

# 11

## **Crime, Juvenile Delinquency, and Dysfunctional Behavior**

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# 11

## Crime, Juvenile Delinquency, and Dysfunctional Behavior

*Lawrence W. Sherman\**

The connection between violent crime and welfare reform, if we can measure it properly, may have more to do with neighborhoods than with households or individuals. If welfare reform is affecting behavior or quality of life, it is probably doing so through group context and the cumulative or synergistic effects of changes in the economies of families concentrated in space.

Behavioral effects correlated with being on welfare tend to disappear when you change the neighborhood context. To understand crime in relation to welfare—to understand crime and violence in this country at all—you have to disaggregate it.

The following example illustrates this point. The Australian homicide rate is 2 per 100,000. The U.S. homicide rate is now about 6 per 100,000, or only about three times higher. The homicide rate in the state of Maryland is about 10 per 100,000, but the homicide rate in Baltimore is about 40 per 100,000. In the rest of Maryland, the homicide rate is lower than it is in Australia—about 1.2 per 100,000.

Most of Maryland has a homicide rate lower than Australia's. The fact that Baltimore has a homicide rate of 40 per 100,000, or forty times that of the rest of Maryland, is an accident of political geography based on the proportion of the suburbs that is encompassed by the city limits. Dallas, for example, has a much lower homicide rate than Baltimore, but it has a history of annexing suburbs, which Baltimore does not.

It is misleading to compare homicide rates across cities or to look at national homicide rates without disaggregating them by the factors that are most strongly correlated with their existence. Some of those factors—like age, gender, race, and income—are at the individual level, but the effects of those characteristics are magnified by location and space.

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## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

That the City of Baltimore has a homicide rate of 40 per 100,000 is not important to this discussion. What is important is the fact that in East Baltimore, the homicide rate is probably on the order of 200 to 300 per 100,000 and is heavily concentrated among males ages fifteen to thirty, whose murder rates could be in excess of 400 or 500 per 100,000.

Neighborhood-level homicide rates are not reported by the FBI, but they are just the kind of numbers that we ought to be tracking in a systematic way from year to year. If we want computerized statistics to help us see how our indicators are working from month to month, we need to get below the national and city-level data and zero in on where the problems are most heavily concentrated.

It is not possible to determine what percentage of welfare cases occur in what percentage of the census tracts in the United States from administrative data. According to the U.S. Department of Health and Human Services, only about ten states have the information systems that would be necessary to locate welfare recipient households by census tract. Fortunately, those ten states have about half the population of the country, so it may be possible to study welfare issues spatially.

An even better opportunity exists with the distribution of crime data. Only fifty cities account for about 50 percent of the homicides in this country, and every one of those fifty cities has computerized crime records that show the location of the crime by the address of occurrence, thus allowing the identification of high-crime places like East Baltimore.

Including homicide rates by census tract in national statistics for all the high-crime areas or high-welfare areas would not involve a large proportion of the census tracts within the fifty largest cities. Baltimore, for example, has 200 census tracts, fifty of which account for more than half the homicides. Those fifty census tracts have average labor force participation of people over age eighteen of about 25 percent; put another way, that is 75 percent nonemployment.

Including other information, such as child welfare cases and school statistics, would provide another basis for looking at the effects of government programs in poverty areas. Such programs often are crafted as though for the whole country, but they actually are based on a handful of urban neighborhoods.

Examining a subgroup organized by space and then by the demographic categories of age, gender, and race within those spatial areas would perhaps be the most informative way to investigate many kinds of questions. For example, the national homicide rate has declined steadily since 1993. The rate is now 17 percent below where it was in 1984, the year it began to rise and subsequently rose quite a bit. What are the components of that decrease?

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

If a big drop-off in the homicide rate of the baby boom generation has occurred, it would hide any increase in the rate for the rest of the population. In fact, there is reason to believe there has been a slight increase in homicides in inner-city areas in the past year. The baby boom generation not only is aging but is dying at an accelerating rate, as violent baby boomers are getting killed themselves in domestic homicides and other violent events. The baby boom generation has a huge effect on the average rate of anything in this country. It is important to distinguish the typical baby boomer situation from that of an inner-city teenager to understand what is going on with children, poverty, welfare, and the country as a whole.

One could argue that we do not have a homicide problem in the country as a whole, given the low rates. My colleague at Berkeley, Frank Zimring, actually argues the opposite.<sup>1</sup> He says that even if one excludes certain groups, we still have a pretty high homicide rate, but his argument predated the big drop.

Many theories attempt to explain why the homicide rate has decreased. One of the more compelling correlations is the following: The year in which the homicide rate started to decrease consistently was the first year in which the police increased their enforcement of laws against carrying concealed weapons and started taking guns off the street at a higher rate. That rate is about seventy-five times higher than the rate of gun seizures in Latin American countries with high homicide rates, like Colombia. By raising the gun seizure rate in relationship to the homicide rate, police activity may have contributed substantially to the drop in the homicide rate.<sup>2</sup>

It is difficult to know whether that is a cause-and-effect relationship, in large part because of the aggregation problem. The data from the poorest 1,000 or 2,000 census tracts (out of about 50,000 census tracts in the country), which can be obtained only by getting fifty police departments to give you their data, show whether, in fact, large increases in arrests for gun carrying occurred. Those data would provide a much stronger basis for inference about what is happening if someone were able to collect it all.

Likewise, hospital data focused on the small number of poverty areas can provide information on some of the critical data issues. For example, the Hospital of the University of Pennsylvania reported that every gunshot-wound injury in that hospital is recorded by the emergency department; more serious cases are sent to the trauma department. What gets recorded

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<sup>1</sup>Franklin E. Zimring and Gordon Hawkins, *Crime Is Not the Problem: Lethal Violence in America* (New York: Oxford University Press, 1997).

<sup>2</sup>Lawrence W. Sherman, "Gun Carrying and Homicide Prevention," *Journal of the American Medical Association* 283 (2000): 1,193–1,195.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

in the emergency department is important because one of the useful databases is the National Electronic Injury Surveillance System (NEISS), which is a sample of emergency departments.

I audited the claim that the emergency department data record every case and that the trauma cases are recorded in addition to the emergency data. The NEISS does not survey the trauma departments—it only surveys emergency departments, which are separate department within hospitals. The trauma department at the hospital is reporting more cases than the emergency department, which is obviously not the only referral. Thus, complete counts of shootings require careful checks on separate data sets.

### **National System**

A national inner-city statistics system would allow us to go to the handful of hospitals serving those neighborhoods, work out the quirks, and compile medical data on violence and key issues like gunshot wounds and, for example, children who are rendered paraplegic. This is exactly the kind of thing that does not get revealed in a national survey because it is a rare event. But if you go to the streets of Baltimore on a summer night, you will be astonished at how many young men you see out on the streets in wheelchairs.

Rare events nationally are highly concentrated in poverty areas. Tragedies like crippling gunshots are the kind of thing that needs to be measured, regardless of welfare reform, and which could be measured if the data resources were applied where the problem is concentrated. By spreading out the data resources, we do the same thing we do with national crime intervention: Of \$4 billion in crime prevention money handed out by the federal government every year, Vermont gets \$1 million per homicide and inner-city Baltimore gets about \$5,000 per homicide because of the difference in their homicide rates.

If we were to create a national inner-city poverty area index of crime, violence, and related data, what would it look like? To answer that question, we must start with the presently available national and city-level data and then break those data down by neighborhood or census tract.

**Police data.** The primary indicators of crime problems involving children in poverty areas come from police records. They include:

- homicide victims by age and weapon,
- arrests for all offenses by age, and
- total violent crime in high-poverty census tracts.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

The data are generally available only from one police department at a time. Only the homicide data are reported with consistency at the national level by the FBI. The FBI also reports arrest data from differing numbers of reporting jurisdictions annually. It does not report data by poverty census tracts. Annual *Vital Statistics* reports based on death certificates also include homicide victimization data, but not by census tract, and not with the consistency when matched with police data. A painstaking effort to assemble those data from one police department at a time could smooth out differences in recording practices and create a national census of crime officially reported in neighborhoods where welfare was or is highly prevalent.

**Victimization survey data.** The National Crime Victimization Survey is conducted twice annually by the Census Bureau for the Bureau of Justice Statistics, U.S. Department of Justice. It estimates both the age and the income characteristics of victims and offenders. In theory, the data in this survey could be analyzed to focus on children in poverty; in practice, the data have never been reported this way. The values of the data are limited for tracking poverty areas, given the national sampling frame. The sampling system prevents estimates from even being drawn at the state level, let alone census tracts.

**Drug abuse data.** The annual high school survey of drug abuse by the University of Michigan's Institute of Social Research covers a wide range of substance abuse measures, including prevalence and frequency of use by drug type. This survey has the same problem as the victimization survey in that it cannot be used to track rare events in poverty areas.

**Other dysfunctional behaviors.** The National Youth Survey estimates a number of high-risk behaviors, including crime, drug abuse, alcohol use, and sexual activity. Once again, it cannot be used to measure behaviors in specific neighborhoods.

### **What the Data Show and Data Strengths and Weaknesses**

Some useful things can be learned from the data, but most of the conclusions are already widely reported, raising more questions than they answer.

**Homicide.** The FBI reports that the number of murders of people under age eighteen dropped from 2,521 in 1994 to 1,598 in 1998, a 24 percent drop. The decline was almost entirely found among murders of juveniles committed with firearms, which went from 1,512 in 1994 to 769 in 1998 (down 51 percent). The numbers, however, reflect a shifting population base, as different numbers of agencies are included in different years, with different populations. In the latest FBI report (on 1998), for example, comparative 1994–1998 data are only reported for about 60 percent of the nation's population. More than half of the police agencies reported no data on who gets arrested for what offense at what age. Similarly, the data on the age of homicide victims omits about 20 percent of the homicides, for which police report no demographic characteristics. Because the FBI's reporting program is voluntary, participation in the program fluctuates from

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

year to year, making data on arrestee and victim characteristics especially difficult to obtain with any consistency.

Nonetheless, a major drop in juvenile homicides has occurred. The key question of how much of that drop has happened in poverty areas will remain unanswered until the necessary data collection system is assembled from the major police agencies.

**Violent crime arrests.** The FBI also reports 1994–1998 reductions in juvenile arrests for other violent crimes among the 60 percent of the population for which data are available in both years. The reductions, however, are not nearly as large as the homicide arrest reductions. Juvenile robbery arrests are down by 29 percent (compared with 48 percent for murder in those agencies), juvenile rape arrests are only down 8 percent, and aggravated assault arrests are down 13 percent. Given the problems in the compilation of arrest data in each agency, the numbers may contain substantial errors that could change the picture. Arrest data, of course, also are a reflection of police practices, perhaps more so than a reflection of juvenile criminal conduct.

**Other crime by census tracts.** Although police data are not published by census tract, most police agencies can supply arrest and offense data identified by the location of the crime or the address of the victims and arrestees. They can do this on a monthly basis, so a timely national discussion of the implications of the data is possible. The data have never been aggregated by census tract, but they could be, and then linked to many other social indicators for the same tracts. The 500-odd census tracts where most homicide occurs could be the focus for most welfare reform impact and intervention analyses. Unfortunately, the national survey data do not sample micro-geographically and could not serve the purpose of tracking serious juvenile crime in the places where it is most concentrated.

### **Implications and Recommendations**

Several recommendations emerge:

**Focus on the hot spots.** Tracking the crime and misconduct issues for children in poverty cannot be done cheaply by piggybacking onto existing data systems. Those systems have been impervious to such uses for many years, and minor tweaking will be unable to change that. The goal of reporting “national” rates of crime and arrest interferes with good measurement of problems in hard-to-measure populations. But good measurement remains possible through collaboration with a small number of big cities. Identification of certain high-poverty rural counties could cover an even higher portion of all children in poverty and identify sheriff’s agencies that could provide key data.

**Support monthly data transfers.** Virtually all big-city police agencies would provide monthly data transfers that would be limited to poverty areas and financially supported by a third

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

party. They would be even more eager to help if they were supported with in-kind services, such as equipment and analytic tools. The growth of crime analysis in policing over the past decade has made this possible in places where it was once inconceivable, such as Philadelphia (with 2 percent of the nation's murders). Similar data systems could be established with hospital emergency rooms, under state laws requiring doctors to report gunshot wounds to police. Those requirements often are ignored by urban hospitals because of cost factors, but financial support for such reporting could give both local and national policymakers important information—especially on such issues as repeat shooting victimization, Medicaid enrollment, and the relationship of changing welfare support to changing patterns of shooting victimization. Although there are more hospitals than police agencies, the major trauma centers treat a large portion of all gunshot wounds in most cities; in Philadelphia, for example, only eight hospitals treat 80 percent of the ambulance cases for firearm injury.

### **Merge crime and misconduct data with other indicators in the same census tracts.**

An ongoing monitoring system for a small number of poverty areas could be created to merge indicators of welfare rolls, new hiring and unemployment claims, health, educational achievement, student discipline cases, teen pregnancy, and other measures of both possible causes and outcomes. Given the disproportionately large investment that the nation makes in social services for those areas, it is striking that no comparable investment has been made in measuring the correlates of those services. A monthly or quarterly national report focused on the relationship between services and problems would be far more useful than the overly aggregated administrative data to which we are currently limited.

### **References**

Sherman, Lawrence W. 2000. "Gun Carrying and Homicide Prevention." *Journal of the American Medical Association* 283: 1,193–1,195.

Zimring, Franklin E. and Gordon Hawkins. 1997. *Crime Is Not the Problem: Lethal Violence in America*. New York: Oxford University Press.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

### **Comments**

*Adele Harrell\**

I would like to echo Larry's point about the geographic concentration of violence by pointing out that 25 percent of juvenile homicides occur in five of the 3,000 counties in this country.<sup>1</sup> These counties include the cities of Los Angeles, Chicago, New York, Philadelphia, and Detroit. That is not the only story. The concentration of juvenile homicides occurs in distressed areas within those cities.

To see the crime-related effects of welfare reform on the well-being of children, it will be necessary to focus on specific geographic areas at high risk. At an aggregate level, juvenile homicide may not correlate that highly with other child indicators, because the geographic concentration seen in juvenile homicides is extreme and may not hold for other indicators.

Trends in other juvenile indicators of delinquency paint a picture of worsening behavior, at least through the mid-1990s. From 1970 to 1998 juvenile arrests for violent offenses rose as did adult arrests for violent crime. However, the juvenile arrest rates rose more rapidly in the early 1990s and fell more rapidly in the late 1990s than did adult rates.

FBI data show that in 1970, there were about 400 arrests for violent offenses per 100,000 youth fifteen to seventeen years old. This peaked in 1994 at nearly 1,000 per 100,000, before dropping to under 700 per 100,000 in 1998.

Drug abuse offenses among juveniles increased in the same period, leveled off, and are now beginning to drop. Arrests of youth age ten to seventeen more than doubled from 1990 to the peak in 1996, rising from 300 per 100,000 to over 700 per 100,000.<sup>2</sup> Other juvenile crimes, such as curfew and loitering, also rose rapidly and peaked in 1996.

What did not change, however, was property crime. Arrests per 100,000 juveniles age ten to seventeen hovered around 2,500 throughout the 1980s and 1990s. Juvenile property crime

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<sup>1</sup>*Juvenile Offenders and Victims: 1999 National Report* (Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 1999), 21.

<sup>2</sup>*Ibid.*, 135.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

rates are much more even across the country and is not as highly concentrated as juvenile violent crime or homicide.

It is almost a hobby among criminologists these days to argue about why the homicide rate has declined. A colleague of mine keeps a running list of the reasons the press says the crime rate has dropped. He is up to thirty-one, and welfare reform is not among them. One can argue that community policing or incarceration is behind the violence trends. Possibly all of those factors have contributed. I tend to think that the crack markets and the drug trade drove much of the homicide increase. The National Institute of Justice in 1997 conducted a study of homicide in eight cities in which homicides either increased, decreased, or stayed level.<sup>3</sup> The authors examined a number of hypotheses, including policing patterns, and the factor that seemed to be most consistently and strongly related to the homicide pattern was the crack market.

Studies of the effects of welfare reform on juvenile delinquency and victimization need to look instead at the effects of reform on delinquency risk factors. Actual changes in juvenile arrest rates may take longer to appear and will be more difficult to attribute to welfare reform.. In a study of a program called “Children at Risk,” the Urban Institute focused on the development of delinquency and drug use among adolescents in severely distressed neighborhoods, which were defined as having high levels of crime, poverty, unemployment, and social problems of all kinds.<sup>4</sup> As youths move from childhood to adolescence, the importance of the family begins to decrease and the importance of neighborhood and peer groups begins to increase. From the youth risk factor literature, we identified four groups of risk factors—environmental, family, peer group, and individual.

Hypotheses about the effects of welfare reform should focus on its impact on these risk factors, and not hypothesize measurable direct effects on juvenile offending rates. The environmental risk factors consist of low-socioeconomic-status, crowded, crime-ridden, transient neighborhoods. Family risk factors are family history of alcoholism, family involvement in drugs and crime, and poor and inconsistent parenting. Across multiple studies, those factors have been identified as predictors. What do they predict? They predict adolescent involvement in drug use and crime and poor outcomes.

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<sup>3</sup>National Institute of Justice, Office of Justice Programs, *A Study of Homicide in Eight U.S. Cities: An NIJ Intramural Research Project. National Institute of Justice Research in Brief*, No. NCJ167263 (Washington, D.C.: National Institute of Justice, November 1997), available from: [www.ojp.usdoj.gov](http://www.ojp.usdoj.gov), accessed October 2, 2001.

<sup>4</sup>Adele Harrell, Shannon Cavanagh, and Sanjeev Sridharan, *Impact of the Children at Risk Program: Comprehensive Final Report II*, report submitted to the National Institute on Drug Abuse (Washington, D.C.: Urban Institute, May 1998). The study was funded in part by the Annie E. Casey Foundation.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

A few words are in order about the relationship of welfare reform to those risk factors. One hypothesis about welfare reform is that reductions in assistance will encourage income-generating criminal activities. Income in many poor neighborhoods is made up of a combination of activities: welfare; off-the-books work; on-the-books work; and illegal activities such as prostitution, shoplifting, and drug dealing. Among women in particular, prostitution, shoplifting, and low-level drug dealing—not the kind picked up in crime rate reports—are alternative sources of income. However, it is not easy to measure the substitution effects of incomes from illegal activities because the crimes involved (prostitution, shoplifting, and drug sales) are not detected at sufficient rates to support estimates based on arrest data. You have to rely on self-reporting. It is difficult to determine what people are getting from the underground economy, but income through crime could be one of the effects of welfare reform in these neighborhoods.

Another effect of welfare reform might be that former recipients become increasingly employed and are no longer at home. The juvenile crime rates peak on school days and along routes home from school during after-school hours. One hypothesis would be that a decrease in supervision (if potential supervisors suddenly go into the workforce) could result in increases in juvenile crime.

Another hypothesis predicts that increased employment among potential supervisors could reduce offending rates by changing norms (and normative behaviors) in the area. Some analysts theorize that a “tipping effect” exists in distressed neighborhoods. If welfare reform causes employment to reach a certain level, working may be perceived as an attainable and reasonable goal. In Bridgeport, we were encouraging children to stay in school so that they could get jobs. Anyone, including me, could see that all the working-age men in the neighborhood were on the corner all day. So if welfare reform increased attachment to the labor force, you might expect to see some changes in norms followed by changes in behavior.

### **References**

Harrell, Adele, Shannon Cavanagh, and Sanjeev Sridharan. 1998. *Impact of the Children at Risk Program: Comprehensive Final Report II, Report Submitted to the National Institute on Drug Abuse*. Washington, D.C.: Urban Institute. May.

National Institute of Justice. Office of Justice Programs. 1997. *A Study of Homicide in Eight U.S. Cities: An NIJ Intramural Research Project. National Institute of Justice Research in Brief*. November. No. NCJ167263. Washington, D.C.: National Institute of Justice. Available from: [www.ojp.usdoj.gov](http://www.ojp.usdoj.gov). Accessed October 2, 2001.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

U.S. Department of Justice. Office of Juvenile Justice and Delinquency Prevention. 1999.  
*Juvenile Offenders and Victims: 1999 National Report*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

### Comments

*Peter Reuter\**

Few analyses of the use of illegal drugs among youth and young mothers in poverty are available. The broad indicators, however, tell a consistent story of declines in the use of dangerous drugs other than marijuana in younger populations. They suggest that drugs may be a fairly marginal factor in outcomes for the welfare population in the foreseeable future.

#### What Is Known

I was unable to find a published study on the relationship between welfare reciprocity and drug use except for two analyses from the National Household Survey on Drug Abuse and one from the National Longitudinal Alcohol Epidemiologic Survey, in 1988 and 1991, respectively.<sup>1</sup> This is odd because, in fact, a great deal of (somewhat) relevant data are available. For example, a data site at the University of Michigan Interuniversity Consortium for Political and Social Science Research ([www.icpsr.umich.edu](http://www.icpsr.umich.edu)), contains at least three major data sets. I intend to describe those, plus one other, here; much is out there that could be used for analysis of welfare reform.

**Data sets.** Four major data sets are familiar to many who study this topic. Monitoring the Future, a survey of high school students' use of alcohol, tobacco, and other drugs, has been operating for twenty-five years. The same three principal investigators have been asking the same questions; the survey principals have demonstrated little interest in exploring special topics but as a result, they have produced a very stable data set. Of course, the income questions in Monitoring the Future are not terribly useful because the data are self-reported by students. The best proxy for the economic status of the household is the education of parents, which is hardly adequate for analysis of welfare status.

The second broad survey is the National Household Survey on Drug Abuse, now carried out every year. The sample size has grown from about 10,000 in 1990 to approximately 70,000 in

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<sup>1</sup>Rukamalie Jayakody, Sheldon Danziger, and Harold Pollack, "Welfare Reform, Substance Use and Mental Health," *Journal of Health Politics, Policy and Law* 25 (2000): 623–651; Bridget F. Grant and Deborah A. Dawson, "Alcohol and Drug Use, Abuse and Dependence among Welfare Recipients," *American Journal of Public Health* 86 (1996): 1,450–1,454.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

1999. The new sample is large enough to produce state-level estimates of drug use; those might allow for analysis of differences among states, but no pre-PRWORA baseline exists at the state level. The NHSDA contains quite detailed information on household and personal income, including welfare and poverty status. Sheldon Danziger and colleagues at the University of Michigan are starting to use the data for analyses of the relationship between drug use and welfare reciprocity.

The third relevant data set is the Drug Abuse Warning Network (DAWN), which gives figures on emergency room admissions causally related to use of specific illegal drugs. Unfortunately, this data set is thin, providing only age, sex, and race of the person, and the data set makes it difficult to do neighborhood-level analyses because of the catchment areas of many emergency rooms. However, some ecological analyses should be possible.

Of potential interest is a new data set called Arrestee Drug Abuse Monitoring (ADAM), which contains data on biological assays for drug use in a sample of arrestees in thirty-five counties. Eventually, the Department of Justice hopes to have seventy participating counties. ADAM includes a detailed survey instrument about criminal and noncriminal earnings and sociodemographic variables. Though females constitute a small share of arrestees, the ADAM sample is large enough to provide useful data on earnings, family responsibility, and drug use in the criminally active female population. The recently implemented juvenile ADAM will provide additional data on drug use among adolescents.

The data sets are underutilized. One director of the National Household Survey thought that 50 percent of the items have never been looked at. The topic came up when he was queried as to whether it would be possible to add some items; he responded that it would certainly be possible to subtract some. All the data are becoming increasingly accessible for public use.

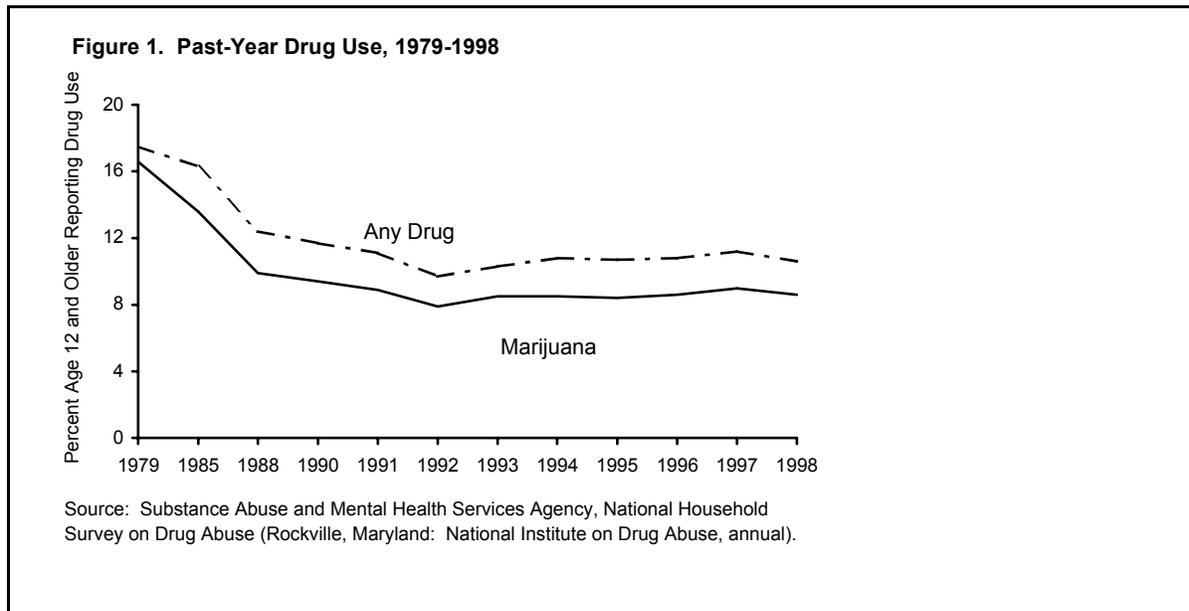
### **Changing Patterns of Drug Use**

Although little has been done to directly study the relationship between drug use and various poverty indicators, a good deal can be said about changes over time. Drug use in the general population rose rapidly in the late 1970s, maybe even into the early 1980s, after which a substantial decline took place. Figure 1 illustrates the trend; it reports past-year use of any illicit drug and of marijuana from 1975 to 1999 for the household population over age twelve. Drug-use rates in this population have remained stable since the end of the 1980s.

Age-specific patterns turn out to be distinct, however. In particular, the aggregate stability in marijuana use since about 1988 masks sharp increases in adolescent prevalence. As shown in figure 2, large increases in marijuana use in the late 1970s were followed by an extended decline over nearly fifteen years. Then in 1992 a dramatic upturn in use began among high school students, effectively doubling the rate by 1998.

## 11: Crime, Juvenile Delinquency, and Dysfunctional Behavior

How does one account for this recent upturn in adolescent marijuana use? Candidate Clinton in 1992 said that he did not inhale, thus making it clear that he had at least tried the drug. But it is difficult to believe that his moral authority, even back then, was so great that it led to a profound change in adolescent behavior. But apart from some line like that, there are no stories except that attitudes changed, and that merely shifts the mystery: Why did attitudes change?



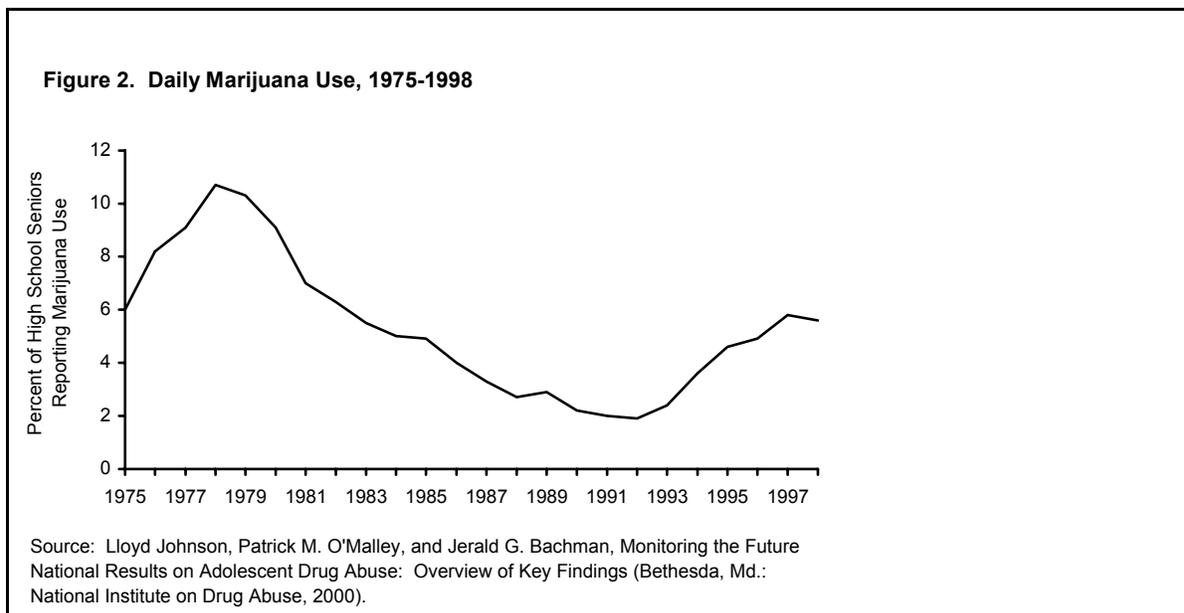
The story is complicated by the fact that marijuana use has risen among teens in almost every wealthy country. It is unlikely that economic conditions or the extent of poverty can explain the change in the United States.

If one looks beyond drug use in the general population, which captures mostly occasional use of less dangerous drugs, the indicators tell a different story. Cocaine use, for example, shows relative stability as reflected in the self-reported population surveys from 1979 to 1985. But data from DAWN show dramatic increases in the emergency room and medical examiner indicators during the same period, even before crack became widely available in most cities. The continued growth in DAWN measures after 1985 (see figure 3) appears inconsistent with the stability of cocaine use reported in the surveys.

The apparent inconsistencies do not necessarily point to conflict or inaccuracy. Rather, they point to a need to recognize cocaine and heroin use as a career rather than as an event. During the late 1970s and early 1980s, many individuals (mostly young adults) experimented with cocaine. Some became regular, but occasional, users; a smaller group went on to become regular and frequent users. By the mid-1980s, the percentage of first-time users had fallen

## 11: Crime, Juvenile Delinquency, and Dysfunctional Behavior

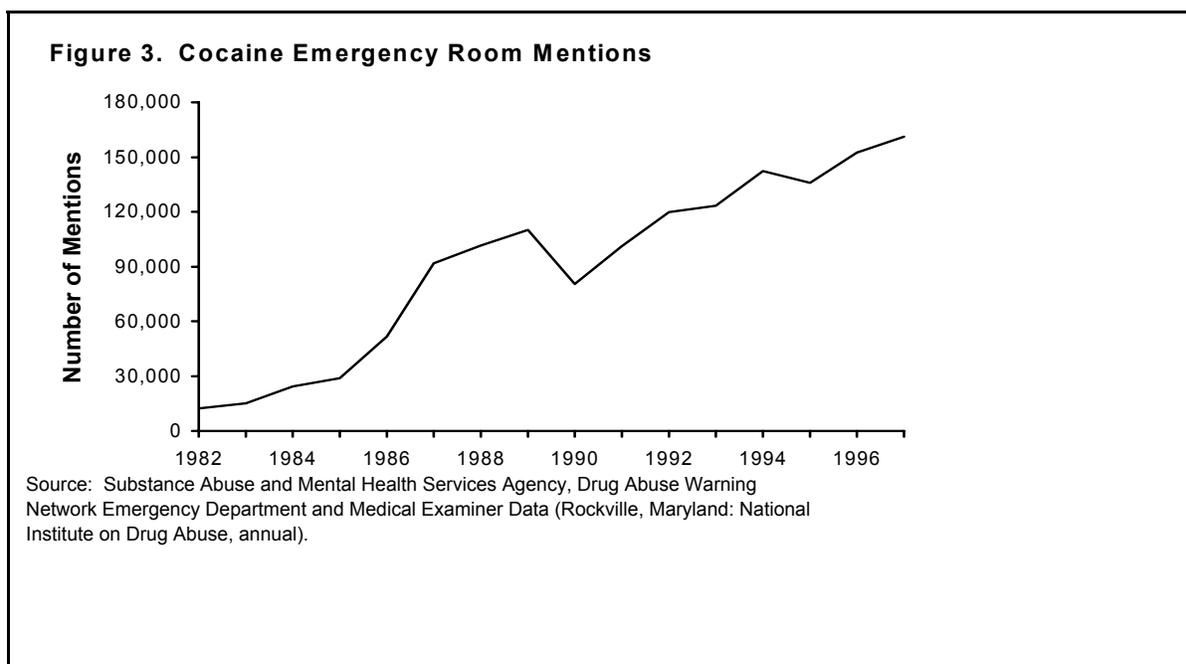
substantially and remained low through the mid-1990s. But the total number of cocaine users did not begin to decline because a modest share (perhaps one-third) of the earlier initiates continued to use the drug.



As the dangers (medical rather than legal) of cocaine use became more apparent and widely known, regular users who were not dependent and generally using only occasionally became increasingly likely to quit. But as cocaine became cheaper and more addictive in the form of crack, users who had not quit were more likely to become dependent. They were also more likely to be among the urban poor, whose drug use has serious consequences both for themselves and for society. As a result, the association between cocaine use and health problems on the one hand (as reflected in DAWN's rise) and crime, on the other hand, is now stronger.

More direct indicators illustrate the continued low levels of cocaine and heroin use in youth populations. Figure 4 is perhaps the most relevant to the discussion here. It shows drug use among juvenile arrestees in the District of Columbia, which has been collecting such data for much longer than any other jurisdiction. It is striking that in the late 1980s, criminally active adolescents still had moderately high rates of use of serious drugs, including PCP—a nasty hallucinogen—and cocaine. Twenty five to 30 percent had used those drugs shortly before being arrested. However, use of these drugs has basically stopped. There is a spike for PCP in 1995, but otherwise, today all we see is marijuana use.

## 11: Crime, Juvenile Delinquency, and Dysfunctional Behavior



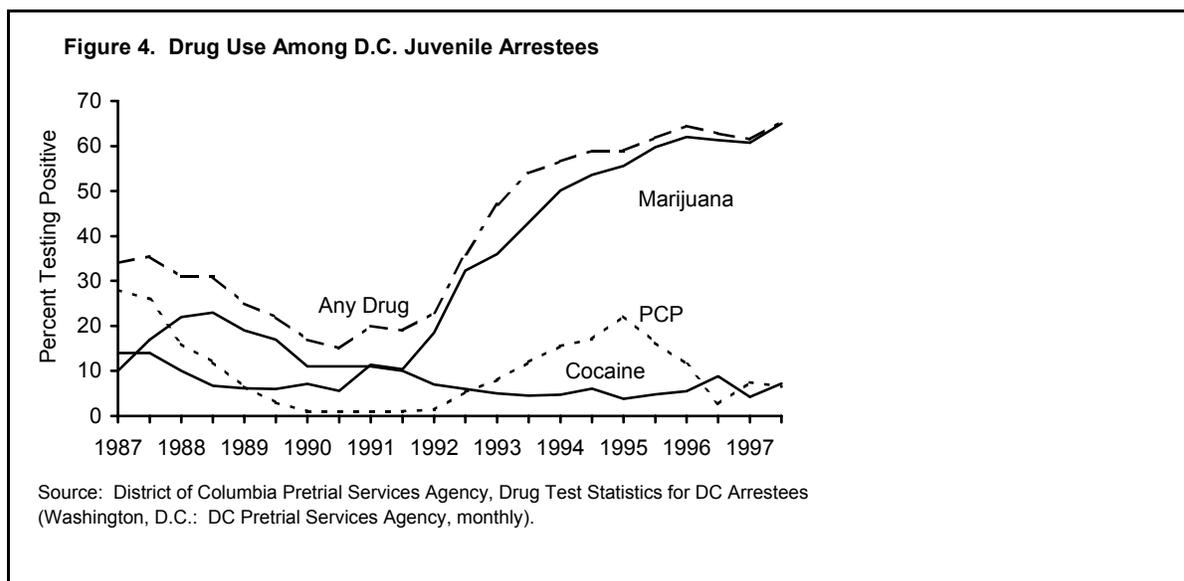
Arrest is not a rare event for young urban minority male; perhaps as many as a third experience arrest before age eighteen. The D.C. arrestee population is predominantly black and probably from poor households. Perhaps adolescent marijuana use will lead to later cocaine, heroin, or methamphetamine use, but little evidence so far points to an incipient epidemic of any of these drugs, notwithstanding media reports.

### Drugs and Welfare

What do these data portend for the future of drug use among poor youth? I want to offer two speculations about why welfare reform may not have much to do with drug use.

Basically, we have seen an aging of the population of dependent drug users, certainly dependent on expensive drugs. This aging has led to low drug-use initiation rates, particularly in communities that are rich in untreated addicts, who serve as a form of inoculation. The drug markets themselves used to offer one of the principal paths to drug use; in the late 1980s, when I led a study in the District of Columbia, many adolescents sold to young adult users. Now those adolescents of 1988 are themselves adult users in their late twenties and early thirties who have very weak alternative labor opportunities. I think they are now selling to each other, by and large; the market is much more tied up with crime, even as the price of cocaine and heroin continue to decline. There no longer are many opportunities for youth to get involved with these markets.

## 11: Crime, Juvenile Delinquency, and Dysfunctional Behavior



I do not mean that a new epidemic of use of expensive, dependency-creating, illegal drugs will never occur among low-income youth, only that it is not likely over the next few years.

I have focused on young males because, for those interested in drug markets and the problems they present to society, that is where the action is. The same data can help understand the likely future of drug use in the adult welfare population. For women as well as men, there has been little initiation into cocaine and heroin use over the past ten to fifteen years. The population of drug-dependent poor women, graphically described in Leon Dash's *Rosa Lee* is aging, and their children are at higher risk of also becoming drug dependent.<sup>2</sup> Evidence increasingly shows that drugs other than marijuana are now quite rare among adult welfare recipients. For example, a much-publicized Michigan program for testing Temporary Assistance for Needy Families (TANF) recipients for drug use, now halted by a court order, found that only 3 of 258 clients tested positive for a drug other than marijuana; eighteen tested positive for marijuana. In work that I am doing with Pat Ebener of RAND, we are finding that, notwithstanding some states' aggressive efforts to detect substance, generally less than 2 percent of welfare applicants are being referred to substance abuse treatment. This rate of drug abuse is likely to remain low as the old cocaine-dependent cases age out of welfare status.

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<sup>2</sup>Leon Dash, *Rosa Lee: A Mother and Her Family in Urban America* (New York: Basic Books, 1996).

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

Marijuana use has its problems; the drug is an intoxicant, creates dependency, and can be an expensive habit. If I am correct, however, that levels of youthful use of other, more expensive and dangerous drugs are likely to stay low, then drug use (not including alcohol use) may become a minor element in the response to welfare reform.

### **References**

Dash, Leon. 1996. *Rosa Lee: A Mother and Her Family in Urban America*. New York: Basic Books.

District of Columbia Pretrial Services Agency (monthly). *Drug Test Statistics for D.C. Arrestees*. Washington, D.C.: D.C. Pretrial Services Agency.

Grant, Bridget F. and Deborah A. Dawson. 1996. "Alcohol and Drug Use, Abuse and Dependence among Welfare Recipients." *American Journal of Public Health* 86: 1450–1454.

Jayakody, Rukmalie., Sheldon Danzinger, and Harold Pollack. 2000. "Welfare Reform, Substance Use and Mental Health." *Journal of Health Politics, Policy and Law* 25: 623–651.

Johnson, Lloyd, Patrick M. O'Malley, and Jerald G. Bachman. 2000. *The Monitoring the Future National Results on Adolescent Drug Abuse: Overview of Key Findings*. Bethesda, Maryland: National Institute on Drug Abuse.

Substance Abuse and Mental Health Services Agency. Annual. *National Household Survey on Drug Abuse*. Rockville, Maryland: National Institute on Drug Abuse.

Substance Abuse and Mental Health Services Agency. Annual. *Drug Abuse Warning Network Emergency Department and Medical Examiner Data*. Rockville, Maryland: National Institute on Drug Abuse.

### Discussion

#### Neighborhood Effects

*Lawrence W. Sherman:* I'd like to pull this together in terms of the connection, if any, between welfare reform and measures of crime. I started out by saying that the pathway is likely to be at the neighborhood level because welfare affects individual households as well as the surrounding households, and it maybe even has effects at the block level. I live two blocks away from high concentrations of welfare families, and if welfare reform is going to change behavior in that area, which has a high homicide rate, it is likely to do so through group effects in the neighborhood.

The changes in crime are likely to have cascading effects. What contributes to those cascades, we don't know. The only way we are going to find out is to look in the concentrated neighborhoods, because that is where we could measure changes in other things that co-vary with changes in violence and crime. We're not going to pick them up at the aggregate level. We are going to have to find them street by street, or census tract by census tract.

Even though cocaine use might be down nationally, it could be up in certain neighborhoods. By going to the emergency rooms as well as the police departments for measures about those neighborhoods, we could be putting those data together. That has never been done.

*Douglas J. Besharov:* Larry Sherman just made the argument that a rich way to find out about health consequences of welfare reform—or anything, for that matter—would be to go to these particular neighborhoods where there are concentrations of all sorts of things. How would you, Lorraine, feel about a neighborhood measure?

*Lorraine V. Klerman:* Very positive. I think that ill health is not randomly distributed in census tracts. It obviously is concentrated in some, and you could probably find out more about the impact of welfare reform in those areas.

*Isabel V. Sawhill:* I actually wanted to come in on exactly this point. What Larry is saying is exceedingly important. We have commissioned some research at the National Campaign to Prevent Teen Pregnancy that provides evidence of enormously powerful peer effects. Peer effects usually occur in space—in schools or in neighborhoods—and we can talk a lot about that. The other issue that this brings up is social marketing and its effectiveness. We do not know a lot about that—or at least not nearly as much as I would like us to know about it.

## **11: Crime, Juvenile Delinquency, and Dysfunctional Behavior**

I want to put a point on the table that relates to data and methodology. Randomized trials don't do you any good at all at learning about the kind of things that we are talking about. This is really about an evolution of social norms, and that can be extremely powerful. It can completely swamp the impact of any program. I think randomized trials are fine for looking at the specific effects of a well limited program, but they will never help you understand societal trends, which so often drive people's well-being.

*Ann Segal:* Mechlenburg County has done mapping that looks quite like this with the TANF population. They put lots of things on the map, including public utility payments and foster care placements. They also work with police data. It's used for planning; for example, the head of the Department of Social Services is using some of the TANF funds to invest in after-school programs for TANF children in neighborhoods in which the problems are the worst. It also is a monitoring tool, so he can see where things are starting to go right or wrong. It is quite impressive. He came into the department recently, and we had a session on mapping various social indicators, including health indicators.

*Douglas J. Besharov:* I don't know anything about police departments, but I know with child welfare, it's often the case that the office is nowhere near the concentration of cases.

*Richard J. Gelles:* We're now mapping the delivery of services in greater Philadelphia in relation to the reporting of child maltreatment. One of the remarkable things is that the service-delivery offices and placements are not correlated with where the problem is occurring.

### **Crime and Welfare**

*Robert Lerman:* I want to raise another possibility here. We have been thinking about how welfare reform could affect crime, but perhaps the reduction in crime can affect welfare. When you live in a neighborhood where you can go out a little bit more often, maybe some jobs start becoming available in those areas. You start being more willing to go out, you worry less about where your children are, and so on. So we should not necessarily think that the causation would be in one direction.

What complicates the neighborhood effects is that one would predict that as crime decreased in these neighborhoods, maybe welfare use per person would diminish because different people move into the neighborhood. So you have to be aware of that dynamic as well.