



A Force for Positive CHANGE.

The Probation and Judicial Response: Moving Down the Continuum for the Enforcement of Underage Drinking Laws

Participant Manual

Online Audio Teleconference

Broadcast Date and Time:

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Slide 1

PIRE The Probation and Judicial Response: Moving Down the Continuum for the Enforcement of Underage Drinking Laws

Upcoming Resource

Guiding Principles for Community Corrections' Response to Underage Drinking
(tentative title)

Updates on Resource Status:
APPA Website: www.appa-net.org

Underage Drinking Enforcement Training Center Website: www.udetc.org

Tracy G. Mullins, APPA Project Director: tmullins@csg.org

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Slide 2

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Reducing Underage Drinking Strategies

Decrease Availability Reduce Opportunity Diminish Demand

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Slide 3

PIRE The Probation and Judicial Response: Moving Down the Continuum for the Enforcement of Underage Drinking Laws

Reducing Underage Drinking Strategies

Decrease Availability Reduce Opportunity Diminish Demand

Intervention

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Reducing Underage Drinking Strategies

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System-Level Response ?

- Warn and release?
- Pay a fine
- Participate in a diversion program?
- Probation?

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Principles of community Supervision of Underage Drinking Offenders


- Complete list (draft): page ? of your handout
- **Principle 2:** Use least restrictive response appropriate
- **Principle 3:** Screen, assess, and utilize appropriate interventions

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Principle 2:
...working with youth in the least restrictive setting to ensure public safety...

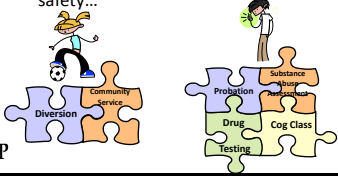


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Principle 2:
...working with youth in the least restrictive setting to ensure public safety...



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Practice Guidelines for the Community Supervision of Underage Drinking Offenders

See page ? of your handout

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Practice Guidelines for the Community Supervision of Underage Drinking Offenders

- Screening
- Risk/needs assessment
- Substance abuse assessment
- Making appropriate decisions about interventions

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Practice Guideline:

Conduct initial screening for alcohol problems at the first and subsequent contacts between underage drinkers and the justice system.

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Practice Guideline:

Conduct initial screening for alcohol problems at the first and subsequent contacts between underage drinkers and the justice system.

Why screen?
Detect possible substance abuse issues.

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Screening

Brief Procedures and Tools

- Determine if there is a potential problem
- Substantiate a reason for concern
- Identify the need for further substance abuse evaluation

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Screening Tools

(sample list)

Public Domain	Proprietary
<ul style="list-style-type: none">• CRAFFT test• The CAGE Screening for Alcoholism• Alcohol Use Disorders Identification Test (AUDIT)	<ul style="list-style-type: none">• Adolescent Drug Involvement Scale (ADIS)• Adolescent Drinking Index• Drug and Alcohol Problem Quick Screen• Personal Experience Screen Questionnaire• Rutgers Alcohol Problem Index• Problem Oriented Screening Instrument for Teenagers (POSIT)

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Practice Guideline:

Assess Offenders' risks and needs

- Risk: likelihood to re-offend

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Why Use Risk/Needs Assessment?

- Validates assumptions about risk/needs
- Provides direction on needs to target for services
- Help us gauge effectiveness of interventions

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Practice Guideline:

Make appropriate decisions about interventions

- Results of R/N Assessments (combined with other information)
 - Objective data to guide decision making
 - System-level response
 - Individual-level services/programming

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Practice Guideline

Assess alcohol problems.

- If indicated...refer for more comprehensive substance abuse assessment.


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 The Probation and Judicial Response:
Moving Down the Continuum for the Enforcement of Underage Drinking Laws 

Summary of Points

- Don't over react or under react.
- Avoid one-size fits all intervention
 - Screen for alcohol issues
 - Asses offenders' risk and needs
 - Make appropriate decisions about system-level and individual level interventions



Slide 1

REFERRALS TO THE JUVENILE COURT FOR ALCOHOL-RELATED OFFENSES 2002-2008

Administrative Office of the Courts
450 South State Street
Salt Lake City, UT 84114

Slide 2

ALCOHOL OFFENSES IN UTAH JUVENILE COURT 2008

In 2008, there were 4,530 referrals to the Utah Juvenile Court for alcohol offenses.

Alcohol offenses represented 8.7 percent of all delinquency referrals and it is the second most common type of offense handled by the juvenile court only behind shoplifting.

Offense Type	Percentage
Alcohol Offenses	8.7%

Slide 3

ALCOHOL REFERRAL TRENDS 2002-2008

Referrals to the juvenile court for alcohol-related offenses decreased by 1,403 referrals between 2007 and 2008, which put alcohol-related referrals at their lowest point in the last seven years.

Alcohol-related referrals fell by 20 percent between 2007 and 2008.

Year	Number of Referrals
2002	5,085
2003	5,085
2004	5,015
2005	4,637
2006	5,627
2007	5,613
2008	4,530

Guidelines for the Community Supervision of Underage Drinking Offenders

Principles of Community Supervision of Underage Drinking Offenders

- Principle 1: Effectively addressing underage drinking requires a holistic approach that seeks simultaneously to diminish the supply of alcohol available to underage drinkers and decrease their consumption of alcohol by controlling and changing the behaviors and attitudes of those who engage in underage drinking practices.
- Principle 2: Responses by the justice system as a whole and by community supervision agencies in general should involve working with youth in the least restrictive setting to ensure public safety, and written criteria related to system responses should be established through policy-level collaboratives to ensure fairness in access and utilization of services.
- Principle 3: Assessment, intervention/responses, and supervision of underage drinking offenders should be based, to the extent possible, in practices that have been demonstrated by research to be effective.
- Principle 4: Responses to underage drinking offenders must demonstrate an understanding of and sensitivity to the diverse cultural backgrounds of offenders.
- Principle 5: Community corrections agencies and practitioners should strive to increase their individual and collective knowledge of underage drinking and responses to it by engaging in ongoing training opportunities and collecting data for program evaluation and research.
- Principle 6: Community corrections agencies and professionals should be aware of and collaborate with community-based and justice system strategies and programs to reduce underage drinking.

Leadership Guidelines

- Leadership Guideline #1: Select leadership for change
- Leadership Guideline #2: Engage in collaboration
- Leadership Guideline #3: Assess needs and resources
- Leadership Guideline #4: Determine the purpose and goals for community supervision of underage drinking offenders

DRAFT (as of May 2009)

- Leadership Guideline #5: Develop policies and procedures
- Leadership Guideline # 6: Investigate legal issues
- Leadership Guideline #7: Obtain tools and resources for the supervision program
- Leadership Guideline # 8: Plan and conduct evaluation

Practice Guidelines

- Practice Guideline #1: Participate in community-wide efforts to prevent underage drinking.
- Practice Guideline #2: Conduct initial screening for alcohol problems at the first and subsequent contacts between underage drinkers and the justice system.
- Practice Guideline #3: Assess offenders' risks and needs
- Practice Guideline #4: Assess alcohol problems
- Practice Guideline #5: Develop recommendations for the court
- Practice Guideline #6: Develop a supervision case plan
- Practice Guideline #7: Identify each offender's readiness to change and prompt them to make positive changes using motivational interviewing techniques.
- Practice Guideline #8: Match interventions with offenders' needs and preferences
- Practice Guideline #9: Engage underage drinkers in behavioral and cognitive-behavioral interventions with skill training.
- Practice Guideline #10: Refer underage drinking offenders with alcohol disorders to appropriate alcohol treatment and monitor their attendance and participation.
- Practice Guideline #11: Engage family and community support in the supervision process.
- Practice Guideline #12: Monitor compliance with supervision conditions and case plan expectations.
- Practice Guideline #13: Apply sanctions for noncompliance, when necessary, and increase positive reinforcement.

CRAFFT TEST

- C** Have you ever ridden in a **car** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **relax**, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, **alone**?
- F** Do you ever **forget** things you did while using alcohol or drugs?
- F** Do your family or **friends** ever tell you that you should cut down on your drinking or drug use?
- T** Have to ever gotten into **trouble** while you were using alcohol or drugs?
(Knight, Sherritt, & Shrier, et al. 2002).

This instrument was originally developed for adolescents in health care settings. Two or more “yes” answers are reason for concern and further assessment.

CAGE SCREENING FOR ALCOHOLISM

- C** Have you ever felt you should **cut** down on your drinking?
- A** Have people **annoyed** you by criticizing your drinking?
- G** Have you ever felt bad or **guilty** about your drinking?
- E** Have you ever had an **eye-opener** first thing in the morning to steady your nerves or get rid of a hangover?

(Screening for alcohol use and alcohol related problems, 2005)

CAGE was developed for use with adults to identify alcohol problems over the lifetime. Two or more “yes” answers are considered a positive test and indicate further assessment is needed.

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

1. How often do you have a drink containing alcohol?
 - 0 – Never
 - 1 – Monthly or less
 - 2 – 2-4 times per month
 - 3 – 2-3 times per week
 - 4 – 4 or more times per week

2. How many drinks do you have on a typical day when you are drinking:
 - 0 – None
 - 1 – 1 or 2
 - 2 – 3 or 4
 - 3 – 5 or 6
 - 4 – 7-9

3. How often do you have 6 or more drinks on one occasion?
 - 0 – Never
 - 1 – Less than monthly
 - 2 – Monthly
 - 3 – Weekly
 - 4 – Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
 - 0 – Never
 - 1 – Less than monthly
 - 2 – Monthly
 - 3 – Weekly
 - 4 – Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
 - 0 – Never
 - 1 – Less than monthly
 - 2 – Monthly
 - 3 – Weekly
 - 4 – Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 - 0 – Never
 - 1 – Less than monthly
 - 2 – Monthly
 - 3 – Weekly
 - 4 – Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
- 0 – Never
 - 1 – Less than monthly
 - 2 – Monthly
 - 3 – Weekly
 - 4 – Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- 0 – Never
 - 1 – Less than monthly
 - 2 – Monthly
 - 3 – Weekly
 - 4 – Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?
- 0 – Never
 - 2 – Yes, but not in the last year
 - 4 – Yes, during the last year
10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?
- 0 – Never
 - 2 – Yes, but not in the last year
 - 4 – Yes, during the last year

Source: Screening for alcohol use and alcohol related problems, 2005;

Screening Tools for Alcoholism and Alcohol Use Disorders, 2002.

Add the numbers selected for each question. A score of eight or higher is considered indicative of a possible alcohol use disorder.

Adolescent Screening Instruments

Instrument	Description	Source
Adolescent Drug Involvement Scale (ADIS)	12-item paper-and-pencil screening tool that takes about 4 minutes to complete and yields a brief measure of the adolescent's level of drug involvement.	D. Paul Moberg, Developer, Center for Health Policy and Program Evaluation, University of Wisconsin-Madison, 2710 Marshall Ct., Madison, WI 53705. Phone (608) 263-1304
Adolescent Drinking Index	24-item rating scale that takes about five minutes to complete and screens for potential alcohol use disorders. Requires a fifth grade reading level. A degree in a psychology-related field and minimal training are recommended for administration	Psychological Assessment Resources, P. O. Box 998, Odessa, FL 33556. Phone (800) 331-8378
Drug and Alcohol Problem Quick Screen	30-item, paper-and-pencil test can be completed in about 10 minutes. Requires a sixth grade reading level. It screens for substance use disorders and behavioral patterns.	R. H. Schwartz, Developer, 410 Maple Avenue West, Vienna, VA 22160. Phone (703) 338-2244
Personal Experience Screening Questionnaire	40-item written screening tool that takes about 10 minutes to administer and requires a fourth grading reading level. The instrument screens for the need for further assessment by providing a "red or green flag" problem-severity score. A range of mental health professionals can use this test	Ken Winters or Tony Gerard, Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025. Phone (310) 478-2061
Rutgers Alcohol Problem Index	23-item, self-administered paper-and-pencil screening tool that takes about 8 minutes to complete. It requires a seventh-grade reading level. It evaluates potential problem drinking in adolescents and negative consequences of drinking. It does not require training to administer.	Helene White, Developer, Center for Alcohol Studies, Rutgers University, P. O. Box 969, Piscataway, NJ 08855. Phone. (732) 445-3579. This instrument is free; no copyright.
Problem Oriented Screening Instrument for Teenagers (POSIT)	139-item, self-administered, yes/no screening questionnaire that takes approximately 20-25 minutes to complete. It screens adolescents ages 12-19 for life problems in 10 areas, including substance abuse. No special training is required to administer it.	National Clearinghouse for Alcohol and Drug Information (Stock #BKD-59), P. O. Box 2345, Rockville, MD 20847. Phone (800) 729-6686. This is a public document and there is no charge to use it.

Source: Schwartz & Smith (2003).