



The National Center on  
Addiction and Substance Abuse  
at Columbia University

Testimony of Peter M. Jaensch, Esq.  
before the Human Services Committee of  
the Connecticut General Assembly  
Regarding House Bill 6148

February 10, 2009

Distinguished members of the Committee, thank you for giving me the opportunity to speak to you regarding House Bill 6148. My name is Peter Jaensch, and I am appearing on behalf of The National Center on Addiction and Substance Abuse (CASA\*) at Columbia University.

Juvenile justice systems represent an opportunity not only to hold juveniles accountable for anti-social actions but also to help them become productive citizens. By embracing a commitment to rehabilitation, contact with a juvenile justice system can become an opportunity for troubled youth to reshape their lives.

By the time children reach a juvenile justice system, virtually every prevention and support system in America has failed them. Substance abuse is but one of a cluster of problems these children face that increase their risk of juvenile crime. Juvenile offenders are likely to have been neglected and abused by parents; many have grown up in impoverished and dangerous neighborhoods; often they have not been engaged in their schools and they have slipped through the cracks in our nation's health system. Many juvenile offenders could become productive, responsible, law-abiding members of society if only they received the help they so desperately need.

Unfortunately, when children and teens enter a juvenile justice system, they often do not receive the services that could make the difference, as our courts instead demand accountability without habilitation. Indeed, current juvenile justice practices may make matters worse, pushing young offenders toward increased substance abuse and crime.

In 2004, The National Center on Addiction and Substance Abuse released the report *Criminal Neglect*, a national analysis of the problems and pathways of the juvenile justice systems. The research showed that:

---

\* The National Center on Addiction and Substance Abuse at Columbia University is neither affiliated with, nor sponsored by, the National Court Appointed Special Advocate Association (also known as "CASA") or any of its member organizations with the name of "CASA."

- Up to 80 percent of juveniles in the systems are substance-involved, and 53.9% test positive for drugs at the time of arrest.<sup>1</sup>
- 44 percent of arrested juveniles meet clinical criteria for substance abuse or dependence,<sup>2</sup> but only 3.6 percent of those juveniles receive any form of substance abuse treatment.<sup>3</sup>
- Up to 75 percent of all incarcerated juveniles have some diagnosable mental health disorder.<sup>4</sup>
- Incarcerated juveniles have an increased need for basic and special education.<sup>5</sup>
- Juveniles transferred to adult court recidivate faster with more serious offenses than those retained in juvenile court.<sup>6</sup>
- At least 30 percent of adults in prison for felony crimes were incarcerated as juveniles.<sup>7</sup>
- The fiscal costs of effective treatment are substantially less than the costs of incarceration.

The provisions of Bill 6148 reflect this research. The Bill commits the state to ensuring that children are screened and provided the appropriate treatment. It commits to giving the children in the state's care the education and counseling they need to learn to function in society. It also incorporates important legal protections: guarantees of safety and non-discrimination, and ensures that children will be able to be frank with their evaluators and counselors because their statements are protected.

Thank you for devoting your time and consideration to this issue, and for having the vision to seek a better way.

## **APPENDIX A:**

### **Background**

#### *Substance abuse*

Nationwide, according to data reported to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Uniform Facility Data Set for the 1997 Survey of Correctional Facilities, only 36.7 percent of juvenile correctional facilities provide onsite substance abuse treatment. Only 20,000 (16 percent) of the estimated 122,696 substance-involved juvenile offenders in juvenile correctional facilities receive substance abuse treatment, such as detoxification, individual or group counseling, rehabilitation and methadone or other pharmaceutical treatment within these facilities. Another 4,500 juvenile offenders receive substance abuse treatment through drug courts.

Together, this adds up to only 24,500 juveniles of the 1.9 million substance-involved juvenile arrests for which CASA can document receipt of any form of substance abuse treatment – about 1.3 percent. Even if we assumed that a full 20 percent of juveniles receiving “other sanctions” (community service, restitution, fines, social services and treatment) were placed in substance abuse treatment, the percentage of substance-involved arrested juveniles would still be only 3.6 percent.

#### *Health and Education*

Mental health services are similarly scarce, and most education programs fail to meet even minimum state educational criteria. Additionally, when juveniles are transferred between facilities, the educational credit they have achieved often does not transfer with them, eliminating the reward even where effort is made. Up to 75 percent of all incarcerated juveniles have a diagnosable mental health disorder compared with 20 percent of all 9- to 17-year olds. Serious disorders, such as schizophrenia, major depression and bipolar disorders, are also diagnosed in juvenile offenders at levels greater than in the general population. At least 80 percent of all young offenders are estimated to have conduct disorders. Female juvenile offenders have been found three times likelier to have clinical symptoms of depression or anxiety than female adolescents in the general population. Up to 80 percent of incarcerated juveniles suffer from learning disabilities and need special education classes--at least three to five times more than the public school population. Although teens in correctional settings have the greatest academic need due to learning disabilities, truancy and suspension, school programs in correctional settings fail to meet the minimum standards set for public schools.

#### *Abusive Conditions*

In addition to lacking education, health and social services, children caught up in juvenile justice systems too often face horrific conditions that push them further into a life of crime. In 1995, the latest available data, almost 60 percent of the children admitted to secure detention found themselves in overcrowded facilities. Children in crowded detention centers are more likely to be

injured, spend less time in school, participate in fewer constructive programs, receive fewer family visits, have fewer opportunities to participate in religious activities and get sick more often. Instances of maltreatment and overcrowded and inhumane facilities have been documented in a number of states including California, Connecticut, Florida, Maryland, Mississippi, Nevada and New York.

- A State review prompted by a class action lawsuit brought by a group of incarcerated juveniles found that the California juvenile prison system--a dysfunctional jumble of antiquated facilities, under-trained employees and endemic violence--fails even in its most fundamental tasks of providing safety. Juvenile inmates with mental disorders are ignored or overmedicated, classes are canceled arbitrarily and learning disabilities go unattended.
- A videotape released in June 2004 by Connecticut's Attorney General Richard Blumenthal documented abuse of detained juveniles by staff members of the Connecticut Juvenile Training School.
- In Florida, a report of the Inspector General, issued in March 2004 faulted employees at the Miami-Dade Regional Juvenile Detention Center for failing to act as a 17-year old begged for help but slowly died of a ruptured appendix in June 2003.

#### Risky Sexual Behavior

Incarcerated juveniles are likelier to be sexually active, to have initiated sex at an earlier age, to have had more sexual partners and to have less consistent condom use than their non-incarcerated peers. Up to 94 percent of juveniles held in detention facilities are sexually active, compared to 46 percent of high school students.

#### Gender Difference

Between 1991 and 2000, the arrest rate for female juveniles *increased* almost 7.4 percent, while the arrest rate for male juveniles *decreased* almost 18.9 percent. Girls often come to juvenile justice systems through different paths than young males and the nature of their delinquency often is different from that of boys. Physical, emotional and/or sexual abuse frequently is the first step on a girl's path into a juvenile justice system. Girls are less likely than boys to be charged with violent offenses such as murder or assault and more likely to be charged with crimes such as prostitution, running away, truancy or curfew violations. In 2000, although girls represented 28 percent of arrested juveniles, they accounted for 59 percent of all arrests for running away and 55 percent of all arrests for prostitution.

#### Disproportionate Minority Contact

The arrest rate for black juveniles is more than 1.5 times the rate for white juveniles. Further, at every stage of proceedings, from initial contact through arrest, tribunal and adjudication and sentencing, African-Americans and other minorities are selected for harsher treatment. In New York, for example, African-American youth constitute 18 percent of the overall youth

population, but form 60.3 percent of the population of youth in detention. This ratio is roughly consistent in other states: Illinois reports 18 percent and 52 percent; New Jersey reports 18 percent and 64 percent; Pennsylvania reports 20 percent and 62 percent; California reports 8.2 percent and 25 percent.

### Cost

Using data for the year 2000, CASA estimates that the cost of substance abuse to juvenile justice programs is at least \$14.4 billion annually for law enforcement, courts, detention, residential placement, incarceration, federal formula and block grants to states and substance abuse treatment. Only one percent (\$139 million) of this cost is for treatment. CASA was unable to determine the costs of probation, physical and mental health services, child welfare and family services, school costs and the costs to victims that together could more than double this \$14.4 billion figure.

As compared with the costs of detention, the costs of treatment in the community are often minimal. For instance, in New York, recent data from Act 4 Juvenile Justice suggest that it costs between \$9,000.00 and \$12,000.00 per year to send a child to a community-based alternative program, whereas the average annual cost of detention for a juvenile in New York City exceeds \$171,000.00. Given that incarceration is such a strong indicator of future recidivism, the profligacy of the “get tough” initiatives fund nothing but future crime and failure.

### Popular Support

The effect of years of harsh treatment of juveniles has not gone unnoticed by the public. A recent survey from Models for Change and The Center for Children’s Law and Policy has shown that a majority of persons favor treatment over punishment for juveniles convicted of non-violent offenses. The survey showed that nearly 90 percent of those polled agreed that “almost all youth who commit crimes have the potential for change,” and over 70 percent agreed that “incarcerating youth offenders without rehabilitation is the same as giving up on them.” Polling in 2007 in Illinois, Louisiana, Pennsylvania and Washington showed that the public is actually willing to spend an average of 20% more in taxes on rehabilitation services than on extended incarceration for serious offenders, even when assuming a parity of effectiveness.

---

<sup>1</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.

<sup>2</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

<sup>3</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *Criminal Neglect: Substance abuse, juvenile justice and the children left behind*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

<sup>4</sup> Coalition for Juvenile Justice. (2000). *Coalition for Juvenile Justice 2000 annual report*. Washington, DC: Coalition for Juvenile Justice.

<sup>5</sup> Stephens, R., & Arnette, J. (2000). *From the courthouse to the schoolhouse: Making successful transitions: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178900). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Portner, J. (1996). Jailed youths shortchanged on education. *Education Week*, 16(5), 1.

<sup>6</sup> Howell, J. (1998). Abolish the juvenile court? Nonsense! *Juvenile Justice Update*, 4(1), 1-2, 10-13.

<sup>7</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Religiousness and Post-release Community Adjustment in the United States 1990-1998* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; 2004 *CASA analysis of the 1997 Survey of Inmates in State and Federal Correctional Facilities* [Data file]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; 2004 *CASA analysis of the 1976 Survey of California Prison Inmates* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; 2004 *CASA analysis of Cross-validation of the Iowa Offender Risk Assessment Model in Michigan, 1980-1982* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; 2004 *CASA analysis of Employment Services for Ex-offenders, 1981-1984: Boston, Chicago, and San Diego* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; 2004 *CASA analysis of Profiling Inmates in the Los Angeles County Jail, 1996-1998* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; 2004 *CASA analysis of Psychological Classification of Adult Male Inmates in Federal Prison in Indiana, 1986-1988* [Data file]. Ann Arbor, MI: Interuniversity Consortium for Political and Social Research; Edmund S. Muskie School of Public Service. (2003). *Reoccurring criminal behavior analysis: Snapshot survey of 400 Maine state prisoner files*. [On-line]. Retrieved September 23, 2004 from the World Wide Web: <http://www.state.me.us>; 2003 *CASA analysis of the Drug Treatment Alternative-to- Prison (DTAP) Program* [Data file].