Tobacco in Juvenile Justice Facilities: A Policy Overview

Many youth underestimate the addictiveness of nicotine and discount the health effects of tobacco use. Yet almost a third of all young people who become new smokers each year will ultimately die of tobacco-related disease.[1] Juvenile offenders – youth detained or incarcerated in the juvenile justice system – suffer a disproportionately high number of mental health and substance abuse disorders, including tobacco dependency.[2] Given the appeal and prevalence of tobacco use among these high-risk adolescents, the juvenile justice system appears to be one venue where youth could receive the tobacco prevention and cessation aid and support they need.

Q: Why is tobacco use so prevalent among adolescents in general?

A: Nearly 90 percent of all U.S. adults who smoke started in their teens and half of them started by their eighteenth birthday.[3] Significantly, 37 percent of all smokers were under the age of eighteen when they first started smoking daily.[4] Despite the prevalence of traditional school-based programs that educate students on the harm of tobacco use, approximately 19.5 percent of all U.S. high school students (grades 9 to 12) still smoke cigarettes.[5] Although tobacco use is illegal for minors, tobacco products not only continue to be accessible to youth, but they are heavily marketed to appeal to young people.[6] For many youth, particularly those who tend to engage in high risk behavior already, tobacco products have a "forbidden fruit" allure.

Q: Why are high-risk youth particularly susceptible to nicotine addiction?

A: Youth in the juvenile justice system typically have more physical, developmental, mental health, and substance abuse challenges, as well as learning disabilities, than the general adolescent population.[7] Unfortunately, these health disparities in the juvenile justice system tend to reflect larger socioeconomic and racial/ethnic inequities in the outside world. Many juvenile offenders have had limited, inconsistent, or nonexistent health care before they are admitted to a juvenile custodial facility – and little or no

treatment for substance abuse.[8] Moreover, many high-risk youth live in environments where the use of tobacco by families and peers is a social norm.[9]

Q: What makes the U.S. juvenile justice system a challenging venue in which to provide tobacco cessation services?

A: Juvenile courts in the U.S. process close to one and a half million juveniles each year for a vast number of offenses.[10] Given the size and complexity of the juvenile justice system, the broad range of offenders, and the variability between state and local juvenile facilities and placements, providing youth with tobacco cessation services is often not possible. Youth access to such treatment depends largely on where they are detained or incarcerated, administrative logistics, and the type of treatment resources available.

Moreover, most youth are not detained for very long. The median stay for youth placed by the juvenile justice system is approximately four months.[11] Their length of placement varies, depending on their time in detention prior to adjudication, the nature and severity of their offense(s), and their commitment status.[12] The transitory nature of these placements makes it difficult to provide tobacco cessation programs over any extended period, including follow up after custody.

Q: What types of tobacco cessation services are available in juvenile facilities?[13]

A: Youth in the juvenile system can be placed in any number of different facilities or residences:

- **Non-residential or community based placements,** such as day/evening reporting centers and skill training programs
- **Non-secure or staff-secured residential placements**, such as home/community detention; foster care homes; group homes; shelters; halfway houses; and residential treatment centers
- **Secure placements**, such as detention centers, reception/diagnostic centers; ranches/wilderness camps, boot camps, and training schools/long-term secure facilities

Depending on the facility, tobacco cessation services may include counseling (individual or group), treatment in conjunction with other substance abuse services, referrals to treatment professionals, or access to nicotine reduction therapy (NRT) products. In addition, many facilities implement smoke-free or tobacco-free policies on the premises.

Q: What are some possible approaches to reducing tobacco use by high-risk youth?

A: Tobacco use by juvenile offenders is a complicated problem, which is not made easier by the complexities of the juvenile justice system and its many different types of detention and correctional placements. For those concerned about this vulnerable and troubled population, the breadth and complexity of the justice system may seem daunting.

Yet a growing number of juvenile facilities across the U.S. have adopted different tobacco prevention measures and cessation initiatives. A few options that juvenile justice and tobacco cessation professionals might consider are –

- Implementing tobacco-free policies in all juvenile placements, including residential facilities such as foster homes
- Integrating tobacco cessation treatment with substance abuse programs for youth
- Developing programs that address the specific tobacco cessation needs of youth who are parents or expectant parents
- Providing peer counseling and peer-led tobacco cessation classes, and
- Offering pre-release planning so youth are able to focus on ways to avoid common triggers that may prompt them to resume tobacco use, including intense peer pressure.

Last updated: February 2012

Notes

---

[1] U.S. DEP'T OF HEALTH & HUMAN SERVS., THE HEALTH CONSEQUENCES OF SMOKING: SURGEON GENERAL'S REPORT iii (2004), *available at* http://www.surgeongeneral.gov/library/smokingconsequences/

[2] *See generally* Kerry Cork, Public Health Law Center, *Tobacco and Juvenile Offenders: Breaking the Cycle* (2012).

[3] Karen B. Friend et al., *The Impact of Local U.S. Tobacco Policies on Youth Tobacco Use: A Critical Review*, 1 J. PREVENTIVE MED. 34, 34 (2011), *available at* http://www.scirp.org/Journal/PaperInformation.aspx?paperID=6940.

[4] *Id.*

[5] *Id.*; Ctrs. for Disease Control & Prevention, *Youth Risk Behavior Surveillance, United States, 2009*, 59 MORBIDITY & MORTALITY WKLY REP. SS-5, 12-13 (2010), *available at* http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf.

[6] *See, e.g.*, Campaign for Tobacco-Free Kids website at http://www.tobaccofreekids.org/facts_issues/fact_sheets/industry/marketing/ (containing fact sheets and other resources on tobacco industry marketing to children and adolescents).

[7] THOMAS GRISSO, DOUBLE JEOPARDY: ADOLESCENT OFFENDERS WITH MENTAL DISORDERS, 6-13, 134-5 (2004).

[8] Am. Acad. Pediatrics, *Health Care for Youth in the Juvenile Justice System*, 128 PEDIATRICS 1219, 1220 (2011), *available at* http://pediatrics.aappublications.org/content/early/2011/11/22/peds.2011-1757.full.pdf+html.

[9] Phyllis L. Ellickson et al., *High-Risk Behaviors Associated with Early Smoking: Results from a 5-Year Follow-Up*, 28 J. ADOLESCENT HEALTH 465, 471, *available at* http://dionysus.psych.wisc.edu/lit/articles/EllicksonP2001a.pdf.

[10] U.S. Census Bureau, *Arrests by Sex and Age: 2009*, Statistical Abstract of the U.S.: 2012 (2012), *available at* http://www.census.gov/compendia/statab/2012/tables/12s0324.pdf; Scott W. Henggeler & Sonja K. Schoenwald, *Evidence-based Interventions for Juvenile Offenders and Juvenile Justice Policies that Support Them*, 25 SOCIAL POLICY REP. 3, 3 (2011), *available at* http://207.235.77.113/files/SPR.pdf. *See also* Robert Brame et al., *Cumulative Prevalence of Arrest from Ages 8 to 23 in a National Sample*, 129 PEDIATRICS 21, 25 (2012) (finding that by age 23, approximately one of every three U.S. youths is arrested at least once for something more serious than a traffic violation).

[11] U.S. Dep't of Justice, *Juvenile Offenders and Victims: 2006 National Report* (2006), *available at* http://www.ojjdp.gov/ojstatbb/nr2006/.

[12] *See* Andrea J. Sedlak & Carol Bruce, Office of Juvenile Justice & Delinquency Prevention, *Youth's Characteristics and Backgrounds,* JUVENILE JUSTICE BULLETIN 6 (2010), *available at* https://www.ncjrs.gov/pdffiles1/ojjdp/227730.pdf.

[13] *See* Cork, *supra* note 2 (listing select juvenile placements and implications for tobacco cessation services).