rate dealers who bridge the gap between adult drug distributors and the adolescent user. Though many are daily users, they take part in many normal activities, including going to school and socializing with friends.

Frequent dealers often have adults who “front” for them—that is, sell them drugs for cash. The teenagers then distribute the drugs to friends and acquaintances. They return most of the proceeds to the supplier, keeping a commission for themselves. They may also keep drugs for their personal use, and in fact, some consider their dealing as a way of “getting high for free.” One young user, Winston, age seventeen, told investigators, “I sell the cracks for money and for cracks. The man, he give me this much. I sell most of it and I get the rest for me. I like this much. Every day I do this.”61 James Inciardi and his associates found that about 80 percent of the youths who dealt crack regularly were daily users.62

Frequent dealers are more likely to sell drugs in parks, schools, or other public places. Deals occur irregularly, so the chance of apprehension is not significant, nor is the payoff substantial. Robert MacCoun and Peter Reuter found that drug dealers make about $30 per hour when they are working and clear on average about $2,000 per month. These amounts are greater than most dealers could hope to earn in legitimate jobs, but they are not enough to afford a steady stream of luxuries. Most small-time dealers also hold conventional jobs.63

Teenage Drug Dealers Who Commit Other Delinquent Acts

A more serious type of drug-involved youth is the one who distributes multiple substances and commits both property and violent crimes. These youngsters make up about 2 percent of the teenage population, but they may commit up to 40 percent of the robberies and assaults and about 60 percent of all teenage felony thefts and drug sales. Few gender or racial differences exist among these youths: girls are as likely as boys to become persistent drug-involved offenders, White youths as likely as Black youths, and middle-class adolescents raised outside cities as likely as lower-class city children.64

In cities, these youths frequently are hired by older dealers to act as street-level drug runners. Each member of a crew of three to twelve youths will handle small quantities of drugs; the supplier receives 50 to 70 percent of the drug’s street value. The crew members also act as lookouts, recruiters, and guards. Although they may be recreational drug users themselves, crew members refrain from using addictive drugs such as heroin. Between drug sales, the young dealers commit robberies, burglaries, and other thefts.

Some experts question whether gangs are responsible for as much drug dealing as the media would have us believe. Some believe that the tightly organized “super” gangs are being replaced with loosely organized neighborhood groups. The turbulent environment of drug dealing is better handled by flexible organizations than by rigid, vertically organized gangs with a leader who is far removed from the action.65

Losers and Burnouts

Some drug-involved youths do not have the savvy to join gangs or groups and instead begin committing unplanned crimes that increase their chances of arrest. Their heavy drug use increases their risk of apprehension and decreases their value for organized drug distribution networks.

Drug-involved “losers” can earn a living by steering customers to a seller in a “copping” area, touting drug availability for a dealer, or acting as a lookout. However, they are not considered trustworthy or deft enough to handle drugs or money.
Though these offenders get involved in drugs at an early age, they receive little attention from the justice system until they have developed an extensive arrest record. By then they are approaching the end of their minority and will either desist or become so entrapped in the drug-crime subculture that little can be done to deter their illegal activities.

**Persistent Offenders**

About two-thirds of substance-abusing youths continue to use drugs in adulthood, but about half desist from other criminal activities. Those who persist in both substance abuse and crime maintain these characteristics:

- They come from poor families.
- Their family members include other criminals.
- They do poorly in school.
- They started using drugs and committing other delinquent acts at an early age.
- They use multiple types of drugs and commit crimes frequently.
- They have few opportunities in late adolescence to participate in legitimate and rewarding adult activities.  

Some evidence exists that these drug-abusing persisters have low nonverbal IQs and poor physical coordination. Nonetheless, there is little evidence to explain why some drug-abusing youths drop out of crime while others remain active.

**Checkpoints**

✔ Some kids take drugs because they live in disorganized areas in which there is a high degree of hopelessness, poverty, and despair.
✔ There is peer pressure to take drugs and to drink.
✔ Kids whose parents take drugs are more likely to become abusers themselves.
✔ Some experts believe that drug dependency is a genetic condition.
✔ Youngsters with emotional problems may be drug-prone.
✔ Drug use may be part of a general problem behavior syndrome.
✔ Drug use may also be rational: kids take drugs and drink alcohol simply because they enjoy the experience.
✔ There are a number of pathways to drug abuse.
✔ Some users distribute small amounts of drugs, others are frequent dealers, while another group supplements drug dealing with other crimes.
✔ Some users are always in trouble and are considered burnouts.

To quiz yourself on this material, go to questions 10.8–10.12 on the Juvenile Delinquency: The Core 2e Web site.
prevalence was ten and six times higher than cocaine use for juvenile males and females, respectively. With the exception of methamphetamines, male detainees were more likely to test positive for the use of any drug than were female detainees. Figure 10.2 shows the ADAM survey results for two cities (Phoenix, Arizona, and San Diego, California) that collect data on juvenile detainees (see again Figure 10.2). Note that in Phoenix more than two-thirds of all juveniles, and in San Diego half, test positively for at least one drug, most commonly marijuana. While males and minority-group members have somewhat higher positive test rates than females and Caucasians, drug use is prevalent among juvenile arrestees, reaffirming the close association between substance abuse and criminality.

There is evidence that incarcerated youths are much more likely to be involved in substance abuse than adolescents in the general population. For example, research by David Cantor on incarcerated youths in Washington, D.C., found their drug involvement more than double that of nonincarcerated area youths.

Drugs and Chronic Offending

It is possible that most delinquents are not drug users but that police are more likely to apprehend muddle-headed substance abusers than clear-thinking abstainers. A second, more plausible, interpretation of the existing data is that the drug abuse–crime connection is so powerful because many criminals are in fact substance abusers. Research by Bruce Johnson and his associates confirms this suspicion. Using data from a national self-report survey, these researchers found that less than 2 percent of the youths who responded to the survey (a) report using cocaine or heroin, and (b) commit two or more index crimes each year. However, these drug-abusing adolescents accounted for 40 to 60 percent of all the index crimes reported in the sample. Less than one-quarter of these delinquents committed crimes solely to support a drug habit. These data suggest that a small core of substance-abusing adolescents commit a significant proportion of all serious crimes. It is also evident that a behavior—drug abuse—that develops late in adolescence influences the extent of delinquent activity through the life course.

Explaining Drug Use and Delinquency

The association between delinquency and drug use has been established in a variety of cultures. It is far from certain, however, whether (a) drug use causes delinquency, (b) delinquency leads youths to engage in substance abuse, or (c) both drug abuse and delinquency are functions of some other factor.

Some of the most sophisticated research on this topic has been conducted by Delbert Elliott and his associates at the Institute of Behavioral Science at the University of Colorado. Using data from the National Youth Survey, the longitudinal study of self-reported delinquency and drug use mentioned earlier in this chapter, Elliott and his colleagues David Huizinga and Scott Menard found a strong association between delinquency and drug use. However, the direction of the relationship is unclear. As a general rule, drug abuse appears to be a type of delinquent behavior and not a cause of delinquency. Most youths become involved in delinquent acts before they are initiated into drugs; it is difficult, therefore, to conclude that drug use causes crime.

According to the Elliott research, both drug use and delinquency seem to reflect developmental problems; they are both part of a disturbed lifestyle. This research reveals some important associations between substance abuse and delinquency:

1. Alcohol abuse seems to be a cause of marijuana and other drug abuse because most drug users started with alcohol, and youths who abstain from alcohol almost never take drugs.
2. Marijuana use is a cause of multiple drug use: about 95 percent of youths who use more serious drugs started on pot; only 5 percent of serious drug users never smoked pot.
3. Youths who commit felonies started off with minor delinquent acts. Few delinquents (1 percent) report committing felonies only.

**DRUG CONTROL STRATEGIES**

Billions of dollars are spent each year to reduce the importation of drugs, deter drug dealers, and treat users. Yet although the overall incidence of drug use has declined, drug use has concentrated in the nation’s poorest neighborhoods, with a consequent association between substance abuse and crime.

A number of drug-control strategies have been tried. Some are designed to deter drug use by stopping the flow of drugs into the country, apprehending dealers, and cracking down on street-level drug deals.

Another approach is to prevent drug use by educating would-be users and convincing them to “say no” to drugs. A third approach is to treat users so that they can terminate their addictions. Some of these efforts are discussed in the following sections.

**Law Enforcement Efforts**

Law enforcement strategies are aimed at reducing the supply of drugs and, at the same time, deterring would-be users from drug abuse.

**Source Control** One approach to drug control is to deter the sale of drugs through apprehension of large-volume drug dealers coupled with enforcement of drug laws that carry heavy penalties. This approach is designed to punish known dealers and users and to deter those who are considering entering the drug trade.

A great effort has been made to cut off supplies of drugs by destroying overseas crops and arresting members of drug cartels; this approach is known as *source control*. 

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**What Does This Mean to Me?**

**Reducing Drug Activity**

There is no easy solution to reducing drug-related activities. Some experts argue that less serious drugs like marijuana should be decriminalized, others call for the continued use of police stings and long sentences for drug violations, and some advocate for more education and treatment. Suppose in your community you have witnessed the harms associated with teenage drug use and drug selling, but have also seen the need for some users to get treatment rather than punishment.

1. What do you recommend be done to address the drug problem more effectively? Explain.
2. What are some things you could do in your community to help prevent children and youth from getting involved in drug-related activities?
The federal government has been encouraging exporting nations to step up efforts to destroy drug crops and prosecute dealers. Other less aggressive source control approaches, such as crop substitution and alternative development programs for the largely poor farmers in other countries, have also been tried, and a recent review of international efforts suggests that “some success can be achieved in reduction of narcotic crop production.” Three South American nations—Peru, Bolivia, and Colombia—have agreed to coordinate control efforts with the United States. However, translating words into deeds is a formidable task. Drug lords fight back through intimidation, violence, and corruption. The United States was forced to invade Panama with twenty thousand troops in 1989 to stop its leader, General Manuel Noriega, from trafficking in cocaine.

Even when efforts are successful in one area, they may result in a shift in production to another area or in the targeted crop being replaced by another. For example, between 1994 and 1999, enforcement efforts in Peru and Bolivia were so successful that they altered cocaine cultivation patterns. As a consequence, Colombia became the premier coca-cultivating country when the local drug cartels encouraged growers to cultivate coca plants. When the Colombian government mounted an effective eradication campaign in the traditional growing areas, the cartel linked up with rebel groups in remote parts of the country for their drug supply. Leaders in neighboring countries expressed fear when, in August 2000, the United States announced $1.3 billion in military aid to fight Colombia’s rural drug dealers/rebels, assuming that success would drive traffickers over the border. Another unintended effect of this campaign has been a recent shift by drug cartels to exploit new crops, from a traditional emphasis on coca to opium poppy, the plant used to make heroin. It is estimated that Latin American countries, including Mexico, now supply upwards of 80 percent of the heroin consumed in the United States.

**Border Control**

Law enforcement efforts have also been directed at interdicting drug supplies as they enter the country. Border patrols and military personnel have been involved in massive interdiction efforts, and many billion-dollar seizures have been made. It is estimated that between one-quarter and one-third of the annual cocaine supply shipped to the United States is seized by drug enforcement agencies. Yet U.S. borders are so vast and unprotected that meaningful interdiction is impossible. In 2001, U.S. law enforcement agencies seized 233,000 pounds of cocaine and almost 5,500 pounds of heroin. Global rates of interception of cocaine indicate that only one-third of all imports are being seized by law enforcement.

In recent years, another form of border control to interdict drugs entering the country has emerged: targeting Internet drug traffickers in foreign countries. With the increasing popularity of the Internet, some offenders are now turning to this source to obtain designer-type drugs. In 2001, U.S. Customs in Buffalo, New York, discovered that a steady flow of packages containing the drug gamma-butyrolactone or GBL, an ingredient of GBH (gamma hydroxybutyrate), also known as the date-rape drug, were entering the country from Canada; the drug was disguised as a cleaning product. Operation Webslinger, a joint investigation of federal law enforcement agencies in the United States and Canada, was put in place to track down the suppliers. Within a year, Operation Webslinger had shut down four Internet drug rings operating in the United States and Canada, made 115 arrests in eighty-four cities, and seized the equivalent of twenty-five million doses of GBH and other related drugs. In 2003, another federal task force, known as Operation Gray Lord and involving the Food and Drug Administration and the Drug Enforcement Administration, was set up to combat illegal sales of narcotics on the Internet.

If all importation were ended, homegrown marijuana and lab-made drugs such as Ecstasy could become the drugs of choice. Even now, their easy availability and relatively low cost are increasing their popularity; they are a $10 billion business in the United States today.
**Targeting Dealers**  Law enforcement agencies have also made a concerted effort to focus on drug trafficking. Efforts have been made to bust large-scale drug rings. The long-term consequence has been to decentralize drug dealing and to encourage teenage gangs to become major suppliers. Ironically, it has proven easier for federal agents to infiltrate traditional organized crime groups than to take on drug-dealing gangs.

Police can also intimidate and arrest street-level dealers and users in an effort to make drug use so much of a hassle that consumption is cut back. Some street-level enforcement efforts have had success, but others are considered failures. “Drug sweeps” have clogged correctional facilities with petty offenders while proving a drain on police resources. These sweeps are also suspected of creating a displacement effect: stepped-up efforts to curb drug dealing in one area or city may encourage dealers to seek out friendlier territory. People arrested on drug-related charges are the fastest growing segment of both the juvenile and adult justice systems. National surveys have found that juvenile court judges are prone to use a get-tough approach on drug-involved offenders. They are more likely to be processed formally by the court and to be detained between referral to court and disposition than other categories of delinquent offenders, including those who commit violent crimes. Despite these efforts, juvenile drug use continues, indicating that a get-tough policy is not sufficient to deter drug use.

**Education Strategies**

Another approach to reducing teenage substance abuse relies on educational programs.

Drug education now begins in kindergarten and extends through the twelfth grade. More than 80 percent of public school districts include these components: teaching students about the causes and effects of alcohol, drug, and tobacco use; teaching students to resist peer pressure; and referring students for counseling and treatment. Education programs such as Project ALERT, based in middle schools in California and Oregon, appear to be successful in training youths to avoid recreational drugs and to resist peer pressure to use cigarettes and alcohol. The most widely used drug prevention program, Drug Abuse Resistance Education (D.A.R.E.), is discussed in the accompanying Preventing and Treating Delinquency feature.
Drug Abuse Resistance Education (D.A.R.E.)

The most widely known drug education program, Drug Abuse Resistance Education (D.A.R.E.), is an elementary school course designed to give students the skills they need to resist peer pressure to experiment with tobacco, drugs, and alcohol. It is unique because it employs uniformed police officers to carry the antidrug message to the children before they enter junior high school. The program focuses on five major areas:

- Providing accurate information about tobacco, alcohol, and drugs
- Teaching students techniques to resist peer pressure
- Teaching students to respect the law and law enforcers
- Giving students ideas for alternatives to drug use
- Building the self-esteem of students

The D.A.R.E. program is based on the concept that the young students need specific analytical and social skills to resist peer pressure and “say no” to drugs. Instructors work with children to raise their self-esteem, provide them with decision-making tools, and help them identify positive alternatives to substance abuse.

The D.A.R.E. approach has been adopted so rapidly since its founding in 1983 that it is now taught in almost 80 percent of school districts nationwide and in fifty-four other countries. In 2002 alone, twenty-six million children in the United States and ten million children in other countries participated in the program. More than 40 percent of all school districts incorporate assistance from local law enforcement agencies in their drug-prevention programming. New community policing strategies commonly incorporate the D.A.R.E. program into their efforts to provide services to local neighborhoods at the grassroots level.

Does D.A.R.E. Work?

Although D.A.R.E. is popular with both schools and police agencies, a number of evaluations have not found it to have an impact on student drug usage. For example, in a highly sophisticated evaluation of the program, Donald Lynam and his colleagues found the program to be ineffective over both the short and long term. They followed a cohort of sixth-grade children who attended a total of thirty-one schools. Twenty-three of the schools were randomly assigned to receive D.A.R.E. in the sixth grade, while the other eight received whatever drug education was routinely provided in their classes. The research team assessed the participants yearly through the tenth grade and then recontacted them when they were twenty years old. They found that D.A.R.E. had no effect on students’ drug use at any time through tenth grade. The ten-year follow-up failed to find any hidden or “sleepier” effects that were delayed in developing. At age twenty, there were no differences between those who went through D.A.R.E. and those who did not in their use of cigarettes, alcohol, marijuana, or other drugs; the only difference was that those who had participated in D.A.R.E. reported slightly lower levels of self-esteem at age twenty—an effect that proponents were not aiming for. In the most rigorous and comprehensive review so far on the effectiveness of D.A.R.E., the General Accounting Office (GAO), the research arm of Congress, found that the program neither prevents student drug use nor changes student attitudes toward drugs.

Changing the D.A.R.E. Curriculum

Although national evaluations and independent reviews have questioned the validity of D.A.R.E. and a few communities have discontinued its use, it is still widely employed in school districts around the country. To meet criticism head-on, D.A.R.E. began testing a new curriculum in 2001. The new program is aimed at older students and relies more on having them question their assumptions about drug use than on listening to lectures on the subject. The new program will work largely on changing social norms, teaching students to question whether they really have to use drugs to fit in with their peers. Emphasis will shift from fifth-grade students to those in the seventh grade and a booster program will be added in ninth grade, when kids are more likely to experiment with drugs. Police officers will now serve more as coaches than as lecturers, encouraging students to challenge the social norm of drug use in discussion groups. Students also will do more role-playing in an effort to learn decision-making skills. There will also be an emphasis on the role of media and advertising in shaping behavior. The new curriculum is undergoing tests in 80 high schools and 176 middle schools—half the schools will continue using the curriculum they do now, and the other half will use the new D.A.R.E. program—so that the new curriculum may be scientifically evaluated.

CRITICAL THINKING

1. Do you believe that an education program such as D.A.R.E. can turn kids away from drugs, or are the reasons for teenage drug use so complex that a single school-based program is doomed to fail?
2. If you ran D.A.R.E., what experiences would you give to the children? Do you think it would be effective to have current or ex-addicts address classes about how drugs influenced their lives?

INFOTRAC COLLEGE EDITION RESEARCH


Two recent large-scale studies demonstrate the effectiveness of antidrug messages targeted at youth. An evaluation of the National Youth Anti-Drug Media Campaign, which features ads showing the dangers of marijuana use, reported that almost half of students in grades six to twelve with “high exposure” to the ads said the ads made them less likely to try or use drugs compared with 38 percent of students who had little or no exposure to the ads. Importantly, the study also reported that past-year marijuana use among youth was down 9 percent between 2002 and 2003.91 The second study, the National Survey on Drug Use and Health, which asked young people ages twelve to seventeen about antidrug messages they had heard or seen outside of school hours, reported that past-month drug use by those exposed to the messages was 15 percent lower than those who had not been exposed to the messages.92 These are encouraging findings given the limited effectiveness of D.A.R.E.

Community Strategies
Community-based programs reach out to high-risk youths, getting them involved in after-school programs; offering counseling; delivering clothing, food, and medical care when needed; and encouraging school achievement. Community programs also sponsor drug-free activities involving the arts, clubs, and athletics. Evaluations of community programs have shown that they may encourage antidrug attitudes and help insulate participating youths from an environment that encourages drugs.93

One of the most successful community-based programs to prevent substance abuse and delinquency is provided by the Boys and Girls Clubs (BGCs) of America. One study examined the effectiveness of BGCs for high-risk youths in public housing developments at five sites across the country. The usual services of BGCs, which include reading classes, sports, and homework assistance, were offered, as well as a program to prevent substance abuse, known as SMART Moves (Self-Management and Resistance Training). This program targets the specific pressures that young people face to try drugs and alcohol and provides education to parents and the community at large to assist youth in learning about the dangers of substance abuse and strategies for resisting the pressures to use drugs and alcohol.94 Evaluation results showed that housing developments with BGCs, with and without SMART Moves, produced a reduction in substance abuse, drug trafficking, and other drug-related delinquency activity.95

Treatment Strategies
Each year more than 131,000 youths ages twelve to seventeen are admitted to treatment facilities in the United States, with over half being referred through the juvenile justice system. Just over 60 percent of all admissions involved marijuana as the primary drug of abuse.96

Several approaches are available to treat these users. Some efforts stem from the perspective that users have low self-esteem and employ various techniques to build up their sense of self. Some use psychological counseling, and others, such as the multisystemic treatment (MST) technique developed by Scott Henggeler, direct attention to family, peer, and psychological problems by focusing on problem solving and communication skills.97 In a long-term evaluation of MST, Henggeler found that adolescent substance abusers who went through the program were significantly
less likely to recidivate than youths who received traditional counseling services. However, mixed treatment effects were reported for future substance abuse by those who received MST compared with those who did not.98

Another approach is to involve users in outdoor activities, wilderness training, and after-school community programs.99 More intensive efforts use group therapy, in which leaders try to give users the skills and support that can help them reject social pressure to use drugs. These programs are based on the Alcoholics Anonymous philosophy that users must find the strength to stay clean and that support from those who understand their experiences can be a successful way to achieve a drug-free life.

Residential programs are used with more heavily involved drug abusers. Some are detoxification units that use medical procedures to wean patients from the more addicting drugs. Others are therapeutic communities that attempt to deal with the psychological causes of drug use. Hypnosis, aversion therapy (getting users to associate drugs with unpleasant sensations, such as nausea), counseling, biofeedback, and other techniques are often used.

There is little evidence that these residential programs can efficiently terminate teenage substance abuse.100 Many are restricted to families whose health insurance will pay for short-term residential care; when the coverage ends, the children are released. Adolescents do not often enter these programs voluntarily, and most have little motivation to change.101 A stay can stigmatize residents as “addicts” even though they never used hard drugs; while in treatment, they may be introduced to hard-core users with whom they will associate upon release. One residential program that holds promise for reducing teenage substance abuse is UCLA’s Comprehensive Residential Education, Arts, and Substance Abuse Treatment (CREASAT) program, which integrates “enhanced substance abuse services” (group therapy, education, vocational skills) and visual and performing arts programming.102

WHAT DOES THE FUTURE HOLD?

The United States appears willing to go to great lengths to fight the drug war. Law enforcement efforts, along with prevention programs and treatment projects, have been stepped up. Yet all drug-control strategies are doomed to fail as long as youths want to take drugs and dealers find that their sale is a lucrative source of income. Prevention, deterrence, and treatment strategies ignore the core reasons for the drug problem: poverty, alienation, and family disruption. As the gap between rich and poor widens and the opportunities for legitimate advancement decrease, it should come as no surprise that adolescent drug use continues.

Some commentators have called for the legalization of drugs. This approach can have the short-term effect of reducing the association between drug use and crime (since, presumably, the cost of drugs would decrease), but it may have grave consequences. Drug use would most certainly increase, creating an overflow of unproductive people who must be cared for by the rest of society. The problems of teenage alcoholism should serve as a warning of what can happen when controlled substances are made readily available. However, the implications of decriminalization should be further studied: What effect would a policy of partial decriminalization (for example, legalizing small amounts of marijuana) have on drug use rates? Does a get-tough policy on drugs “widen the net”? Are there alternatives to the criminalization of drugs that could help reduce their use?103 The Rand Corporation study of drug dealing in Washington, D.C., suggests that law enforcement efforts may have little influence on drug-abuse rates as long as dealers can earn more than the minimal salaries they might earn in the legitimate business world. Only by giving youths legitimate future alternatives can hard-core users be made to forgo drug use willingly.104
Alcohol is the drug most frequently abused by American teens. Other popular drugs include marijuana; cocaine and its derivative, crack; and designer drugs such as Ecstasy.

Self-report surveys indicate that more than half of all high school-age kids have tried drugs. Surveys of arrestees indicate that a significant proportion of teenagers are drug users and many are high school dropouts. The number of drug users may be even higher than surveys suggest, because these surveys may be missing the most delinquent youths.

Although the national survey conducted by PRIDE shows that teenage drug use increased slightly in the past year, both it and the Monitoring the Future survey, also national, report that drug and alcohol use are much lower today than five and ten years ago.

There are many explanations for why youths take drugs, including growing up in disorganized areas in which there is a high degree of hopelessness, poverty, and despair; peer pressure; parental substance abuse; emotional problems; and suffering from general problem behavior syndrome.

A variety of youths use drugs. Some are occasional users who sell to friends. Others are seriously involved in both drug abuse and delinquency; many of these are gang members. There are also “losers,” who filter in and out of the justice system. A small percentage of teenage users remain involved with drugs into adulthood.

It is not certain whether drug abuse causes delinquency. Some experts believe there is a common cause for both delinquency and drug abuse—perhaps alienation and rage.

Many attempts have been made to control the drug trade. Some try to inhibit the importation of drugs, others to close down major drug rings, and a few to stop street-level dealing. There are also attempts to treat users through rehabilitation programs and to reduce juvenile use by educational efforts. Some communities have mounted grassroots drives. These efforts have not been totally successful, although overall use of drugs may have declined somewhat.

It is difficult to eradicate drug abuse because there is so much profit to be made from the sale of drugs. One suggestion: legalize drugs. But critics warn that such a step may produce greater numbers of substance abusers.

**KEY TERMS**

- substance abuse, p. 232
- hashish, p. 232
- marijuana, p. 233
- cocaine, p. 233
- crack, p. 233
- heroin, p. 234
- addict, p. 234
- alcohol, p. 234
- anesthetic drugs, p. 234
- inhalants, p. 234
- sedatives, p. 234
- tranquilizers, p. 235
- hallucinogens, p. 235
- stimulants, p. 235
- anabolic steroids, p. 235
- designer drugs, p. 236
- addiction-prone personality, p. 242
- gateway drug, p. 243
- multisystemic treatment (MST), p. 253
- legalization of drugs, p. 254

**QUESTIONS FOR DISCUSSION**

1. Discuss the differences between the various categories and types of substances of abuse. Is the term *drugs* too broad to have real meaning?
2. Why do you think youths take drugs? Do you know anyone with an addiction-prone personality?
4. Do you consider alcohol a drug? Should greater controls be placed on the sale of alcohol?
5. Do TV shows and films glorify drug usage and encourage youths to enter the drug trade? Should all images of drinking and smoking be banned from TV? What about advertisements that try to convince youths how much fun it is to drink beer or smoke cigarettes?
The president has appointed you the new “drug czar.” You have $10 billion under your control with which to wage your campaign. You know that drug use is unacceptably high, especially among poor, inner-city kids, that a great deal of criminal behavior is drug-related, and that drug-dealing gangs are expanding around the United States.

At an open hearing, drug control experts express their policy strategies. One group favors putting the money into hiring new law enforcement agents who will patrol borders, target large dealers, and make drug raids here and abroad. They also call for such get-tough measures as the creation of strict drug laws, the mandatory waiver of young drug dealers to the adult court system, and the death penalty for drug-related gang killings.

A second group believes the best way to deal with drugs is to spend the money on community treatment programs, expanding the number of beds in drug detoxification units, and funding research on how to reduce drug dependency clinically.

A third group argues that neither punishment nor treatment can restrict teenage drug use and that the best course is to educate at-risk kids about the dangers of substance abuse and then legalize all drugs but control their distribution. This course of action will help reduce crime and violence among drug users and also balance the national debt, because drugs could be heavily taxed.

- Do you believe drugs should be legalized? If so, what might be the negative consequences of legalization?
- Can any law enforcement strategies reduce drug consumption?
- Is treatment an effective drug-control technique?

To research this topic, use “youth and drugs” as a key term on InfoTrac College Edition.

The Open Society Institute, Centers for Disease Control and Prevention Health Programs, National Institute on Drug Abuse, National Center on Addiction and Substance Abuse at Columbia University, Partnership for a Drug-Free America, and the U.S. Bureau of Customs and Border Protection provide more information on different approaches to reducing teenage drug use. Before you answer the questions here, check out their Web sites by clicking on Web Links under the Chapter Resources at http://cj.wadsworth.com/siegel_jdcore2e.

Pro/Con discussions and Viewpoint Essays on some of the topics in this chapter may be found at the Opposing Viewpoints Resource Center: www.gale.com/OpposingViewpoints.
Primary prevention interventions typically take place early in childhood and are based on different views of theories of the onset of delinquency. They aim to stop antisocial activities before they occur. In contrast, secondary prevention efforts take place later, after children show signs that they are involved in antisocial activities. Most are based on the assumption that children’s relationship with their environment, their school, neighborhood, family, and peers can either increase their risk of delinquent involvement or help shield them from inducements to commit crime. Therefore, these prevention programs usually target such issues as adjusting to a disrupted home environment, coping with school-related problems, helping kids plan for their future, and providing alternatives to antisocial peers. The following sections review a few prominent examples of secondary delinquency prevention programs.

MENTORING

Mentoring programs usually involve nonprofessional volunteers spending time with young people who are at risk for delinquency, dropping out of school, school failure, and other social problems. They mentor in a supportive, nonjudgmental manner while also acting as role models. In recent years there has been a large increase in the number of mentoring programs, many of them aimed at preventing delinquency.

One of the mentoring programs most successful in preventing juvenile delinquency is the Quantum Opportunities Program (QOP). QOP was implemented in five sites: Milwaukee; Oklahoma City; Philadelphia; Saginaw, Michigan; and San Antonio. The program ran for four years, or up to grade twelve, and was designed around the provision of three “quantum opportunities”:

- Educational activities (peer tutoring, computer-based instruction, homework assistance)
- Service activities (volunteering with community projects)
- Development activities (curricula focused on life and family skills, and college and career planning)

Incentives in the form of cash and college scholarships were also offered to students for work carried out in these three areas. These incentives served to provide short-run motivation for school completion and future academic and social achievement. In addition, staff received cash incentives and bonuses for keeping youths involved in the program.

An evaluation of the program six months after it ended found that youths who participated were less likely to be arrested compared to the control group (17 percent versus 58 percent). A number of other significant effects were observed. For example, compared with the control group, QOP group members were

- More likely to have graduated from high school (63 percent versus 42 percent)
- More likely to be enrolled in some form of post-secondary education (42 percent versus 16 percent)
- Less likely to have dropped out of high school (23 percent versus 50 percent)

Despite these findings, the overall evidence of the impact of mentoring on delinquency remains mixed.

Other mentoring programs have not had success in academic achievement, school attendance, school dropout rate, and employment.

AFTER-SCHOOL PROGRAMS

Because three out of four mothers of school-age children are employed, and two-thirds of them work full-time, there is a growing need for after-school programs. Today, after-school options include child-care centers, tutoring programs at school, dance groups, basketball leagues, and drop-in clubs. State and federal budgets for education, public safety, delinquency prevention, and child care provide some funding for after-school programs. Research shows that younger children (ages five to nine) and those in low-income neighborhoods gain the most from after-school programs, showing improved work habits, behavior with peers and adults, and performance in school. Young teens who attend after-school activities...
achieve higher grades in school and engage in less risky behavior. However, these findings must be interpreted with caution. Because after-school programs are voluntary, participants may be the more motivated youngsters in a given population and the least likely to engage in antisocial behavior.7

Some of the most successful after-school programs are provided by the Boys and Girls Clubs of America. Founded in 1902, the Boys and Girls Clubs of America is a nonprofit organization with a membership today of more than 1.3 million boys and girls nationwide. Boys and Girls Clubs (BGC) provide programs in six main areas: cultural enrichment, health and physical education, social recreation, personal and educational development, citizenship and leadership development, and environmental education.8

Evaluations of the Boys and Girls Club programs show that they are mostly successful and produce reductions in substance abuse, drug trafficking, and other drug-related delinquency activity.9

Although the evidence shows that after-school programs can be successful, there is a need for further evaluation.10 The fact that violent juvenile delinquency is at its peak in the after-school hours underscores the importance of high-quality after-school programs.11

JOB TRAINING

As you may recall, the effects of having an after-school job can be problematic. Some research indicates that it may be associated with delinquency and substance abuse. However, helping kids to prepare for the adult workforce is an important aspect of delinquency prevention. Job training programs play an important role in improving the chances of young people obtaining jobs in the legal economy and thereby may reduce delinquency.12

The most well known and largest job training program in the United States is the Job Corps, established in 1964 as a federal training program for disadvantaged, unemployed youths. The Department of Labor, which was the designer of the national program, was hopeful that spinoff benefits in the form of reduced dependence on social assistance and a reduction in delinquency would occur as a result of empowering at-risk youth to achieve stable, long-term employment opportunities. The program is still active today, operating out of 119 centers across the nation, and each year it provides services to more than sixty thousand new young people at a cost of over $1 billion.13

The main goal of the Job Corps is to improve the employability of participants by offering a comprehensive set of services that largely includes vocational skills training, basic education (the ability to obtain graduate equivalent degrees [GEDs]), and health care. Job Corps is provided to young people between the ages of sixteen and twenty-four. Most of those enrolled in the program are at high risk of substance abuse, delinquency, and social assistance dependency. Two out of five come from families on social assistance, four out of five have dropped out of school, and the average family income is $6,000 per year.14

Almost all Job Corps centers require the participants to live in the centers while taking the program.

A large-scale evaluation of Job Corps involving almost twelve thousand young people found that the program was successful in reducing delinquency. Arrest rates were 16 percent lower for those who received the program than a comparison group. Program group members were less likely to be convicted and serve jail time upon conviction. Also, there were higher employment rates and greater earnings for those who received the program.15 An earlier evaluation of Job Corps found it to be a worthwhile investment of public resources: for each dollar that was spent on the program, $1.45 was saved to government or taxpayers, crime victims, and program participants.16

Job training is an important component of an overall strategy to reduce delinquency. The developmental stage of transition to work is very difficult for many young people. Coming from a disadvantaged background, having poor grades in school or perhaps dropping out of school, and having some involvement in delinquency can all pose difficulties in securing a steady, well-paying job in early adulthood.

COMPREHENSIVE COMMUNITY-BASED PROGRAMS

Comprehensive community-based delinquency prevention programs combine many interventions targeted at an array of risk factors for delinquency, and are typically implemented in neighborhoods with high delinquency and crime rates. Experimentation with this type of delinquency prevention program began as early as the 1930s, with Shaw and McKay’s Chicago Area Project.17 The Mobilization for Youth program of the 1960s is another example of a comprehensive community-based initiative to prevent juvenile delinquency. Neither of these programs was found to be overly successful in reducing delinquency. Few of these types of programs have been evaluated.

One contemporary example of a comprehensive community-based delinquency prevention program that has been evaluated is the Children At Risk (CAR) program. CAR was set up to help improve the lives of young people at high risk for delinquency, gang involvement, substance abuse, and other problem behaviors. It was delivered to a large number of young people in poor and high crime neighborhoods in five cities across the coun-
try. It involved a wide range of preventive measures, including case management and family counseling, family skills training, tutoring, mentoring, after-school activities, and community policing. The program was different in each neighborhood. A study of all five cities showed that one year after the program ended, the young people who received the program, compared with a control group, were less likely to have committed violent delinquent acts and used or sold drugs. Some of the other beneficial results for those in the program included less association with delinquent peers, less peer pressure to engage in delinquency, and more positive peer support.18

Comprehensive community-based delinquency prevention programs are made up of a range of different types of interventions, and typically involve an equally diverse group of community and government agencies that are concerned with the problem of juvenile delinquency, such as the YMCA/YWCA, Boys and Girls Clubs of America, social services, and health. For example, the Communities That Care (CTC) program emphasizes the reduction of risk factors for delinquency and the enhancement of protective factors against delinquency for different developmental stages from birth through adolescence.19 CTC follows a rigorous, multilevel planning process that includes drawing upon interventions that have previously demonstrated success and tailoring them to the needs of the community.20

The CTC and other comprehensive programs rely on a systematic planning model to develop preventive interventions. This includes analysis of the delinquency problem, identification of available resources in the community, development of priority delinquency problems, and identification of successful programs in other communities and tailoring them to local conditions and needs.21 Not all comprehensive community-based prevention programs follow this model, but there is evidence to suggest that this approach will produce the greatest reductions in juvenile delinquency.22 One of the main drawbacks to this approach is the difficulty in sustaining the level of resources and the cooperation between agencies that are necessary to lower the rates of juvenile delinquency across a large geographical area such as a city.

FUTURE OF DELINQUENCY PREVENTION

Despite the success of many different types of secondary prevention programs, from mentoring to job training, these programs receive a small fraction of what is spent on the juvenile justice system to deal with young people once they have broken the law.23 To many juvenile justice officials, policymakers, and politicians, prevention is tantamount to being soft on crime, and delinquency prevention programs are often referred to as “pork barrel,” or wasteful, spending.24 There is also concern about the labeling and stigmatization associated with programs that target high-risk populations: children and families receiving support may be called hurtful names or looked down upon by fellow community members.25

Notwithstanding these important issues, the future of secondary delinquency prevention is likely to be very bright. With many local efforts, state initiatives, and a growing list of national programs showing positive results, the prevention of delinquency is proving its worth.