

## **Uncovering Substance Use Dynamics: A Study of Incarcerated Youth**

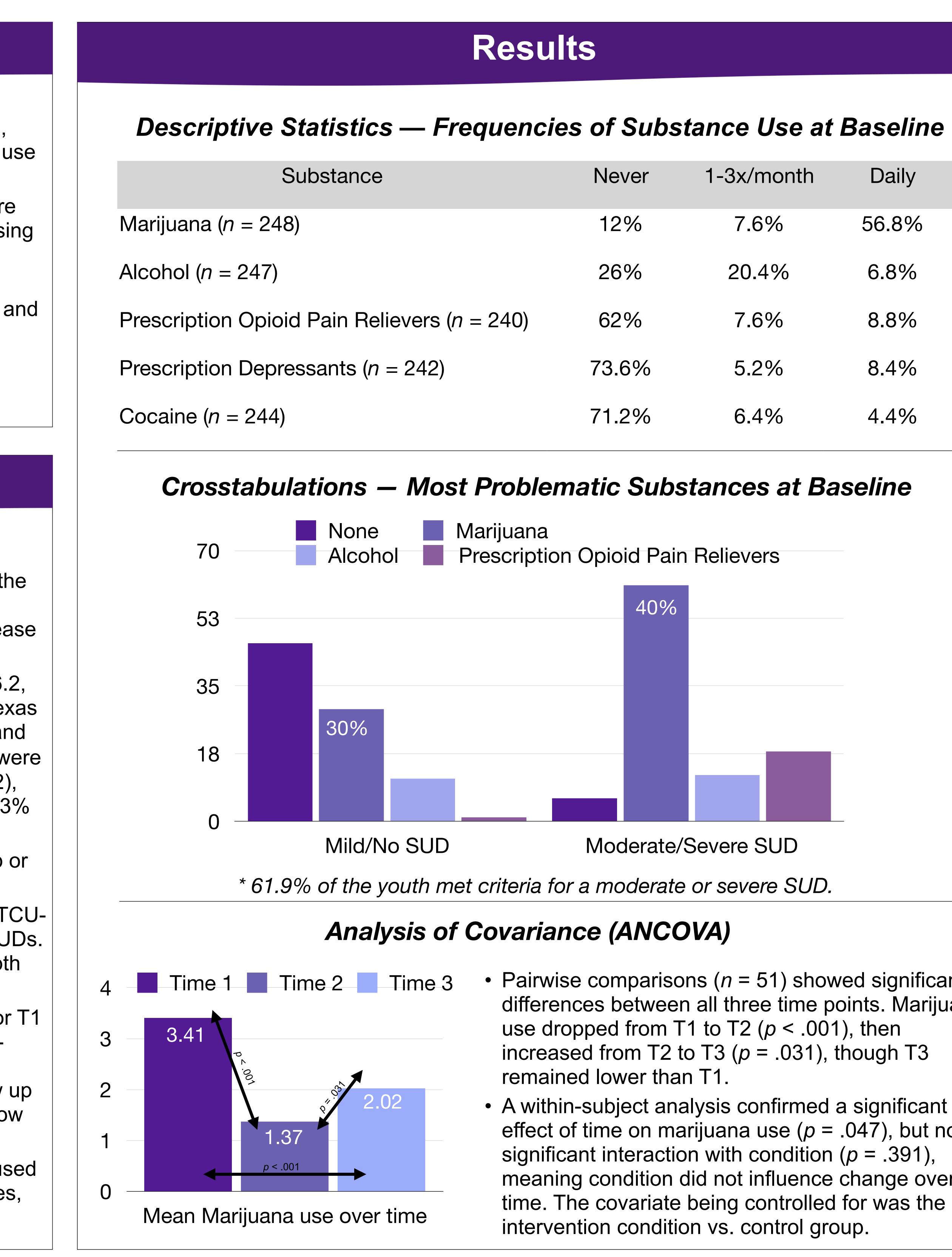
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## Background

- Substance use is a serious issue, leading to overdose, delinquency, health problems, arrests, and substance use disorders (SUDs).
- Juvenile-justice (JJ) involved youth are nine times more likely to have a substance use disorder (SUD), increasing their risk of recidivism and need for treatment.
- This study examines substance use patterns among incarcerated youth, the most problematic substances, and post-release changes.
- Based on prior research, high rates of alcohol and marijuana use were expected.

## Methods

- Data were analyzed from the Leveraging Safe Adults (LeSA) project, a 5-year longitudinal study evaluating the effectiveness of Trust-based Relational Intervention® (TBRI®) in reducing opioid use among youth after release from JJ facilities.
- Participants included 250 youth aged 15 to 18 (M = 16.2, SD = 1.06) from 12 secure residential JJ facilities in Texas (n = 7) and Illinois (n = 5). 83% were male (n = 207), and 17% were female (n = 43). Racial/ethnic distributions were as follows: 42% Hispanic (*n* = 104), 29% Black (*n* = 72), 18% White (n = 45), 8% more than one race (n = 21), 3% other (n = 8).
- All participants randomly assigned into a control group or intervention group (condition).
- The primary instrument was the TCU Drug Screen 5 (TCU-DS 5), an evidence-based self-report that assesses SUDs. Certain items (i.e. item 13) were analyzed in more depth based on the study's objectives.
- The survey was conducted at 3 time points: baseline or T1 (N = 250), a 3-month follow up or T2 (n = 94), and a 6month follow up or T3 (n = 53). Baseline took place 3 months before the youth's release date, the 2nd follow up took place 1 month after their release, and the 3rd follow up took place 4 months after their release.
- Frequencies, cross-tabulations, and ANCOVAs were used to analyze most used and most problematic substances, SUDs, and change in use over time.



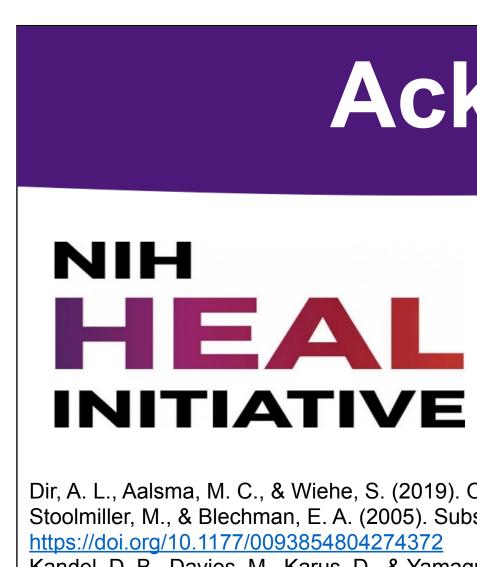
Never	1-3x/month	Daily	
12%	7.6%	56.8%	
26%	20.4%	6.8%	
62%	7.6%	8.8%	
73.6%	5.2%	8.4%	
71.2%	6.4%	4.4%	

• Pairwise comparisons (n = 51) showed significant differences between all three time points. Marijuana use dropped from T1 to T2 (p < .001), then increased from T2 to T3 (p = .031), though T3

• A within-subject analysis confirmed a significant effect of time on marijuana use (p = .047), but no significant interaction with condition (p = .391), meaning condition did not influence change over time. The covariate being controlled for was the

# Limitations & Future Directions

- use.





### Discussion

 Outcomes showed that youth reported a decrease in marijuana use 1 month after their release compared to baseline, but they began to show more cannabis use after being in their communities for 4 months.

• The high percentage of youth with moderate to severe SUDs underscores the importance of effective substance use treatment during and after incarceration.

 Given that marijuana was the most frequently reported problematic substance, targeted interventions for marijuana use should be prioritized.

 This study highlights the importance of targeted interventions that can prevent relapse and improve longterm outcomes for these youth.

• This study relies on self-reported surveys, preventing causality and introducing potential biases.

• The sample includes only justice-involved youth from two states, limiting generalizability both within and outside the JJ system.

• The short follow-up periods of 1 and 4 months after release do not capture long-term outcomes for the youth, and those samples were small (n = 51).

• Future research should include longer follow-ups and examine how treatment interventions, environmental factors, and re-incarceration rates influence marijuana

## Acknowledgements

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Dir, A. L., Aalsma, M. C., & Wiehe, S. (2019). Opioid use among juvenile justice-involved adolescents. Journal of Adolescent Health, 64(2S), S15–S16. Stoolmiller. M., & Blechman, E. A. (2005). Substance use is a robust predictor of adolescent recidivism. Criminal Justice and Behavior, 32(3), 302–328.

Kandel, D. B., Davies, M., Karus, D., & Yamaguchi, K. (1986). The Consequences in Young Adulthood of Adolescent Drug Involvement: An Overview. Archives of general psychiatry, 43(8), 746-754. Spencer, M. R., Garnett, M., & Miniño, A. M. (2024). Drug overdose deaths in the United States, 2002-2022. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. https://dx.doi.org/10.15620/cdc:122556