

# EPIDEMIC...

No. 2

Straight talk about kids, drugs and families from Straight, Inc.

## PREVENTION

### Protecting the Family Dream.

Most parents experience deep feelings of guilt when they discover their child involved with drugs, even though they had very little control over the introduction or availability of drugs to their teenager. Unless you purchased the grass, rolled the joint and stuck it in your teenager's mouth, you are not responsible for his or her actions. Unfortunately, a good home with loving and caring parents, regular religious observance by the family and a drug education program at school are not enough to prevent teenage drug use. To have a chance at preventing drug use in your teenager, you must be aware of the different stages involved and actively work at combating this progressive and destructive chemical dependence. What are these stages and what can you, as a parent, do about them?

### Stages of Teenage Drug Use

#### Stage 0: Curiosity in a "Do-Drug" World

Teenagers are naturally curious and, in this stage of their maturing process, confused. Their bodies are going through physical and emotional changes that are scary and that they do not fully understand. They are more aware of the "adult world" around them and are confused about this world they are rapidly approaching but not yet allowed to enter. Most teenagers take refuge from these confusing feelings by trying to fit in with their peers. Remember back to your teenage years — wearing the "right" clothes and the "right" hairstyle were very important. Going to the game and the party after on Friday night was the most important part of the week. Being an accepted member of your peer group helped to ease the feelings of confusion that are a normal part of the teenage years.

Today's teenagers have not changed —

our world has changed. We live in a world that abounds with messages to use drugs, legally and otherwise. Our society places high importance on pleasure and happiness — phrases like "if it feels good, do it" and "whatever turns you on" have been accepted by society as legitimate short-term goals. For the teenager, whose long-term goals are far from established, these short-term goals of being happy, of fitting in and of feeling good become their main goals. And "being happy and feeling good" in our society has long been associated with alcohol and drugs. You feel depressed — take a pill; "happy" hour at the local tavern means more alcohol for less money; go for the "gusto", with a beer in your hand, of course.

These messages of "happiness at all costs" have also permeated our child-rearing practices. We protect our children from pain, loneliness, death and anxiety by shielding them from these "natural traumas" — wrongly. Parents should help the child learn to deal with the real world as it exists, the bad and the good. Only by teaching them to cope successfully can we expect them to learn from their experiences.

A combination of society, peer pressure, personal confusion and easy access to drugs eventually leads to the question "Will it hurt to try just one?". The statistics clearly show that the answer to this is "Yes, there's a good chance that trying just one will hurt you". With alcohol, 10% of adult users are problem drinkers. With tobacco, 25% of the children who try tobacco will still be trying to kick the habit 20 years later. Yes, experimentation can hurt you. There's no way of predicting who can try drugs and quit and who will begin the spiral downward.

The message must be perfectly clear — "we don't do those things in our family". Your child is at risk and the potential for trouble is there. You must actively work at combating the "do-drug" messages, the



peer pressure and the confusion of the teenage years. A teenager with his feet firmly anchored in family support, honesty, trust and self-esteem will be better equipped to defend himself against the pressure of our world.

#### Stage 1: Learning the Mood Swing

This stage involves learning how easy it is to feel good — usually with alcohol, tobacco and marijuana. The initial experimentation will probably be in the company

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of an older sibling or friend who wants to share an exciting experience. Alcohol use may start at the family bar. "I'd rather have him drinking at home" is a common parental defense for serving the teenager an occasional beer or hard drink.

The early experimentation introduces the child to a world where drug use is accepted and new and exciting experiences are frequent. His education involves knowledge about drug paraphernalia and a new language — bong, roach clip, power-hitter. This experimentation leads to so-called recreational use where the weekend is built around "partying". The desire to "feel good" leads to progressive use.

You will note little outward change in your teenager during this stage. He or she may lie to you about exactly where he was or who was at the party last night, but his outward appearance has not changed and his school work is still up to standard. But the weekends and partying are slowly gaining more importance in his life. The power of pleasure to shape future behavior should not be underestimated. In addition, the teenager has discovered that drugs can be used not only to produce pleasure but also to avoid pain. With this discovery the young person moves quietly into stage 2. The teenager who has reached late stage 1 needs professional help in learning how to stop this advancement into stage 2.

#### Stage 2: Seeking the Mood Swing

No longer content to have someone give him drugs at a party, the teenager now seeks to have his own drugs. He attains a new status with his or her peers and mid-week drug use may begin. In addition, since marijuana and alcohol have proven to be pleasurable, not deadly, other drugs are gradually tried. This may occur initially as a desire to cope with a specific situation — like the young girl who takes "uppers" hoping to become fashionably slim. Stronger marijuana derivatives like hashish and hash oil as well as prescription drugs from the family medicine cabinet become part of the teenagers drug menu.

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Behavior changes, though subtle at first, begin to appear. The teenager now has a mixed group of friends, both the old "straight" friends and new "druggie" friends. Extracurricular activities at school and hobbies suddenly become "uncool". Marijuana has been called "galloping lethargy", referring to the general lack of motivation and the changing or disappearing of established goals. Truancy, hangover or being stoned in class will cause learning problems. Increasingly, the teenager is leading a dual life — doing his chores at home, going to church, participating in family activities — but denying

all this when he is away from home. A girl who leaves home neatly groomed may add more makeup and remove her bra on the way to school. Trying to cope with two lifestyles causes strain, and this strain is most easily dealt with by more drugs. The drug using teenager will increasingly isolate himself from the family, using the home as a "pit stop" for food and rest only. Whereas once this type of behavior might be accepted as "normal" for the rebellious teenage years, with the easy availability of drugs today, it must now be viewed with alarm. As the dual life becomes more difficult, the teenager may decide, usually subconsciously, that being high is the main goal in life and enters stage 3. It is at late stage 2 the family should recognize the problem and insist upon professional treatment.

#### Stage 3: Preoccupation with the Mood Swing

The teenager now plans his or her day around "getting high" — on the bus before school, in the bathroom during school, etc. As life continues to go downhill, the drugs offer the easiest escape from problems. Stronger drugs like LSD, PCP, & cocaine may be tried, but marijuana and alcohol are still the most popular. Behavior changes that began in stage 2 are now more obvious. There are now real problems at school, although the extra bright teenager may be successful at cheating or getting by. The child's personal appearance has changed and all the old "straight" friends never come by. At this stage it is costing money to do drugs, and parents should be wary of teenagers who spend more time at afterschool jobs than on homework and school activities. Stealing is common and shoplifting the norm — money from your wallet, a bottle from the liquor cabinet, even breaking and entering neighborhood homes and stores. There may be brushes with the law over truancy, shoplifting, driving. It is easy to focus on the teenager's behavior and not the reasons for that behavior. Underneath the "rotten kid" is a pained and unhappy teenager who doesn't have the maturity to help himself. When not "high", pain, depression and feeling ashamed surface and suicidal thoughts may become frequent. The number of teenage suicides has doubled in the last 20 years. Because they've alienated family, friends, and church, the teenager has no source of strength to help him defend against his "need" to get high. It is important to understand that the teenager at this point has tried many times to quit or cut back by himself and found that he can't do it alone. Because of his prior behavior he is terribly alone. It is this loneliness that drives the child toward

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### A message from William D. Oliver, Executive Director

At what point does a cucumber become a pickle? I heard our director in Cincinnati, Jerry Rushing, use this example in a talk he was giving to a group of school teachers. He said that he remembered his grandmother taking a bunch of cucumbers and dumping them into a vat of brine. "If they stayed immersed in the liquid long enough," Jerry said, "at some point they changed from being a cucumber and became a pickle." He closed with this statement, "No one knows exactly when a cucumber becomes a pickle; they do know that once they are pickles, they can never again become cucumbers." The drug culture is much like a vat of brine. Immerse a child in it long enough and they will become a pickle, they will become chemically dependent. Intervention is a parent or responsible adult acting to pull a child out of an extremely harmful element.

Most of us have had experiences with the phenomenon of adult alcoholism. Few parents are prepared to recognize and deal with a child, a young person, caught in the web of chemical dependency.

We often are asked by parents, What should I do if I find my child using drugs?. While, in one sense of the word, there is no simple answer to that question, in another sense there really is. Our advice to any parents who find themselves in this situation, is to get help immediately. Act and react swiftly. **Intervene.** Get in between your child and the drugs. Treat the situation with the same degree of urgency that you would use if you saw your child about to be hit by a runaway truck, about to be bitten by a poisonous snake, or swept away by a flooded river. Do not allow yourself to rationalize by saying that "it's just a phase", "it will go away", "they will outgrow it". The end result of continued drug use is emotional, spiritual or physical death of the child.

We are currently debating in this country, the decision to raise the drinking age from 18 to 21. Why is that? Why is there a "legal drinking

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If you have any comments or questions about  
**EPIDEMIC or Straight**, please write us — we'd love to  
hear from you!



# What Can You Do?

Knowing exactly what to do to help your child remain drug free is difficult — no two children are the same and no two child's experiences will be exactly the same. But in our experience from dealing with teenage drug users and their families, certain guidelines become apparent. The most difficult part of the problem is that to be successful, you must deal with it before it begins. You can't sit back and wait for the trouble to hit you — you have to be aware that the potential for trouble surrounds your child every day and actively fight against it. You feed your child nourishing foods, take him for dental check-ups and have his eyes examined — all preventive measures to guard against known potential problems. In the same manner, you must guard your child against the "do-drug" messages, the peer pressure to do drugs and our society's general acceptance of drugs and alcohol as solutions. But how, exactly?

You must start combating drug use in Stage 0 — before your child has experienced any drug or alcohol activity. It has to be a way of thinking, a way of dealing with your teenager on a day to day basis — not an occasional sit-down discussion or questioning. Let your child know that pain is a natural part of life — everyone experiences pain and turning to alcohol or drugs is not the solution. We try too hard to protect our children from life's realities instead of preparing them for the truth. Reality is your best friend. And the best form of prevention is intervention. Parents should "be in the way" of their teenagers. Let him or her know that you are aware of their culture and the peer pressure that exists. Set rules, expect them to be followed and then check up to see that they are followed. Take an objective look at the friends your child spends time with, restrict the places he's allowed to go, keep your child away from "do-drug" events such as rock concerts or unchaperoned "parties".

Teenagers are not mature adults and need active guidance, not permissiveness or freedom. Yes, the teenager has rights, but he also has responsibilities. He is not sufficiently mature to distinguish the differences between needs and wants, and the values that are learned at home are his only defense against the pressure to "try it just this once". Most teenagers don't want to try drugs when they are first offered them. But peer pressure will eventually win — unless the parents have given their child a reason to say no, a weapon against the pressure. "I can't do that, my Mom will find out" is easy to say if Mom will really find out because she's actively involved in finding out. At Straight, parents and siblings are as much involved in the program as the drug using teenager. And 92% of the siblings in the

program never get involved with drugs — because their parents have intervened and gotten between them and the drugs. It's not easy and it involves a change in thinking and attitude, but it's your only weapon against the pervasiveness of drug use.

If your child has reached Stage 1 — Learning the Mood Swing — there is still time for you to help. But your reaction must be swift and sure. Known drug involvement must be countered with unpleasant

## ***... the best form of prevention is intervention.***

consequences in the early stages. Your watchfulness must be increased, your involvement in your child's life must be felt even more forcefully. Teenagers use the word "trust" to suit their own purposes and many parents have been rebuked with the phrase "you don't trust me!". Be open about what you're doing — tell your teenager that it's not that you don't trust him; you don't trust the world he lives in. The question of searching a child's room, reading his mail and listening in on phone calls is an explosive one. Trust should be given where it is deserved, but it is not a right. Talk about being "trustworthy." Trust must be earned by behavior. It can also be revoked by wrong behavior. Parents have the responsibility to protect their children and children do not have the right to destroy themselves. The goal is not to threaten your child, but to make him understand that rights and privileges have limits.

At this point parental intervention will still help, but as your child reaches Stage 2 and seeks drugs actively, outside professional help becomes necessary. Simple drug "education" and traditional individual psychotherapy usually do not work. Your child needs a program that is geared to the basic immature state of adolescence — what works for the mature adult will not work for your teenager. The compulsion to use drugs is so strong by Stage 3 that an enforced drug-free environment is necessary. In successful programs like Straight, positive role models are provided and the teenager is surrounded by realistic love and understanding. He or she no longer feels isolated and has his needs to belong met within the group. But recovery will require full family involvement for months (or years) and the important, lasting changes in the teenager will only come at the end of his treatment.

Your best course of action to prevent drug use in your teenager is at Stage 0 — before he or she has used drugs — before the drugs grab a hold of your child — before your family is faced with the problem of a chemically dependent teenager. It's

worth saying again — the best form of prevention is intervention.

"One of the key consequences of understanding this process of drug dependence is to understand that families, adults and communities, have a central role in dealing with young people and their drug problem. Adults must simply say and mean "Don't do drugs!" To give only information is inadequate to prevent drug abuse. I am a psychiatrist making my living working with people in psychotherapy. I can assure you that psychotherapy in itself is not an effective way of dealing with drug dependence at any age, especially for young people. A clear message needs to go out that kids should not use drugs, period. It is not a matter of trying a little of any drug as a normal part of adolescence. Kids and drugs do not mix. We must organize ourselves around that message.

Once young people have started to use drugs, many families try to cover up, they try to ignore it, especially families that have been good at coping with earlier problems. They want to think that there is a way simply, with understanding and hard work together, to solve the drug problem of their child. It just does not work for many, once drug dependence has taken hold. The problem that the young person has in terms of dependence on the drug, and what happens to that young drug user in a peer setting where other kids are using drugs, is so much more powerful than anything that even the best organized family can muster that such efforts are usually doomed to failure. This explains why the Straight program is a hard program. It is a hard program for kids and it is a hard program for families. I believe, having looked at many drug abuse treatment programs, that there is no short cut; there is no easy way. Straight is a hard program because drug abuse among kids is a hard problem. Unless we understand that, we do not understand what we are up against".

The above quotation is excerpted from a presentation by Robert L. Dupont, M.D., President of the American Council on Marijuana, Inc., given at the First Annual Awareness Banquet, Straight, Inc., Atlanta, October 17, 1981.

*(William D. Oliver, from pg. 2)*

age"? The answer is very, very simple. In spite of the fact that we are a culture which readily accepts the use of mood altering chemicals, we have learned, all too painfully, that kids and chemicals do not mix. For a child, there is no such thing as a little beer, a little pot, or occasional social drug use. Parents must have the courage and the wisdom to intervene (to get in between) the child and any mood-altering drug.



# Getting Straight:



## One son's story

My name is Ed. I was 12 years old when I came into the program. I had been smoking pot about three times a week — three joints or so at a time. I was using alcohol and getting drunk about once a week. I used to steal liquor from my parents. I tried speed, valium and hash.

I got into drugs first through one of my older sister's friends. She gave me the first pot I had. Before that, I had turned it down when my friends had offered it to me.

After my sister got into drugs and she came into treatment, my parents were much more aware of the problem and they caught on to me quickly. I only used drugs for one year before I came into the program. But during that year I had already begun to feel the problems that the drugs were causing in my life. I had started to steal small amounts of money from my parents — just a dollar or two once in awhile. My school grades were starting to go down. I had been an "A" student and now I was coasting by and getting "B's." I got caught for bringing drugs into school and the principal found a note that I was going to be giving a drug party. I was acting tough in school. Being "cool."

My family is a middle class family. My father has his own successful business. We went to church every Sunday and I went to youth group and church youth activities and to catechism classes on Wednesday even-

ing. My parents were strict with us and were really set against drugs.

Before I got into drugs I used to love to play soccer. Then I started to smoke pot before practice and I was starting to lose interest and wasn't trying very hard anymore. I hadn't really dropped off the team, but I was on my way.

I have been in the program for 4½ months. I am back in school and I passed seventh grade and do not have to go to summer school to make up. My family and I are working to rebuild a good relationship. It is not all perfect. My sister and I still have problems. But my father and I are really able to talk with one another now. Last weekend we went on an outing to a theme park in our area. Just the two of us. We spent the day talking and really having a good time.

I'm only 13 years old now, and I don't know what I want to do with my life yet. I have a lot of schooling to finish. But I do want to go back and do some things right that I messed up when I started using drugs. I want to start playing soccer again. I was good at it. And I want to get "A's" in school again.

### PARENT POINTER:

Teenage drug-use creeps quietly into our families. As parents, we need to be aware of the signs and symptoms: a drop in grades, stealing, giving up of strong interests or hobbies.

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suicide. The only answer at this point is immediate professional help. When a teenager has reached stage 3 he cannot go back to stage 1. He must either recover from drug dependency or go on to stage 4.

### Stage 4: Doing Drugs to Feel OK

The teenager no longer gets "high" — he does larger amounts of stronger drugs just to feel OK. He will do whatever drugs are available from whatever sources. There is noticeable physical deterioration — weight loss, chronic cough — as well as memory loss, paranoia, fits of anger and aggression. Overdosing, which may occur in stage 1, becomes more regular. The teenager has probably dropped out of school and the police know him as a drifter or petty thief. Most of us know of someone who fits the description of a stage 4 user: in his mid-twenties, still living at home and doing nothing, can't seem to "get his life together". His acknowledged drug use is all too commonly seen as a result of his present situation instead of as the probable cause of it. What began as an experiment has ended in despair.

We would like to acknowledge *Drugs, Drinking and Adolescents* by Donald Ian Macdonald, M.D. (Year Book Medical Publishers, Inc., Chicago) as a prime source for much of the above information and recommend this book for those parents seeking more information.

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