

Originally Processed With FOIA(s):
2011-0570-F

FOIA Number:
2011-0570-F

FOIA MARKER

**This is not a textual record. This is used as an
administrative marker by the George Bush Presidential
Library Staff.**

Record Group/Collection: George H.W. Bush Vice Presidential Records
Collection/Office of Origin: Chief of Staff, Office of the
Series: Brady, Philip D., Files
Subseries: Subject Files

OA/ID Number: 14837
Folder ID Number: 14837-004

Folder Title:
Straight Inc. [2]

Stack:	Row:	Section:	Shelf:	Position:
G	28	14	4	3

Bush Presidential Library Photocopy

We realize that you didn't ask for these . . .



These are facsimiles, not actual drugs.

Our children generally don't either. Usually the first and second time they say no. Statistics indicate that even the third time they refuse. However, the fourth offer is where peer pressure prevails. Drugs are accepted.

It's frightening how readily available drugs are to our kids today!

There are characteristic symptoms of a young person using drugs:

- Withdrawal from family activities.
- Quality of child's friends change.
- School performance drops and truancy from school.
- Family relationship becomes strained.
- Trouble with the law.
- Child begins to have mood swings.
- Disrespect for authority with open rebellion.
- Progressive deterioration of behavior, attitudes, morals, and personality.

Fortunately, there is help. Since their organization in 1976, Straight, Inc. has provided treatment for over 4,100 drug using young people and their families.

If your family is experiencing any of the above symptoms, or, you know of a family that is and would like help, contact the Straight program nearest you.

Straight works to save kid's lives . . . Call for help.

STRAIGHT

A family oriented treatment program for drug-using young people and their families.

STRAIGHT, NATIONAL
3001 Gandy Blvd.
St. Petersburg, FL 33702
813/576-8929

STRAIGHT, ATLANTA
2221 Austell Rd.
Marietta, GA 30060
404/434-8679

STRAIGHT, CINCINNATI
6074 Branch Hill Guinea Pike
Milford, OH 45150
513/575-2673

STRAIGHT, DALLAS
1399 Executive Dr., W.
Richardson, TX 75081
214/644-4357

STRAIGHT, GREATER WASHINGTON
5515 Backlick Road
Springfield, VA 22151
703/642-1980

STRAIGHT, MICHIGAN
42320 Ann Arbor Rd.
Plymouth, MI 48170
313/453-2610

STRAIGHT, NEW ENGLAND
53 Evans Dr.
Stoughton, MA 02072
617/326-1111

STRAIGHT, ORLANDO
2400 Silver Star Road
Orlando, FL 32804
407/261-1111

STRAIGHT, TAMPA BAY
3001 Gandy Blvd.
St. Petersburg, FL 33702
813/576-8929

• EPIDEMIC...

No. 1

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

DENIAL

"In understanding the drug problem and in understanding Straight's role in dealing with that problem, we must understand that the single, biggest problem we have to confront is denial.

Individuals, families, communities, the media, and all the institutions of our society conspire inadvertently not to know how serious the drug abuse problem is. The fact is, as many of you bear witness having been personally touched by drug abuse, we are as a nation in trouble. Drug abuse prevention is a matter of survival for our families, for our communities, and for our nation. To underestimate that threat and to see drug abuse as a temporary, minor or fadish trend is to miss the central reality of the drug problem. I am going to give you just a few statistics, not to burden you but to help us understand the dimensions of the drug problem. In the 20th century in the United States, every age segment of our population has gotten healthier from one decade to the next with one exception: America's teenagers, 15 to 24, are now dying at a roughly 16% greater rate than they were in 1960. No other age segment of our population in the entire 20th Century has ever had a rising death rate. These young people — the future of our nation — are dying primarily in motor vehicle acci-

dents, suicides and homicides. These causes of death have been called "victimless" but they are more realistically seen as disorders of self-control or social control. They are all powerfully related to drug abuse"....."To be blunt, I have spent fifteen years working in

"... Straight is the best drug abuse treatment program I have seen, anywhere."

the drug abuse field, traveling to more than 20 countries and visiting hundreds of prevention programs. Straight, Inc. is the best drug abuse treatment program I have seen, anywhere. Lest there be any doubt that this is an accolade I have bestowed easily or casually, I can tell you that I have not said that about any other program."

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.

(Cont. on pg. 2)



Buck Presidential Library Photocopy

A message from William D. Oliver, Executive Director

Straight, Inc. was formed in 1976 by a group of Florida parents who became frightened by what they saw happening to their children in the early '70s. Drug experimentation was rampant. Marijuana could be easily bought at schools. Medical studies linking drug use to serious ailments of the lungs, heart and brain were being published. This group of concerned and involved parents laid the groundwork for what Straight has become in the '80s — a nationally recognized drug treatment program for adolescents.

We've been writing the book as we go along — taking the best from other programs, enhancing our successes, learning from our mistakes and helping thousands of children, their families and communities fight this national epidemic. For it is an EPIDEMIC and parents and communities MUST get involved to fight its spread. We're

(Cont. on pg. 3)

What is denial?

In general terms, denial is a psychological mechanism or process by which human beings protect themselves from something threatening to them by blocking knowledge of that thing from their awareness. It is an unconscious process which can be seen, for example, when a person is suffering from an obviously terminal illness, but seems to be genuinely unaware of that fact. It is a buffer against unacceptable reality.¹

With drug using teenagers and their parents, denial takes many forms and involves the whole family. A child will simply deny taking part in the activity he is accused of, even with abundant evidence to the contrary. Or a parent will minimize the problem, saying "he's ONLY drinking a little beer — it could be worse". Or other things will be blamed for the problem — trouble at school, peer pressure, "he's going through a phase". In many instances the teenager will turn hostile, becoming angry and irritable when approached about his actions. This is an effective form of denial, as people will tend to drop a subject that repeatedly brings an angry response.

Denial in its many forms is an automatic and usually unconscious act. And it is progressive, with the lies, alibis and excuses becoming more pervasive and part of the teenager's, and families, daily lives. An elaborate system of defenses shields the family from what is really happening.

How Straight Deals with Denial

Overcoming denial is the first step a family must take on the road to recovery. Unfortunately, the hard truth of the situation is usually brought home by a crisis — the child is being held by the police; the hospital calls with a report of an overdose, etc. It's at this point the

parents realize that things are out of hand and they need help. At Straight, the first step for parents is to attend an open meeting. There they are introduced to the program as well as to kids and parents who are successfully dealing with the problem. It's a very important step to realize that what is happening to your family is not your fault, it's not a moral problem or a sin and, most importantly, you're not alone.

At the open meeting parents are also introduced to the hard truths of teenage drug use. Most parents have a traditional image of the "drug addict" as the hardcore heroin user seen sprawled on the streets of big city slums. At Straight, parents are shown that drug using teenagers are psychologically dependent on the drugs they do — they "need" to get high. And their drug use will progress as this need becomes more important in their lives. Their drug use becomes a "habit" because of a psychological need, not a physical one. Most parents have not recognized the symptoms of drug use in their child — because they don't know what to look for, they don't want to know, or they choose not to know. Like we said, the denial system is pervasive. But it must be overcome, for denial perpetuates and accelerates the illness of drug use. You wouldn't knowingly ignore a cancer growing inside your child, and teenage drug use is the most frightening "cancer" affecting our children today.

The first step in overcoming denial in the teenager begins with the intake process. Most teenagers will not voluntarily admit themselves to a drug treatment program — after all, they're "in control" of their drug use, all their friends do drugs, etc. So they are brought to the program by their parents. The child fully intends to "con" everyone and be back with his or her friends soon. At Straight, peer pressure, which got them on drugs, is used to get them off.

During the intake process, the teenager meets in a room with other teenagers who discuss their own drug use. These are teenagers who are farther along in the pro-

gram and have used and experienced the same drugs as the child — and they can't be "conned" because they've been there themselves. It's kids relating to kids.

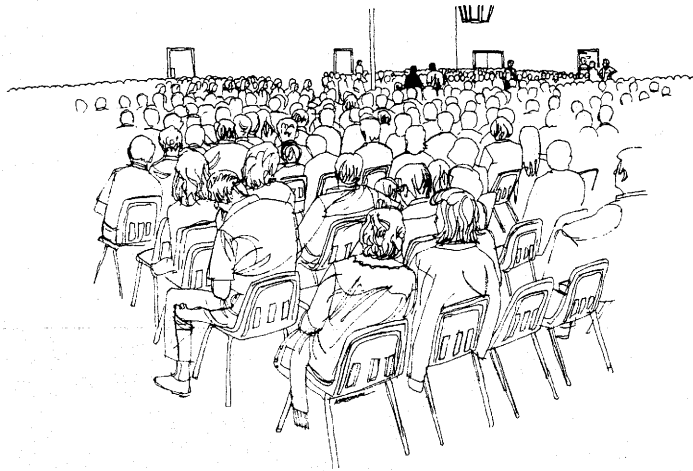
They talk about the past, they talk about being honest, they talk about the consequences of drug use — on family, friends, health. An important step comes when they talk about recognizing what they really "need", not what they "want." Once this distinction is made, the drug using teenager, who still "wants" to do drugs, is brought to admit that he or she may "need" help. Once there's that crack in the denial system, recovery has begun.

The intake process is of course only a first step. The denial system is still firmly entrenched and the drug using teenager still believes he can "con" his way out. As he or she becomes involved in the First Phase of the Straight program, this denial is gradually broken down. The feelings of shame and guilt, which had been "medicated" by the drug use, are brought to the surface. Through peer pressure, the teenager becomes more honest with his feelings and more honest with those around him. He is encouraged by his peers to relate his experiences and fears — and no one can see through a teenager's lies like another teenager. They'll tell him "you're not being honest — what did you really feel?" or "don't con us — we see right through you". These group raps are a daily occurrence at Straight during the entire program, with family raps, sibling raps and open meetings reinforcing the process. This entire program is supervised by qualified professionals and if individual counselling is needed it also is readily available.

The denial system is hard to break through. We've had teenagers in Fourth Phase, after months in the program, say that they only just realized how much trouble they were really in. That's months of therapy just to admit "I have a problem." But that first step must be taken.

¹ "Dealing with Denial", The Caring Community Series, No. 6, Hazelden Foundation, Inc., Center City, MN, 1975, pg. 9.

Why Straight Works



Straight has been recognized by the experts as an adolescent drug treatment program unique in its achievements. Straight has succeeded time and time again where other approaches have failed. Why? What makes us so different? There are many reasons, but chief among them are the following:

1. Straight deals with the disease, not the symptoms. Adolescent drug use in its various stages, is an illness, a disease. It is contagious, it is the cause of symptoms, it gets worse without treatment, it can be deadly, it is very treatable but, you must treat the disease not the symptoms. Drug use by adolescents is the primary problem. It causes bad behavior, poor attitudes, turmoil, confusion, and wild mood swings. Our approach is to go right to the heart. Our message is that you are not a bad person because of the things you have done. You are a good person in bad trouble because of the drugs you have done. We deal with the real problem.

2. Straight is specifically aimed at the adolescent drug user. It is a fact that teen-agers are not adults. Theirs' is a world all its own. That's why treating teen-age drugs problems with adult techniques or programs just does not work. Teen-agers not only have their drug use to overcome; they also have growing up and maturing to deal with. That just doesn't happen in four or five weeks. We know kids and there is no quick fix for immaturity.

3. Straight works with the entire family. Adolescent drug use is a disease which affects that entire family. Therefore, the entire family must work at the problem. Mom, Dad, brothers and sisters all participate in the wonderful process of recovery. It's not all fun, but then neither is life. It is all worth the winning.

4. Straight is based on a value system which for thousands of years has worked. It is based on such bedrocks as honesty, integrity, openness, love, communication, and commitment. It is based on hopes, dreams, ambitions, and just plain determination.

5. Straight works because we believe in courage and anticipate the miracle of change, the ability to rise from that which they are, to that which they may become. We have, in each facility, an atmosphere which permits change, and indeed encourages it. The real key to young people is to realize that they have a unique capacity to change and that the one who succeeds is the one who is able to tap that capacity for change and challenge the young person to seek a higher goal.

These are just a few of the reasons Straight works. There are others; the medical and professional staff, the young people, the parents, the families, the care, the commitment, and the determination to win.

At the bottom line is some age old wisdom . . . faith, hope and love . . . and the greatest of these is love.

(William D. Oliver, from pg. 1)

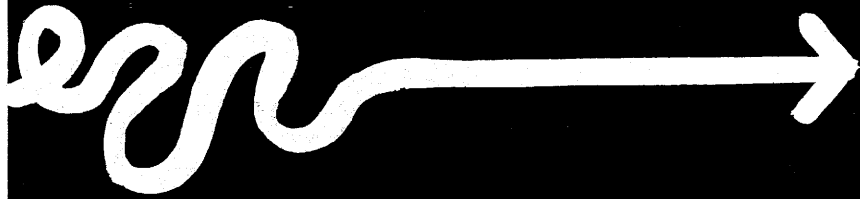
publishing this monthly newsletter as a service to parents, educators and communities everywhere to help families deal with the epidemic and recover from the tragedy of drug using children. We've gained a lot of information in our years of dealing with the teenage drug user and it's our hope that by sharing this information we'll help fight this problem nationwide. We'll talk about all aspects of drug use — how it affects the child, his parents and siblings — what to look for, how to know and what to do. This issue deals with denial — what has been called the single biggest problem we have to confront concerning drug use. We'll talk about the program at Straight, how and why it works. And we'll bring you first-person accounts from young people and their parents, telling you what happened to them and letting you know that you're not alone.

Hopefully, your children will never need the Straight program. But the hard evidence of reality tells us that this will happen only if you are concerned, involved and knowledgeable. It's our goal to help you achieve this. We're here to help — with information, with support, with experience. And with a record of success that makes every day a joy to experience and every family a living testimony to the benefits of drug-free living. We consider our children part of our national heritage and are prepared to fight hard for each and every individual child and family.

Coupon

EPIDEMIC is published monthly by Straight, Inc. as a community service. If you'd like to help, a \$10 donation will be applied to a one year subscription.

- ☐ Enclosed is my \$10 donation.
- ☐ Please send me information on Straight, Inc.
- ☐ Please add the following name to your EPIDEMIC mailing list.



One mother's story

John and I worked hard to bring our children up right. We taught them to know right from wrong and to respect the teachings of our church. Honesty and respect were extremely important virtues in our home. We trusted our children and felt that the basic honesty we had instilled would always keep them out of trouble. Once we started our family, John and I found that we really didn't want to maintain the social life we had had. We spent more and more time doing family things. Those were extremely happy years.

The first intimation of trouble came when Alex was graduating from 8th grade. He was invited to a party at the home of a school friend. Alex smelled strongly of beer when John picked him up that night. We then learned that the "adult supervision" had been an 18 year old sister. Alex swore that he had not been drinking but had been sprayed by a beer bottle that another person had been shaking. Alex begged John not to tell me. He swore it would never happen again.

John and I didn't even know what chemical dependency was at that time. We knew about skid row

bums and heroin addicts, but no one in either of our families had ever had a problem with alcohol. John thought that this was just adolescent experimentation and high spirits. And he didn't tell me.

During Alex' high school years we both had experiences which we did not share with the other. John found a can of beer under the seat of the car. Alex said he had taken it away from a friend. I found some strange seeds in the pocket of Alex' jeans. But we reassured ourselves. Alex was so careful of his appearance. He was so polite that all adults loved him. This was not the kind of kid who takes drugs. He was a health nut, lifting weights, careful of his diet. I was convinced that he would never abuse his body with drugs.

But incidents kept happening. After a senior trip we were notified by the school that Alex was suspended for doing drugs on the bus. Alex told us that all he had done was "drink a little beer." It was the rest of the group who were "doing drugs."

But feeling very guilty for invading his privacy, John and I searched Alex' room. We had

heard of the clever places. In the speaker of his stereo we found seeds, in a puzzle box from some magic tricks we found a small pipe with some strange smelling "tobacco" in it. Alex explained away our fears. Lockers were being searched in school and a friend had asked Alex to keep the things, because "everyone knew" that Alex did not do drugs.

I expect you are asking yourself how parents could be so blind. I ask myself the same thing as I look back. But then . . . we just couldn't believe it could happen to our family.

John wanted to enroll Alex in a treatment program, but I wasn't ready. Alex wrecked his car. Still I wasn't ready. Alex wrecked one of our cars. Not yet. We found that he had substituted colored water in our liquor bottles. Finally, after Alex passed out in the hallway, I was ready.

Can you imagine my astonishment and horror when, after Alex was admitted to the program, we learned the list of drugs he had been doing for the past four years. Not just pot and alcohol as we believed. But pot, alcohol, hash, hash oil, Tai stick (whatever that is), Rush, LSD, inhalants of all kinds, and every kind of prescription medication he could get his hands on.

PARENT POINTER:

If you think your child is only doing "a little pot" or "he drinks once in awhile" you are probably seeing only the tip of the iceberg.

Bush Presidential Library Photocopy

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Dallas
Opening Date: March 1986
Family Service Center
(214) 363-4357

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
P.O. Box 1577
Pinellas Park, Florida 34290-1577
(813) 577-6011

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Atlanta
2221 Austell Road
Marietta, Georgia 30060
(404) 434-8679

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Straight, Inc.
National Development
& Training Center
3001 Gandy Blvd.
P.O. Box 21686
St. Petersburg, Florida 33742-1686
(813) 576-8929

Bulk Rate
Non-Profit Org.
PAID
St. Petersburg, FL
Permit #184

• 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



Bush Pre-pressential library photocopy

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

(Cont. on pg. 2)

(STAGES, from pg. 1)

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.

... It is easy to focus on the teenager's behavior and not the reasons for that behavior.

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

(Cont. on pg. 4)

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

(Cont. on pg. 3)

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.

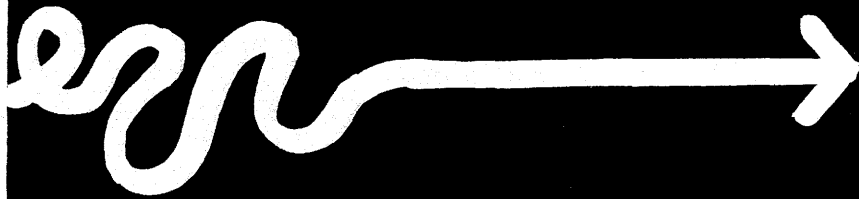
"One of the key consequences of understanding this process of drug dependence is to understand that families, adults and communities, have a central role in dealing with young people and their drug problem. Adults must simply say and mean "Don't do drugs!" To give only information is inadequate to prevent 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.



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.

(Cont. from pg. 2)

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.

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Dallas
Opening Date: March 1986
Family Service Center
(214) 363-4357

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
P.O. Box 1577
Pinellas Park, Florida 34290-1577
(813) 577-6011

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Atlanta
2221 Austell Road
Marietta, Georgia 30060
(404) 434-8679

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Subscription & Information Coupon

EPIDEMIC is published monthly by Straight Inc. as a community service and depends on the support of families and friends of Straight. Your \$10 donation will be applied to a one year subscription and will also enable us to reach other parents and families.

- ☐ Enclosed is my \$10 donation.
☐ Please send me information on Straight, Inc.
☐ Please add the following name to your EPIDEMIC mailing list.

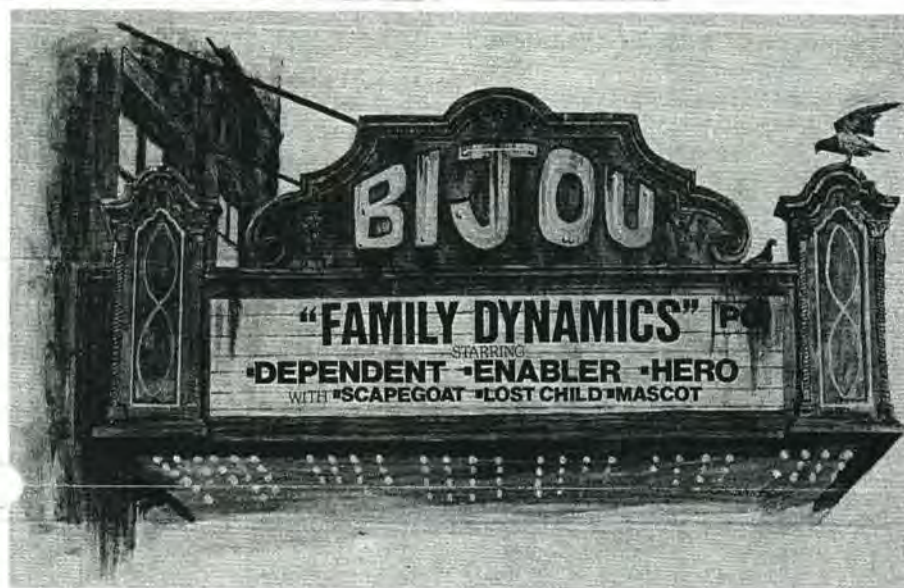
Straight, Inc.
National Development
& Training Center
3001 Gandy Blvd.
P.O. Box 21686
St. Petersburg, Florida 33742-1686
(813) 576-8929

Bulk Rate
Non-Profit Org.
PAID
St. Petersburg, FL
Permit #184

• EPIDEMIC...

No. 3

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



Family Roles

About the Games We Play...

When one member of a family is chemically dependent - whether on drugs or alcohol; an adult or a child - the other members of the family assume roles, usually subconsciously. These roles seem to enable the family to protect itself and the individual members from the downward spiral that the chemical dependency causes. Unfortunately, these roles actually cause the family additional harm because they put off the confrontation that is the first step in the recovery of the chemically dependent member. The five basic roles are not static - a small family may have more than one role for each person; a large family may have more than one person playing a single role. Which role is played by which person is more related to his

or her position in the family than to personality factors.

The Enabler

Every chemically dependent person (CD) has people around him who enable - help - him to continue his chemical use. Parents, friends, teachers, employers will all on occasion hide his mistakes, alibi or lie for him, pinch-hit - all forms of enabling. But there is always a chief Enabler, usually the person emotionally closest to the CD. In the case of an adult, this is usually the spouse. In the case of a teenager, this is usually a parent, most often the mother. The Enabler acts out of a sincere sense of love and loyalty; also shame, to protect the family's self respect, and fear. Enabling, like che-

mical dependency, begins slowly. The Enabler makes excuses for the CD and smooths over embarrassing incidents with friends. As the dependency grows, so does the enabling. As the CD becomes less reliable, the Enabler assumes his responsibilities or gives them to another member of the family. Under the guise of protecting and caring for the child, the Enabler starts controlling his comings and goings, and makes decisions for him that he should be making for himself. The Enabler covers for, excuses, and even defends the CD's actions in the face of criticism. They try to shield the child, and the family, from the painful consequences of the CD's behavior.

The Enabler is constantly under stress from being on the alert. The stress affects the Enabler's appearance and health with the familiar physical symptoms of a stress-related situation - digestive problems, ulcers, high blood pressure, depression, etc. Poor eating habits, too much smoking, too little exercise - even too much alcohol, tranquilizers or other drugs - further undermine the Enabler's health. The Enabler's chief emotion is anger, which is kept bottled up inside. And fear - for the child, for the family, for the satisfying family life that is rapidly disappearing. The Enabler is caught in the same downward spiral as the CD - unknowingly.

"The Enabler is caught in the same downward spiral . . . unknowingly"

The Hero

The Hero is usually the oldest child in the family; or, if the oldest child is the CD, the next oldest child. The Hero is helpful within the family and successful outside at school or work. He or

(cont. on pg. 2)

she provides the family with those moments of pride and hope that furnish a sense of worth for the family. Although the Hero seems to have it "all together", it is really just a facade behind which he or she feels miserable. The Hero is really trying to help the family by making up for its weaknesses, by saying to the world "this family is okay". After all, a family that has a child that does well in school, pitches on the softball team and writes for the school newspaper *has* to be okay, right? His achievements may help the home situation for a few days at a time, but it doesn't last. Feeling puzzled, but not knowing what else to do, the Hero goes on being a Hero - good, considerate, successful.

The Hero's actions are really eating away at him - because no matter how

"... it is really just a facade ..."

good or successful he is, it is never enough. He feels inadequate and guilty. And he feels anger - at having to work so hard, at having a family that needs so much from him. He may be lonely within his facade of popularity and achievement - never forming deep friendships because of the constant need to reach goals. The Hero goes through life always feeling that, no matter how good he is, he must be a little better before he can take satisfaction in his achievements. The Hero plays his hero roles forever unless the CD and other family members are helped in their struggle to survive.

The Scapegoat

The Scapegoat is usually the next youngest child. At first he or she may try to be like the Hero, being good and doing well. But he can't compete, if only because the Hero is older and more mature and will always seem better and brighter. So the Scapegoat withdraws from the family; physically - a small child may hide under the bed, an older one will run away, and emotionally, seeking outsiders (peers) to satisfy his need to belong. Starved for attention, the Scapegoat will release his bottled-up emotions by getting into trouble, because even a punishment is better than nothing at all. The mischief will escalate as the child grows - from playing with other mischievous children, poor school work, running away, drug and alcohol use, shoplifting, etc. The Scapegoat

has found his niche in the opposite role as the Hero, at a great personal cost.

The Scapegoat will act sullen, uncooperative, rebellious and belligerent - all to hide his anger. Anger at the CD for his alcohol or drug use,

"In his heart the Scapegoat doesn't want to be a bad kid ..."

anger at the Enabler for his or her constant attention to the CD, anger at the Hero for achieving goals the Scapegoat can never hope to compete against, anger at the world for "falling for the Hero's act". But beneath this anger is hurt - he or she feels rejected and lonely. And guilty because although the Scapegoat may break all the rules family and society has set down, he has not totally rejected them. In his heart the Scapegoat doesn't want to be a bad kid - he is being carried along by his role that brings him the attention he so badly wants.

The Lost Child

The Lost Child adapts to the family situation by "getting lost". He or she can't compete with the Hero and the Scapegoat, and doesn't try. He becomes a loner, looking after his own needs and staying out of the way. He finds more comfort in his own company than in the midst of the family chaos. The family welcomes his choice for the child who makes no demands is a source of great relief. But in the family where communication is already poor, the Lost Child is the most out of touch. And because he is often out of sight, his needs are also out of mind. Although not intentional, the Lost Child is often neglected and doesn't receive the attention, praise, reassurance and affec-

"Unless helped, the Lost Child will become a Lost Adult ..."

tion so necessary in childhood. The Lost Child can't live in his private world forever, and when he ventures out into school and peer group, he finds he has had little experience in living. He can't express his own feelings or accept expressions from others, he can't cooperate or handle disputes when cooperation breaks down, he doesn't share or can't de-

fend his ownership when bullied. He finds it hard to make friends because he has never experienced warm, human closeness. While the Scapegoat feels hurt and angry, the Lost Child accepts his exclusion as all he deserves and feels lonely and worthless. He represses these feelings, which may emerge physically in the form of accidents, bed-wetting, over-eating. Unless helped, the Lost Child will become a Lost Adult - without the ability to communicate or form close relationships. Possessions may take on inordinate importance in his life - the new car, stereo, exotic vacations. And he will go on playing the same role, suffering his private pain in silence.

The Mascot

The Mascot is most often the youngest child in the family. As the "baby", he or she is protected from the reality of the family situation more than any other member. (This may also occur with an older child with a special handicap or illness, or with the only daughter in the middle of sons, for example.) The Mascot is not told about brother's drug use, or sister's abortion or the fact that Mom and Dad do not sleep together anymore. But of

"... no one ever knows the real person behind the clown mask"

course he knows something is wrong - even a small child has eyes to see worried expressions and ears to hear adult arguments. The child is confused - he knows something is wrong but everyone he trusts tells him things are just fine. Are they really Fine? Is he going crazy?

The Mascot learns while still very young that showing-off can bring rewards - release of pent-up energy and positive attention from the family he loves. And the family is more than willing to forget its troubles for the moment and laugh at the clowning Mascot. The Mascot's behavior achieves its purposes; he's in control of the family for as long as he can hold the floor and feels more secure - he gets attention of some kind. The behavior can also be expressed in annoying habits and erratic behavior, so the attention can be negative as well as positive. The Mascot may act cute or show-off or squirm and inter-

(cont. on pg. 3)

(cont. from pg. 2)

rupt and do annoying things. In either case, the Mascot is kept immature and this limitation can affect his total development. Many Mascots are diagnosed as hyperkinetic and placed on drugs. The Mascot's main emotion is fear, but he hides it so well that no one ever knows the real person behind the clown mask. The Mascot is lonely even while being the center of attention.

"In treatment centers we encounter a lot of what we call 'chemically maintained families.' Dad will be dependent on alcohol, Mom on tranquilizers, the Scapegoat on street drugs, the Lost Child on sugar and the Mascot on Ritalin (for hyperactivity). Only the Hero escapes, and perhaps even he is sustained by the adrenalin from his own successes."

You can see why intervention and treatment of the whole family is necessary. It is not just the chemically dependent teenager who is in need of help - the whole family must be helped if they are to survive as a fami-

ly and as individuals in later life. That's why at Straight the whole family is required and encouraged to participate. We have found that it is the

"... at Straight the whole family is required and encouraged to participate."

only way out from behind the masks the various members have been forced into wearing.

'Sharon Wegscheider, *Another Chance, Hope & Health for the Alcoholic Family*, Palo Alto, CA, Science and Behavior Books, Inc., 1981.

We would like to acknowledge the above book as a prime source for much of the information in this article and recommend it for those parents seeking more information.

CHEMICAL DEPENDENCY

A Game the Whole Family Can Play!

Do not pass Go!, do not collect \$200, is a phrase familiar to many American families. Its from **Monopoly** by Parker Brothers.

"Oh my God, not again!" is a phrase increasingly familiar to American families. It's from a game called **Drug Use**, by American teenagers.

In **Monopoly**, the players choose a token to represent them as they strive for success on a game board. In **Drug Use**, players choose a role to protect them as they strive for sanity in their family.

Monopoly is fun and its harmless competition evokes togetherness, laughter and warmth. **Drug Use** is misery and its deadly role playing evokes fear, guilt, anger, depression and loneliness.

Monopoly tokens are selected by choice for recreation. **Drug Use** roles are selected by necessity for survival.

In **Monopoly** there are winners. In **Drug Use**, every player loses.

At Straight, we work with the entire family as well as the drug using young person. We do that because it works. The deadly game of **Drug Use** must end if the family is to survive, and for it to end, *all* must quit the game.

The benefits of recovery are enormous. People become real, authentic. Children become children again. Fathers become Dads. Mothers become Moms. Families become families. To look back and see the masks and costumes of the Chemical Dependent, the Enabler, the Hero, the Scapegoat and the Lost Child all piled in the past; to look forward and see each family member becoming all they can truly become - too look at today through the eyes of reality, to know the game has ended and finally all have won. That's what Straight is all about.

Getting Straight (from pg. 4)

determined he had to get himself out.

June: The two weeks before Easter were pure hell - I knew I was close to breaking down and didn't know what to do. Then at Easter, when all of the family was gathered together, Steve didn't come home all night again and I couldn't hold it together anymore. I created a family scene, which was the first time that the rest of our family knew that anything was wrong.

Peter: I knew June was near the breaking point and was desperately afraid of losing my wife. When my brother suggested a psychologist he knew, we went. At this point, I was more concerned about June than about Steve. I knew I would need a healthy, secure June at my side if we were ever able to help Steve.

June: Under the guise of testing Steve for his previous medical problem, he underwent a drug screening test. Even when the test came back positive, Steve denied his alcohol use - said it was the only time he'd been drinking. Even at this point, I was still ready to deny the problem.

Peter: I had stopped denying at this point - I accepted Steve's drinking as the problem, but my main concern was still June. We attended a Straight Open Meeting at the psychologist's suggestion and I knew immediately that we had finally found help.

June: The Open Meeting really opened my eyes. When all the other kids and parents got up to speak, realized that what we had been going through for so long was not unique to our family, that help was available and that, at last, we were not alone. We enrolled Steve in the program within days.

Steve is currently in 4th Phase (for the second time) and although things are not perfect, he is again the loving and responsible son and brother that Peter, June and Mark once knew.

June: I feel great, I try very hard not to enable anymore, although I realize now that I was raised as an enabler, and it takes a great effort to stop. Having foster children (from the Straight program) stay at our home gave me additional strength - the Straight program literally saved my family.

Peter: I feel positive, good, happy, hopeful and relieved. I'm more in touch with my feelings and look forward to coming home now. Both June and I feel guilty about some of the abuse Mark took during Steve's troubles and we're working hard to make it up to him.

Mark: I'm very proud of Steve. I have a brother again.



One family's story

We'd like you to meet the Randalls: Peter, A Protestant minister; June, a middle school math teacher; Mark, their 19 year old son; and Steve, their 16 year old son. Steve was 14 when he began doing drugs (mainly alcohol) and entered the Straight program at 16. This is a true story, although their names have been changed to protect the family's identity.

June: Steve's problem and subsequent drug use crept up on us slowly. While still young, Steve had some serious medical problems that affected his appearance as well as his school attendance. When, beginning in the 4th grade, his school work began to decline, we blamed it on his medical problems. The other children made fun of Steve's partial paralysis (only temporary) and he became a very upset little boy. As concerned parents, we sought out professionals to help us deal with the problem. But nobody was able to really help us. By the time Steve was in the 8th grade, things had really gone downhill. Steve had very few close friends, and spent most of his time with Mark and Mark's older friends. Steve and I had always had a very close relationship, but all of a sudden he began to turn on me, with sudden bursts of anger and vulgar language. I became desperate, stopped going out of the house, began to overeat in an attempt to buy his love and generally felt like I was falling apart. I felt hurt and angry about

being used by my son, and also started worrying that he might try suicide.

Peter: I come from a very stoic background, where people dealt with their problems silently and didn't talk about them. I placed the blame for our problems on June, because I saw how she was enabling Steve (although I didn't know it was enabling at the time). I directed my anger at June for the frustrating situation I found my family in.

June: I was constantly seeking advice and basically was told to enable Steve even more. I was told he was "going through a phase". I began to feel like a failure as both a wife and mother. I would attend church on Sunday, sitting there smiling like a dutiful minister's wife while inside I was desperate and crying. I would make excuses for Steve when members of our congregation asked where he was - I couldn't tell them that he had been out all night and I didn't know where he was.

Mark: I suspected that Steve was in trouble with drugs - mainly alcohol - but never confronted him or told my parents of my suspicions. I began to stay away from the family just to avoid the arguments and "scenes" that were becoming the norm.

Peter: I was your classic passive adult - my way of dealing with the problem was to avoid it. I began working longer hours and staying away from my home. When I was home, I

went to bed earlier and earlier, using sleep to escape. When I couldn't avoid it, I would yell and scream at my son and came very close to physically fighting with him one time. I'm still amazed that I could have acted like that.

June: Things kept on getting worse and worse. Steve would stay out all night and come home only for food and clean clothes. He began stealing from Peter and I, and even Mark, but we never suspected that the missing money was being taken by Steve. I began putting extra expectations on Mark to make up for Steve's failings, even though Mark was always a good kid, helpful and successful at school and work.

Mark: I resented being made to do Steve's chores when he wasn't around to do them - and sometimes I wouldn't. And I was mad at Mom and Dad for being manipulated by Steve - for falling for his "act".

June: Steve came home one night overdosed on alcohol, locked himself in the bathroom with the dry heaves. Still, Peter and I didn't think that drugs were the problem.

Peter: I told June to leave him alone when Steve came home sick. He had got himself into this mess and I was

(cont. on pg. 3)

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Dallas
Opening Date: March 1986
Family Service Center
(214) 363-4357

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
P.O. Box 1577
Pinellas Park, Florida 34290-1577
(813) 577-6011

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Atlanta
2221 Austell Road
Marietta, Georgia 30060
(404) 434-8679

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Bush Presidential Library Photocopy

Straight, Inc.
National Development
& Training Center
3001 Gandy Blvd.
P.O. Box 21686
St. Petersburg, Florida 33742-1686
(813) 576-8929

Bulk Rate
Non-Profit Org.
PAID
St. Petersburg, FL
Permit #184

Subscription & Information Coupon

EPIDEMIC is published monthly by Straight Inc. as a community service and depends on the support of families and friends of Straight. Your \$10 donation will be applied to a one year subscription and will also enable us to reach other parents and families.

- ☐ Enclosed is my \$10 donation.
☐ Please send me information on Straight, Inc.
☐ Please add the following name to your EPIDEMIC mailing list.

• EPIDEMIC...

No. 4 Straight talk about kids, drugs and families from The Straight Foundation

The Straight Program

Straight, Inc. is a family oriented treatment program for drug users between the ages of 12 and 21 and their families. While a youth is participating in the Straight program he or she must remain totally drug-free. The average age of our clients is 17, and the average client started using drugs at the age of 12. 60% are boys, 40% are girls. The treatment program of 12 to 18 months centers on a self-help philosophy — kids helping kids, parents helping parents, families helping families — the main objective of the therapeutic process being the revitalization of the family system.

While not an inpatient facility, Straight conducts an intense daily schedule of therapeutic sessions, utilizing the dynamics of peer pressure in a positive fashion to create a new lifestyle for the clients. The therapeutic tools utilized by Straight include a modified version of the Alcoholics Anonymous' Steps and Signs which Straight calls the "Tools of Personal Change", plus cognitive therapy techniques which deal with how a person thinks. The program uses a combination of intensive therapy and a structured, progressive approach where young people earn their way through 5 phases of the program to graduation. Straight is staffed by adult professionals who supervise young staff members who have been through the program and have subsequently been trained as counselors.



***"...kids helping kids,
parents helping parents,
families helping families..."***

The 12 Steps

Called "Tools of Personal Change" the 12 Steps used at Straight are actually principles of living — tools that are learned and used during the program and throughout life to help guide the person through the choices that confront him or her. The goal, achieved during the 5 phases of the program, is to internalize the program so that choices are routinely scrutinized — is it in my best interests? does it keep me out of trouble? The 12 Steps are guidelines used to direct this process.

The 12 Steps

1. We admitted we were powerless over alcohol and drugs — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.

(cont. on pg. 2)

The Straight Program

The 5 Phases

During the months of treatment the young people progress through 5 distinct phases in the treatment cycle.

First Phase is the period immediately after the young person enters the program and lasts for a minimum of 14 days. The youth is working on "self". This involves developing honesty about one's past as a "druggie" and about one's "process" (thoughts and feelings) and how the youth sees his or her world. The child lives with a "host" family which has a child in an advanced stage of the program, who is the client's Oldcomer, and is in the building from 9am to 9pm Monday through Saturday and 7 hours on Sunday.

Second Phase is the exciting moment when the youth "comes home". Now he or she lives at home instead of with the host family and adds working on family relationships to working on self. The teenager is in the building 12

school or work on weekdays, then into the program in the afternoon and evening. He is in the building all day on Saturday and Sunday. Minimum time in Phase Three: 7 days.

Fourth Phase is the time when the young person begins staged withdrawal from active involvement in the

"...young people earn their way through 5 phases of the program to graduation."

program. He or she comes to the building after school 3 weekdays and one of two weekend days. The youth is working on constructive use of leisure time and on creative friendships. He or she is permitted, on a written permission basis, to go places for recreational activities with family or friends in the program. Minimum time in Phase Four: 90 days.

Fifth Phase involves only three days in the building, more personal freedom, and working on service to others — social responsibility. Fifth

meaningfully. Different types of raps are scheduled throughout the day, although all focus on drug use and recovery through self-change using the program tools. Led by 2 rap leaders (staff members), raps have topics that involve the group working together on a single rap theme and also working individually on different therapeutic tasks within the treatment process.

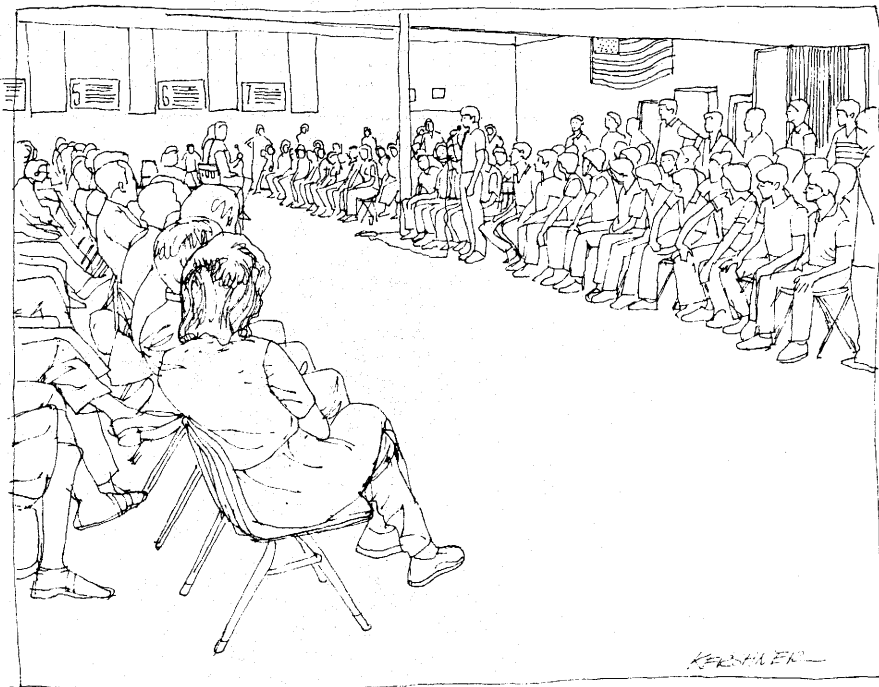
Different types of raps are held: A Past-Present-Future Rap develops a theme from the past, beginning either with childhood or the "druggie" past, to the present and then to the future, working on dreams or goals. A Confrontation Rap works with individuals in the areas of honesty and compliance with rules. The group members, under rap leader supervision,

"The goal...is to internalize the program..."

give strong confrontive feedback to particular individuals. A Review Rap may involve review of rules or, for example, the rap that follows an Open Meeting, where kids are given feedback relating to behavior and happenings during the Open Meeting. An Idea Rap takes a basic idea or word and builds on it, layer by layer with group members sharing their insights. An Instructional Rap is where teaching and learning are the primary goals, such as teaching the 12 Steps. Fun Raps are held to give the teenagers a chance to be kids — to have fun with an "off-the-wall" subject like ghosts, UFO's, bananas. Small work groups are also employed during the rap periods to develop an idea, which is then shared in the general session at the end of the rap.

"...rap therapy uses supervised peer pressure..."

Morning Rap, with first and second phases in the building, deal with the basic foundation tools of the program. It gets the group involved with the day, is quickly paced and deals with the basics — the 12 Steps, the 5 Guidelines for "Straight" Thinking, routines, the 5 Phases, etc. There is little confrontation in the Morning Rap. After lunch, there are Boys/Girls Raps where the group is separated by sex. Topics may be more related to male/female issues and sexual identity, but not necessarily. There is



hours daily, Monday through Saturday and 7 hours on Sunday. Minimum time in Phase Two: 7 days.

Third Phase has to do with working on achievement through school or a job while continuing to work on self and family. This phase also represents the first time a youth faces "do drugs" peer pressure again. He or she has to face old friends at school and say "no". The young person goes to

Phasers assist the staff in working with the Group. The child graduates to aftercare upon completion of Phase Five. Minimum time in Phase Five: 60 days.

Rap Therapy

Based on the concept that peer pressure got the child involved with drugs in the first place, rap therapy uses supervised peer pressure to help get him or her off drugs,



ore confrontation and more individual work. Higher phase members are starting to arrive, from school or work. The Afternoon Rap brings the whole group together, with more old-comer participation. It is the most confrontive with more group leadership because of more oldcomer involvement. Specific issues are confronted, such as responsibility, weaknesses versus strength, etc. The Night Rap, after dinner, focuses on positive themes with no confrontation, to end the day on an "up" note so that clients leave the building feeling positive about the day and themselves.

Family Involvement

Entire families are required and encouraged to participate in the Straight program. The main objective of the therapeutic process is the reconstruction and revitalization of the family system. Open Meetings are held on Monday and Friday evenings,

"The main objective of the therapeutic process is the reconstruction and revitalization of the family system."

bringing together in one large room the teenagers, parents and siblings. First, second and third phase parents are required to attend all Open Meetings, with fourth and fifth phase parents attending the one meeting per week that their child attends. Straight also conducts parent and sibling raps, individual counseling and family conjoint counseling. 92% of the siblings involved in the Straight program never get involved with drugs. Why? The best form of prevention is intervention, and their parents and the

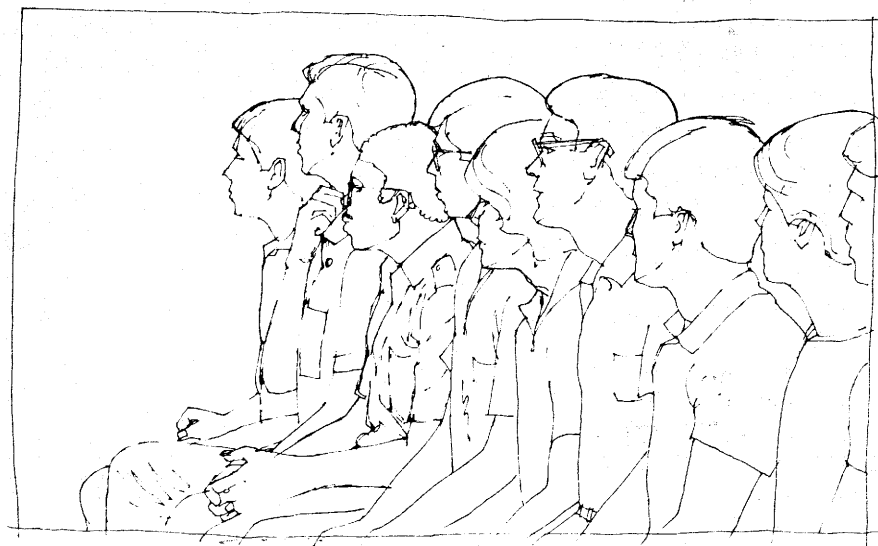
Straight program have intervened with these siblings during the treatment of a brother or sister. Children are a part of families, and families must be treated as a whole for the process to succeed. Youths *must* be accompanied by a parent to be admitted to the program.

Aftercare

A graduate of Straight enters a six-month Aftercare program. Consisting of a series of classes, the Aftercare program strives to support and teach the recent graduate. It offers the opportunity to extend the knowledge they've gained in the program and also to relate the experiences and problems they're now facing alone, without the support of the Straight group. Topics discussed include relationships and social dating, friendships, long-term goal setting, relapse symptoms, basic life skills, positive thinking, etc. Graduates are required to attend 2 classes per week for the first 3 months, then 1 class per week for the next 3 months. Parents are required to attend 1 class per month with their graduate.

"Straight seemed to us to be phenomenal. We have been involved in drug programs, we have seen far more of them, and we have read about most of them; but we have never seen a program that seemed so intelligently designed to bring about success in this very difficult field . . . Straight, we are inclined to suspect, is going to be recognized, eventually, as a national resource."¹

¹ Andrew I. Malcolm, M.D., F.R.C.P. (C), "An Examination of Straight, Incorporated", Toronto, Canada, 1981.



A message from: William D. Oliver, Executive Director

Straight was founded in response to a need. Kids were in serious trouble with drugs and alcohol and nothing available seemed to really work...really work in the sense of not only achieving abstinence but also in recovering the quality of life. Some parents and professionals in St. Petersburg, Florida decided to do something about it.

In 1976, Straight was created as a non-profit, privately funded treatment center for drug using kids and their families. It had one client, a handful of staff, little money...but it had two key resources:

- a faith which would not quit
- a heart big enough to love the unloveable.

"Straight was founded in response to a need."

Now just eight years later, Straight has eight operating programs: Cincinnati, Tampa Bay, Atlanta, Washington, D.C., New England, Dallas, Orlando and Michigan. There are currently over 800 children in treatment.

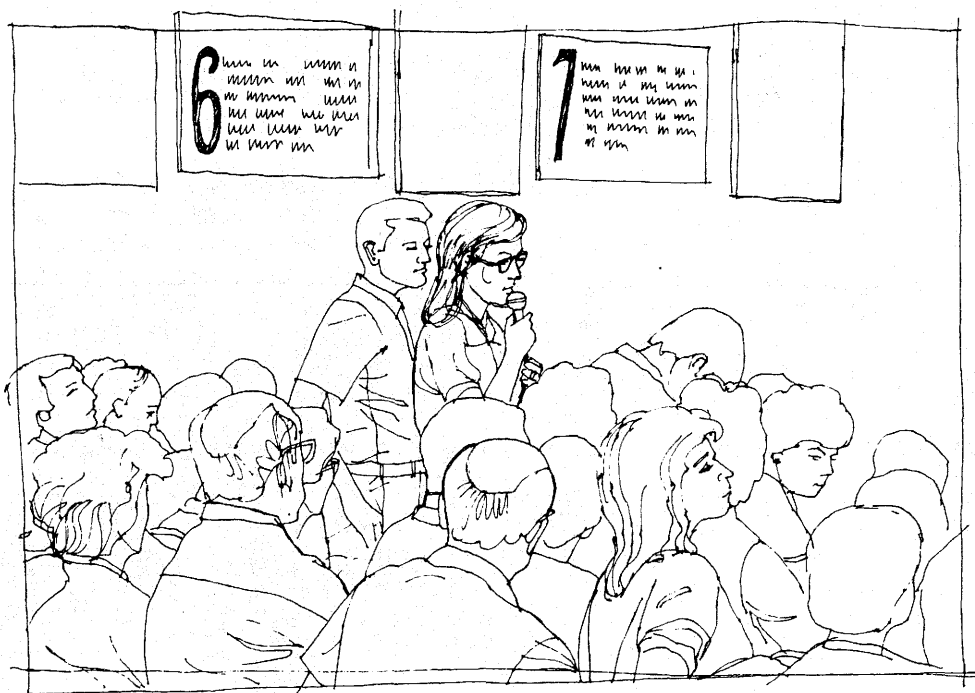
Why? Because Straight works...not only to achieve sobriety but also and especially to recover the quality of life, the ability to become, to achieve,

to fulfill each child's potential as a human being.

Straight is the result of families all over America who refused to compromise, who refused to quit. If we have one secret, it is *commitment*.

- Commitment to recovery
- Commitment to achievement
- Commitment to excellence

We say it all the time. We are proud of our kids — not for what they have done. We are proud of who they have become.



Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
Pinellas Park, Florida 33702
(813) 577-6011

Straight, Inc. Atlanta
2221 Austell Road
Marietta Georgia 30060
(404) 434-8679

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Straight, Inc. Dallas
1399 Executive Dr., W.
Richardson, TX 75081
(214) 644-4357

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Bush Presidential Library Photocopy

Subscription & Information Coupon

EPIDEMIC is published monthly by Straight Inc. as a community service and depends on the support of families and friends of Straight. Your \$10 donation will be applied to a one year subscription and will also enable us to reach other parents and families.

- ☐ Enclosed is my \$10 donation.
- ☐ Please send me information on Straight, Inc.
- ☐ Please add the following name to your EPIDEMIC mailing list.

The Straight Foundation, Inc.
3001 Gandy Blvd.
St. Petersburg, FL 33702
P.O. Box 21135
St. Petersburg, FL 33742
(813) 576-7563

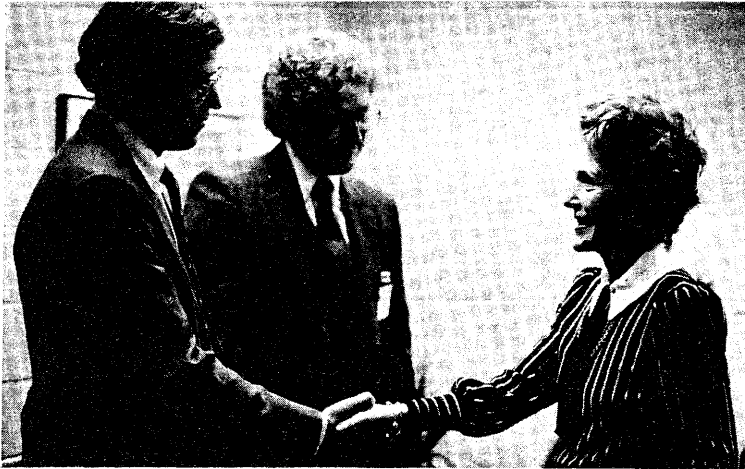
Bulk Rate
Non-Profit Org.
PAID
St. Petersburg, FL
Permit #184

• EPIDEMIC ...

Welcome Back, Mrs. Nancy Reagan

**SPECIAL
EDITION**

First Lady Nancy Reagan visited the Cincinnati branch of Straight Inc. on Monday, September 17th, as part of her personal crusade against teenage drug abuse. This was her second visit to a Straight facility (she visited the St. Petersburg, Florida branch in February, 1982), and she joined 160 young people and their parents for 3 hours at a regular Monday night Open Meeting. It was an emotional evening, as Mrs. Reagan listened to young people tell of their lives of drug use and despair and parents cry as they spoke of the worry and fear they had felt for their children and families.



Mrs. Reagan is greeted by William D. Oliver, Executive Director of Straight, Inc. National (left) and Jerry Rushing, Director of the Cincinnati branch.



Mrs. Reagan joins in applauding the Straight young people as they speak of the hurt and despair they experienced and the hope and joy they now have for their future.



Mrs. Reagan, with tears in her eyes, said, "As one parent to another, I know there's no hurt a parent can be given that can equal that that your child can give you...But I'm proud of you because you have supported your children and given them the love they need. They showed that need tonight." "We need you," she told the young people. "You'll be taking over this world. We need you to be strong and quick. I want you to know that I'm proud of you for having the courage to face up to your problems."

Welcome Back, Mrs. Nancy Reagan



Mrs. Reagan met Robin Page at Straight and invited Robin to accompany her to Indianapolis the next day to speak at a junior high class about the dangers of drug use. Robin joined Mrs. Reagan on Tuesday morning and sat with her on the Presidential plane where they discussed Robin's personal experiences with alcohol, marijuana and speed. "She was really nice," Robin said. "I was, like, amazed at how honest she was. She asked what she could do to become more involved in helping people with drug problems."



Jerry Rushing presents Mrs. Reagan with a small bronze figure of a child reaching out. It was sculpted by a parent of a Straight teenager.

Bush Presidential Library Photocopy



Mrs. Reagan joins with bowed head and clasped hands as the Straight Open Meeting ends with the Lord's Prayer.



Just before leaving the Open Meeting, Mrs. Reagan walked over to the front row of Straight's young people and hugged each of them. "I love you all," she told them.

• EPIDEMIC...

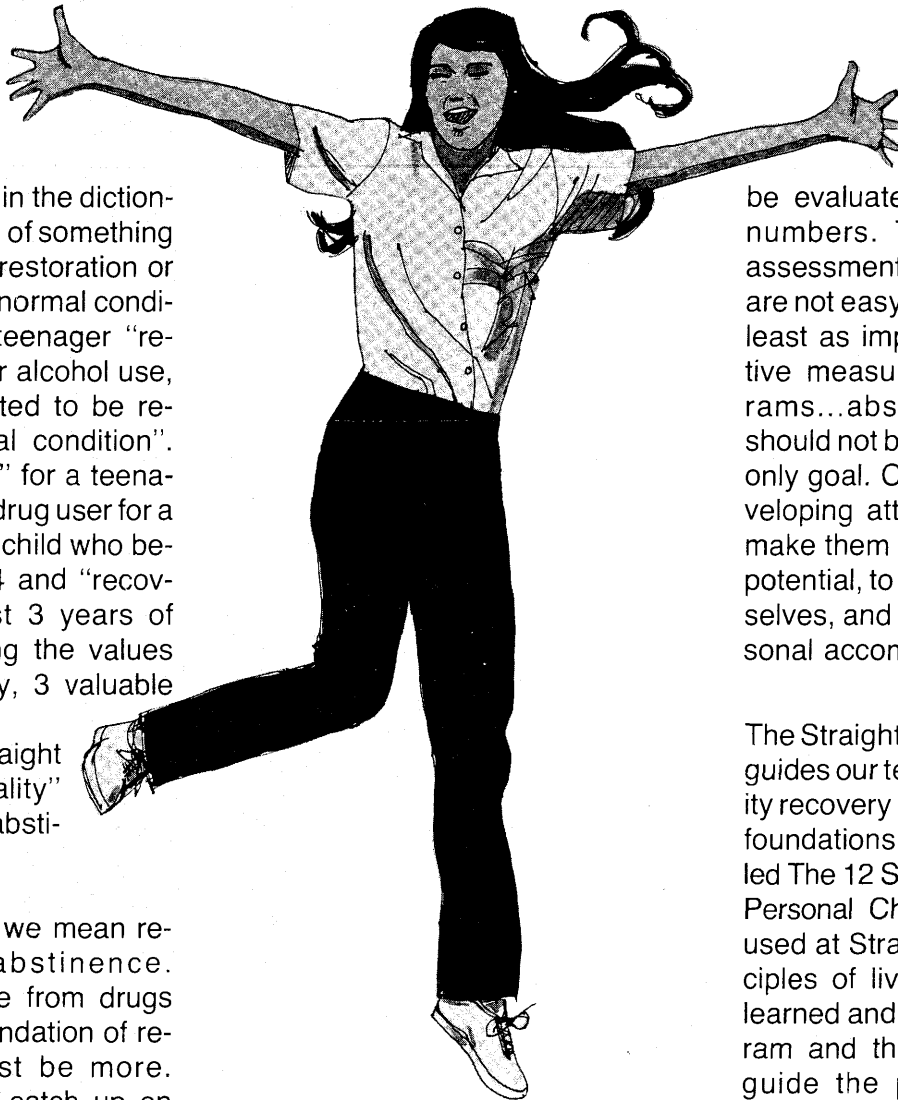
No. 5 Straight talk about kids, drugs and families from The Straight Foundation

RECOVERY!

Recovery is defined in the dictionary as "the regaining of something lost or taken away; restoration or return to health or a normal condition." So, when a teenager "recovers" from drug or alcohol use, he or she is expected to be returned to a "normal condition". But what is "normal" for a teenager who has been a drug user for a number of years? A child who begins drug use at 14 and "recovers" at 17 has lost 3 years of maturing, of learning the values and rules of society, 3 valuable years in a short life.

Which is why at Straight we talk about "quality" recovery — not just abstinence.

By quality recovery we mean recovery beyond abstinence. Although abstinence from drugs or alcohol is the foundation of recovery, there must be more. Teenagers have to catch up on the years they missed while "stoned" and learn how to function successfully. "Effectiveness of drug treatment however, must



be evaluated by more than just numbers. Tangible guides for assessment of quality of recovery are not easy to come by, but are at least as important as the quantitative measure...In effective programs...abstinence from drugs should not be seen as a program's only goal. Children should be developing attitudes and skills that make them able to live up to their potential, to feel good about themselves, and to learn the joy of personal accomplishment."

The Straight program teaches and guides our teenagers toward quality recovery from day 1. One of the foundations of the program is called The 12 Steps. "Called "Tools of Personal Change", the 12 Steps used at Straight are actually principles of living — tools that are learned and used during the program and throughout life to help guide the person through the choices that confront him or her. The goal, achieved during the 5 phases of the program, is to internalize the program so that choices

(cont. on pg. 2)

... and beyond.

Recovery...and Beyond

(cont. from pg. 1)

are routinely scrutinized — is it in my best interests? does it keep me out of trouble" The 12 Steps are guidelines used to direct this process."² The teenager begins in the program without any responsibilities. As he "earns" his way up through to graduation, he gradually takes on more responsibilities and "earns" the right to go home to live, to go back to school, to go to the beach or a movie with a friend. The maturing process that would have normally taken a few years is caught up with in the program by denying any responsibilities at first and then "earning" these responsibilities with proper thinking and actions. (By "proper" we mean acceptable to society in general and evaluated by his peers and the adult staff at the

"Quality recovery...recovery beyond abstinence."

program.) "Straight is relentlessly normative. Its stated goal is not any perpetual attachment to Straight but a gradual return to full and productive membership in the general society...The children at Straight do not engage in the sort of intellectual pursuits that might be found at a school or university. They do not, for that matter, even read books or watch television programmes devoted to ideas. They are not there for the purpose of expanding their knowledge of intellectual affairs. They are there, nevertheless, to exercise their intelligences. The programme is extremely rational but it is also very simple and direct. It is pragmatic and it honours clear-headedness. In this sense it is basic training for any intellectual pursuit in the future."³

The teenagers that graduate from Straight are returning to the real world — not some idealized socie-

ty viewed through drug or alcohol induced vision. They must cope and survive and hopefully grow — as we all must do. Their chemical dependency was a reaction to the pressures of our world and the program teaches them that there are non-chemical ways of coping. "Returning a drug-free child to an unchanged environment with an unchanged belief system dooms him to failure. All good programs aim in some way to strengthen his belief in himself. A return to the mainstream of traditional cultural values that honor God, country and family is a desirable goal."⁴

At Straight we feel strongly about our teenagers and their place in this world in the years ahead. In a presentation given by Dr. Robert L. Dupont, President of the American Council on Marijuana, Inc. at the First Annual Awareness Banquet at Straight — Atlanta on October 17, 1981, Dr. Dupont said: "In the 20th Century in the United States, every age segment of our population has gotten healthier from one decade to the next with one exception: America's teenagers, 15 to 24, are now dying at a roughly 16% greater rate than they were in 1960. No other age segment of our population in the entire 20th century has ever had a rising death rate. These young people — the future of our nation — are dying primarily in motor



vehicle accidents, suicides and homicides. These causes of death have been called "victimless" but they are more realistically seen as disorders of self-control or social control. They are all powerfully related to drug abuse."

"Returning a drug-free child to an unchanged environment with an unchanged belief system dooms him to failure."

Teenage drug and alcohol use is rampant. The statistics on teenage suicide are so alarming they have finally gotten media attention. When will it stop? Only when positive and direct steps are taken to help our teenagers cope and grow and achieve. "Quality recovery" must go hand in hand with abstinence. The Straight program is based on personal self-change, family involvement and the values that have characterized the mainstream of American culture.

One of the tools of personal changed used at Straight is the Serenity Prayer:

God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

At Straight we define serenity as peace amidst the storm, not freedom from storm; courage as ability to act appropriately in the face of fear, not freedom from fear; and wisdom as the ability to see life situations from God's viewpoint, not from our own.

¹ Donald Ian Macdonald, M.D., *Drugs, Drinking, and Adolescents*, (Chicago: Year Book Medical Publishers, 1984), p. 165-166.

² "The Straight Program," EPIDEMIC, No. 4, 1984.

³ Andrew I. Malcolm, M.D., F.R.C.P. (C), "An Examination of Straight, Incorporated", Toronto, Canada, 1981.

⁴ Macdonald, p. 172.

A message from: William D. Oliver, Executive Director

One of the most popular children's stories is the Wizard of Oz. Written in the 1930's, it is the study of a Kansas farm girl transported by a whirlwind into the Land of Oz, a scary and unusual place controlled by an all-powerful wizard. There are all kinds of strange creatures which Dorothy encounters, munchkins, witches, talking animals and dark forests. In order to get back home to her family, Dorothy sets out for the Emerald City, and the castle of the Great Wizard. Along the way, she picks up three friends, a brainless scarecrow, a heartless woodsman, and a cowardly lion. The powers of evil, led by the wicked witch of the West oppose their every step. The fight and the struggle, however, produce some unexpected results. The Scarecrow develops intelligence (wisdom); the Woodsman develops feeling (serenity); and the Lion develops

valor (courage). Armed with these characteristics, Dorothy destroys the Wicked Witch and confronts the Wizard (only to find out that he is a total fake with no power after all.) She is, however, now able to get back to Kansas and home (sanity).

A family's recovery from the swamp of chemical dependency is much like Dorothy's adventure. No one wanted the trip. The land is full of strange creatures and dark places. The wizard pulls strings and apparently controls the world. However, the development of serenity, courage, and

"A family's recovery from the swamp of chemical dependency is much like Dorothy's adventure in the Land of Oz."

wisdom (the key ingredients to quality recovery) restores sanity, destroys the opposition, and regains stability of the family.

I can hear Dorothy now, "Coming Home!"

RE-PRINTS AVAILABLE

The Straight Foundation has the following reprints of EPIDEMIC available for those parents interested in more information on kids, drugs and families. Please enclose 50¢ for each item ordered, to cover postage and handling.

- ☐ No. 1 — **Denial**
- ☐ No. 2 — **Prevention**
Protecting the Family Dream
- ☐ No. 3 — **Family Roles**
About the Games We Play . . .
- ☐ No. 4 — **The Straight Program**
with a Special Edition insert covering Nancy Reagan's visit to Straight, Cincinnati.
- ☐ No. 5 — **Recovery!**
. . . and beyond.
- ☐ No. 6 — **Suicide**
Teenage Suicide: Symptom or Disease?
- ☐ No. 7 — **Alcohol**
. . . is a Drug, too!
- ☐ No. 8 — **Marijuana**
- ☐ No. 9 — **A day in the life of a Straight family.**

Bush Presidential Library Photocopy

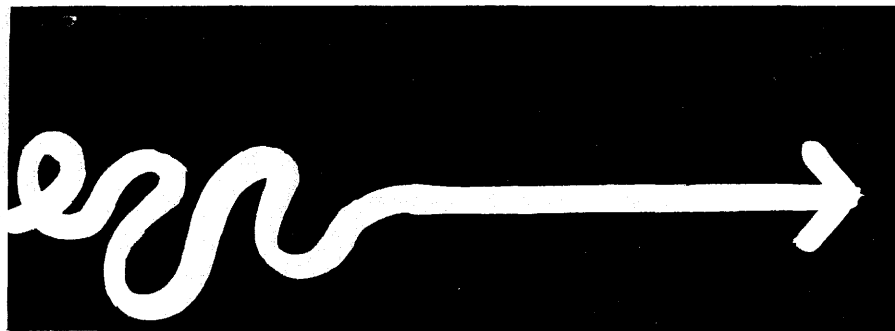
I have enclosed _____
for the above re-prints.

Name _____

Address _____

The Straight Foundation, Inc.
P.O. Box 21135
St. Petersburg, FL 33742





One graduate's story

My name is Patrick. I'm a 24 year old engineer employed by a major defense contractor in their design and development department, and teach 3 nights a week at a local junior college. Recently married; my wife and I, as well as my Mom and Dad, who live nearby, are very family and church oriented. Both my wife and Mom teach at our church school.

But when I was 16 I was in serious trouble because of alcohol. Fortunately my parents had the sense and the guts to admit that I was out of

"I know I wouldn't be where I am today without the Straight program."

control, investigate our local Straight program and then enter me. I've always had a poor self-image — I never had faith in my abilities, even though I'm intelligent and grew up in a caring home where I was given many opportunities. Engineering always held an interest for me, but as a teenager I wouldn't even consider college — I was too scared that I'd fail. It was much easier to hang out with my friends, get drunk and be one of the gang. I couldn't fail at that!

I was in the Straight program for a year and a half. During my last phase I started working at a fast food restaurant, where I met my future wife. Without the support of the Straight kids and staff I would have never had the confidence to even apply for a job, no less discover that I was capable of handling the responsibility. And meeting Jan — in her I found a friend who understood; someone who lived and believed in the same values that I was beginning to accept because of the program. We're building a life together based on those same values.

With Straight and Jan behind me I developed enough confidence to attend our local junior college and obtain my pre-engineering degree. During this time I worked for my current employer as a technician. I then went on to college and graduated in 1984 with a B.S. degree in Electrical Engineering. I now hold a responsible position with years of seniority in my company, teach at night because I also love teaching, and have the love and support of a wife and family behind me. I know I wouldn't be where I am today without the Straight program.

The Straight Foundation, Inc.
3001 Gandy Blvd.
St. Petersburg, FL 33702
P.O. Box 21135
St. Petersburg, FL 33742
(813) 576-7563

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
Pinellas Park, Florida 33702
(813) 577-6011

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Straight, Inc. Atlanta
2221 Austell Road
Marietta Georgia 30060
(404) 434-8679

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Straight, Inc. Dallas
1399 Executive Dr., W.
Richardson, TX 75081
(214) 644-4357

We Want Your Comments!

EPIDEMIC is published to inform and benefit the parents of teenagers and their families. To better serve you, we'd like to hear your comments on past issues and suggestions for future stories. Please take the time to write us — use a separate sheet of paper if you wish.

Subscription & Information Coupon

EPIDEMIC is published monthly by Straight Inc. as a community service and depends on the support of families and friends of Straight. Your \$10 donation will be applied to a one year subscription and will also enable us to reach other parents and families.

- ☐ Enclosed is my \$10 donation.
- ☐ Please send me information on Straight, Inc.
- ☐ Please add the following name to your EPIDEMIC mailing list.

Bush Presidential Library Photocopy

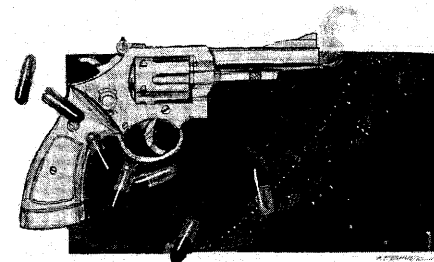
Bulk Rate
Non-Profit Org.
PAID
St. Petersburg, FL
Permit #184

• EPIDEMIC ...

No. 6

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

SUICIDE



Teenage Suicide: Symptom or Disease?

A child using drugs is at risk — not just morally, but physically. Drug use left unchecked is a terminal disease — it kills. It kills violently and unexpectedly by automobile accidents, overdoses and suicide; and for that reason, this issue of EPIDEMIC is about a very unpleasant subject...Teenage Suicide. There is no way to make the subject of adolescent suicide pleasant. Yet, it must be dealt with.

To the parent who thinks their teenager's drug use will go away, we say that it may just do that — but it may also take the child with it. If your child is using drugs or alcohol, PLEASE GET HELP.

Getting Straight: A story from someone who tried...

My name is George, and I'm 20. I'm writing this story in the hope that I can save other teenagers and their families from going through what I did. And from what I put my family through.

I did some drugs while I was in high school, but not that much. Mainly I just wanted to be accepted by my friends. After graduation I went to work in a machine shop for awhile, then began installing car radios with a friend and his father. I began hanging around with some rough guys and started to get drunk 3 or 4 nights a week. Near the end I was spending \$150 a week on pot and alcohol.

I was a real loner, and spent most of my time alone — thinking and writing poetry and prose. I would get high by myself all the time, to and from work, and then get drunk after work. For 5 months I did nothing but work, drink and sleep. I could be with friends and still feel lonely.

Naturally, with all my drinking, I was getting into trouble. My first DWI I was able to get out of, but my second arrest included leaving the scene of the accident and I hospitalized the other person. My parents kicked me out of the house after the second DWI — sick of being worried about me when I wouldn't come home and didn't call.

I was starting to feel guilty about my actions, but didn't know it at the time. On the surface I gave the appearance of being "reformed" — I was working every day and supposedly putting money away to pay my lawyer. I was really blowing all my money on drugs and alcohol and whatever girlfriend I had at the time. Inside I was really three different people: good on the surface, lonely inside and a party person with my friends. I began thinking of suicide and even made a list of the ways I could kill myself and make it look like an accident. I didn't want to hurt my family, but I was tired of being "me". I was scared and ashamed of my feelings and what I was doing, but didn't know how to talk to anyone about them.

My court date for the second DWI was looming ahead of me (I blew the first date and it was rescheduled). I began taking downers and pain killers to sleep and avoid the problems. I really didn't like myself — I knew I was a better person than this. Here were my parents thinking I was doing OK when really it was all lies. My court appearance was scheduled for a Monday morning. That Sunday night I couldn't sleep — I sat up all night thinking and cleaning my guns. (I grew up on a small farm in rural Texas, and hunted and fished since I was small.)

When Monday morning came I thought "Damn, I've got to kill myself. I wish I didn't have to do this." I was caught up in years' worth of lies that were all coming to a head because of this court appearance. I took my rifle, with one bullet, out to my childhood hideout in the barn. I didn't want to mess up the house and I didn't want to be found until it was over. I sat on the bunk for an hour and a half with the gun to my heart. I did a lot of praying "Please, God, don't let me go to hell". I wanted to see my little sister (who died when she was 6) in heaven. When I finally pulled the trigger, the safety was on. I was alternately relieved and mad — I pushed the safety off. I sat for another hour and a half until I said "Here I go" and pulled the trigger.

It didn't hurt, at first, and I was conscious most of the time. My vision began to go in and out, with a bright, white light replacing sight. I thought, well, I'm not dead yet but I'll bleed to death. It got so hard to breathe and I could feel my blood seeping out of my body. It really smelled bad. I reached over to get a cigarette and could see the blood spurting out of me. I heard my grandfather come into the barn looking for me, but he didn't look where I was. It was 2 hours till they found me. By this time I wanted to live. My Mom came into the barn, looking, and I yelled to her "Don't come in!", but, of course, she did and found me. She screamed. The paramedics arrived real quick and found no pulse or heart beat. But I was still conscious, asking them to "help me".

(cont. on pg. 2)



Getting Straight *(cont. from pg. 1)*

It turned out I missed my heart by $\frac{1}{4}$ of an inch, punctured my lung, hit an artery and lost more than half of the blood in my body. It was 3 hours between the time I pulled the trigger until the medi-copter took me to the hospital. By this time I was in a lot of pain, screaming and hallucinating. This time when I blacked out, it was black instead of white. In emergency surgery they couldn't give me any anesthetic and the pain was horrible. I was clinically dead for over a minute.

I was in the hospital for 11 days, 4 in intensive care. I was watched 24 hours a day. But I wanted to live and start over and confess to all the lies I had told. My parents went through my room (on the advice of the psychiatrist I saw in the hospital) and found my pot. While I was still in the hospital my parents visited Straight in Florida, which they'd heard about from friends of theirs. When they came back, they gave me four choices. I could go into the county hospital, a psychiatric hospital, spend 2 years in jail for the DWI or go to Straight.

I came to Straight 3 weeks after getting out of the hospital. I figured it was the lesser of the four choices, that I could "con" my way out of here and go back to my old ways. But was I surprised! It wasn't anything like I expected and by my second day here I was ready to relate. I've been here now 114 days, I'm in 4th Phase and anxious to go home and begin living a real life. I won't be here one day more than necessary. I have job offers waiting for me and want to get my real estate license and go to aviation school. I want my old friends to see the "new" me, and to apologize to all the people I hurt.

Why did it all happen? I still don't have all the answers. I know I was never satisfied with myself — I knew I could be a better person. I'm pretty smart but didn't let it show because I don't want to be different. I just wanted to fit in. And I didn't know how to talk to anyone about my feelings. I just kept them all inside. If there's one thing I can say to parents, that's keep the lines of communication open — talk to your kids. Talk to your kids about your problems; let them know everyone has troubles. Don't let your kids close themselves off. It's life-threatening — I know

SUICIDE:

Interview with a Sheriff

Sergeant John H. Bocchichio is the Public Information Officer with the Pinellas County (Florida) Sheriff's Department. He agreed to talk with EPIDEMIC about his experience with teenage suicide, saying that parents need to be more informed about their teenagers, the drugs they may be using and the confusing teenage years.

EPIDEMIC: What has your experience been with teenage suicide?

SHERIFF: We're fortunate in Pinellas County not to have had many teenage suicides, although I know the problem is greater in the larger cities and in other parts of the country. Unfortunately, I had a personal experience with a teenage suicide late last year when a friend of my son's killed himself with a sawed-off shotgun. This 16 year old male (I'll call him Bob) was working with another friend at a part-time job in a church kitchen. The friend was driving Bob home after work when Bob reached under the front seat, pulled out the gun and shot himself. He must have stashed the gun under the seat earlier, without the other boy's knowledge. He left a suicide note for his parents, which wasn't released to the Sheriff's office.

Using hindsight, I can see that something was troubling Bob. The few times I saw or spoke to him prior to his death he seemed unhappy — polite, but very quiet. He spoke in almost a monotone. My son later said that he had been giving away his possessions and taking money out of the bank to help friends make purchases. These are obvious signs of depression and thoughts of suicide, but he never spoke to anyone about how he was feeling, and no one noticed.

EPIDEMIC: What advice can you offer parents of teenagers? What are the warning signs?

SHERIFF: Anytime a teenager is depressed or unhappy you should be concerned. It's much better to discover the depression is caused by a broken Saturday night date, than to ignore the situation and never know. Any non-normal behavior is reason for suspicion — being overly protective of his or her activities (not willing to talk about new friends or interests) as well as the sudden dropping of formerly favored friends or pastimes. Be particularly aware if your child begins giving away possessions — this is a clear warning sign that something is wrong.

My best advice to parents is to spend more time with your children. Talk with them — develop a sense of trust and get to be their friend as well as their parent. If your son comes home one night and says "I tried a marijuana cigarette and didn't like it", understand that he trusted you enough to tell you and reinforce this trust with understanding, not punishment. Get to know your children's friends and keep up to date on what's happening with teenagers — fads, trends in clothing and the newest "thrill" that's going around. Teenagers generally have to deal with more stress than adults, mainly because they're still maturing and haven't learned to deal effectively with the normal stress of growing up. Be aware of this — and get involved with your children's lives. Get as much information as you can — educate yourselves. I wish there were more publications like EPIDEMIC. Here at the Sheriff's Department we have literature available to parents on drugs, alcohol, etc. Take the time to learn about your teen-



ager's world. And, very important, watch your own alcohol and drug use. You can't expect a teenager to understand the dangers when he or she lives with parents who abuse these substances. Only you can set an example.

EPIDEMIC: What advice can you offer troubled teenagers?

SHERIFF: If you're troubled or upset, the best thing you can do is talk to someone. If you can't go to your parents, try a friend's parents. Talk to a close relative, a minister or rabbi, a mature friend — any responsible adult who you trust will try to understand and help you. As a youth living in today's world, you have been overly exposed to violence — through the newspapers, television and movies. Life can appear to be cheap when you're feeling depressed, and drugs will only worsen the depression. But life isn't cheap and a responsible adult will help you to realize the consequences of your actions and get you back on the road to healthy living. You'll still be your own person — but a person with a better understanding of the value of life, particularly your own. Each teenager's life is precious — you're the future of our country. Value yourself — or talk to someone who values you.

EPIDEMIC: Thank you Sergeant.

A Pediatrician's View

(cont. from pg. 4)

feelings with their parents when they were troubled);

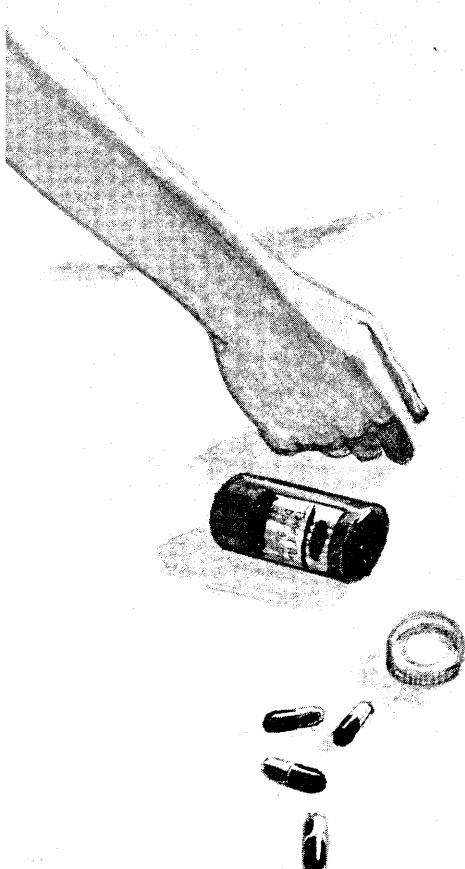
11. availability of community resources to help with follow-up care of the adolescent after discharge from the hospital.

Any suicide attempt must be taken seriously. A tormented, depressed adolescent must be helped to believe that someone will listen empathetically to him or her, and will help the adolescent to deal with his or her feelings. The patient must be given hope that the depression and dejection will lift, and that help will be available for the patient and family. Psychotherapy and occasionally adjunctive anti-depressant medical therapy usually will be needed. The patient and family must be helped to diagnose and manage an underlying drug problem, as little may be accomplished to relieve the situation which precipitated the suicide attempt until this *primary* disorder has been addressed.

Subscription & Information Coupon

EPIDEMIC is published monthly by Straight Inc. as a community service and depends on the support of families and friends of Straight. Your \$10 donation will be applied to a one year subscription and will also enable us to reach other parents and families.

- ☐ Enclosed is my \$10 donation.
- ☐ Please send me information on Straight, Inc.
- ☐ Please add the following name to your EPIDEMIC mailing list.



SUICIDE: A Pediatrician's View

by Richard H. Schwartz, MD, Medical Director,
Straight, Inc., Springfield, VA

Adolescents and young adults are the only individuals in the United States for whom the death rate is rising: suicide as a cause of death during adolescence ranked fifth in 1964, third in 1978, and second in 1983. In addition, for every successful teenage suicide attempt there are 50 to 100 volitional, self-destructive acts which do not result in death, and one third of the adolescents who survive these attempts try to kill themselves again within two years. Although young women are three times more likely to attempt to take their own lives, because young men tend to use more violent means (firearms, hanging, jumping from heights or in front of moving vehicles) they are more likely to succeed.

Fleeting thoughts of suicide are almost a universal part of the adolescent experience, usually occurring during periods of depression associated with broken romances or conflicts with parents. Such thoughts may also accompany death of a loved one, separation from a best friend or neighborhood, an act of evil which affects someone close to the teenager, failure to achieve an intensely sought-after goal, self-perceived or actual physical imperfection or illness, loneliness, or boredom. We are just beginning to learn what it is that turns such fleeting thoughts into self-destructive actions.

Risk Factors

Most suicide attempts occur at home (73%), in the late afternoon or evening, and when a parent or sibling is nearby. Drug overdoses account for the vast majority of adolescent suicide attempts (pain medications 40%, valium 25%, and barbituates 17%), with self-inflicted lacerations of the wrist, hanging, and jumping from heights or in front of a moving vehicle accounting for most of the remainder.

While there is no typical profile of a suicidal adolescent, some risk factors are so often related to a suicide attempt that they should be watched for by parents and

physicians. The two major types of behaviors which may signal an impending suicide attempt include those which evidence depression, and preoccupation with death.

Symptoms of depression include:

1. persistent apathy, boredom, loneliness, or dejection. The adolescent may express feelings of emptiness or profound sadness, and may turn away from a person with whom he or she had had a special relationship.
2. impaired concentration and scholastic underachievement.
3. eating disorders (overeating or poor appetite) or sleep disorders (difficulty falling asleep or excessive sleepiness during the day).
4. impaired communication. The young person may be unable to express, even to loved ones, the source of his or her distress, and/or unable to ask for or accept help when it is offered.

An adolescent's preoccupation with death may be expressed in repetitive statements such as "the family would be better off without me" or "life is a bummer." In addition, any youngster who has previously attempted suicide is at much greater risk for another attempt. Preparations for a suicide attempt may include giving away prized possessions such as valuables or collections of records or tapes, and any such gestures should be viewed with great suspicion by observant parents or physicians as a suicide attempt may occur soon afterward.

Parents of adolescents enrolled in a drug rehabilitation program such as Straight Inc. will recognize the symptoms of depression just cited as being similar to those of frequent drug use. In fact, 10% of adolescents who are admitted to a hospital for treatment following attempted suicide have traces of illicit drugs in their urine, and careful inquiry of all such adolescents reveals that many more are drug users, even though they

have no traces of such drugs in their urine. Stated another way, 12% of 57 adolescents evaluated consecutively as new admissions to the Straight Inc. drug rehabilitation program in Virginia stated that they had tried to kill themselves at some point in their lives; this is approximately ten times the expected rate of suicide attempts for non-drug-using teenagers.

Finally, because many illicit drugs often have a depressant effect, their use can magnify endogenous feelings of depression, sadness, loneliness, and isolation. In addition, the drugs blunt feelings of fear and dull awareness of the consequences of actions. For this reason, use of such drugs often results in the teenager acting impetuously and without full realization of the implications of self-destructive acts. It is no wonder that drug use causes symptoms of depression and is often an antecedent of adolescent suicide attempts.

Management of a Suicidal Adolescent by the Physician

The initial assessment by the physician of an adolescent who has attempted suicide should include the identification of the following:

1. the feelings of sadness or hopelessness which preceded the suicide attempt;
2. the event which precipitated the suicide attempt (such as discontinuation of a relationship with a boyfriend or girlfriend, or conflict with a parent);
3. presence of a conduct disorder as evidenced by frequent episodes in which the adolescent behaved irresponsibly, failure to learn from adverse consequences, lying, stealing, promiscuity, running away, and/or academic underachievement;
4. drug use, as evidenced by the results of a urine toxicology test and a careful history;
5. bizarre behavior, which may be symptomatic of mental illness or drug use;
6. previous suicide attempts;
7. medical problems, especially previously unidentified pathologies;
8. reactions of family and friends to the suicide attempt;
9. stressful events in the adolescent's life in the past year, such as divorce, changing schools, loss of a good friend;
10. level of communication between parent(s) and child (only 10% of suicidal adolescents believed that they could share

(cont. on pg. 3)

Bush Presidential Library Photocopy

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
P.O. Box 1577
Pinellas Park, Florida 34290-1577
(813) 577-6011

Straight, Inc. Atlanta
2221 Austell Road
Marietta, Georgia 30060
(404) 434-8679

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Straight, Inc. Dallas
Opening Date: March 1986
Family Service Center
(214) 363-4357

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Straight, Inc.
National Development
& Training Center
3001 Gandy Blvd.
P.O. Box 21686
St. Petersburg, Florida 33742-1686
(813) 576-8929

Permit #184
St. Petersburg, FL
PAID
Non-Profit Org.
Bulk Rate

• EPIDEMIC...

No. 7

Straight talk about kids, drugs and families from Straight

ALCOHOL

... is a Drug, too!

Fermented beverages containing alcohol have been consumed as far back in history as records exist. Today alcohol is still the most widely used drug in the world, with every major society using alcohol in some form or other. Use in America is such that the legal alcoholic beverage industry grosses over \$12 billion in sales each year.

Alcohol misuse also presents the greatest drug problem in the U.S. today. Between 6 and 10 million Americans are considered alcoholics — and 3 million of them are teenagers. "A great many more people are heavy drinkers — that is, they drink daily and become drunk several times a week. A few of the problems that alcoholism presents to society are the deaths and injuries which result from drunken driving; the millions of person-hours of absenteeism from work; loss of jobs by alcoholics; crimes and child-abuse associated with problem drinking; death and disability from cirrhosis of the liver (the 6th major cause of death in America); and chronic psychosis due to alcoholic brain damage which accounts for some 20% of the patients in state mental hospitals."

What is alcohol?

Alcohol is a central nervous system depressant — it slows down the body's functions and its effects are similar to those of a general anesthetic. Ethyl alcohol (ethanol) is the active ingredient in all alcoholic

...an Illegal Drug for Teenagers

"It seems like every kid drinks now — nobody thinks it's a big deal to want to go out and get drunk. I think it's really sad."

Girl, 16

drinks. If you take any alcoholic beverage (whiskey, vodka, beer, etc.) and remove the ingredients that give it taste and color you get ethyl alcohol. Remove the water from ethyl alcohol and you get ether. Ether is an anesthetic that works on the brain and puts it to sleep. The same symptoms — surgical patient experiences under ether — dryness in the mouth, euphoria, excitement, nausea — are those experienced by a person drinking alcohol. To get drunk is to overdose on the drug alcohol.

There is a common misunderstanding about the different forms of alcohol and their effects. Parents who feel less concerned about their children drinking beer or wine need to be aware of the following —

Each of these "social drinks" contain roughly the same amounts of alcohol:

- 4 ounce glass of table wine (12% alcohol)
- 12 ounce can of light beer (4% alcohol)
- 1 ounce vodka, on ice (100 proof or 50% alcohol)
- 4 ounce glass of champagne (24 proof or 12% alcohol)
- 1½ ounce "shot" of whiskey (80 proof or 40% alcohol)
- 1½ ounce glass of aperitif liquor (25% alcohol)

(cont. on pg. 4)

Alcohol & Teenagers: An Interview

The following interview is with
**Dr. Donald Ian Macdonald, Administrator,
Alcohol, Drug Abuse and Mental Health Administration,
Washington, D.C.**

Alcohol is America's drug of choice. How serious is America's alcohol problem?

It is serious in a number of ways. It is serious in terms of deaths — mainly highway deaths. It is estimated that 2 years ago 25,000 Americans died on our roads — with 8,000 young people involved in those accidents. It's a major concern related to its dollar costs — a recent survey estimated \$69 billion per year in alcohol costs. These costs were related to treatment, lost time, etc. Not included in that figure are costs related to family suffering ranging from poor relationships and neglect to child and spouse abuse.

What's happening with young people? We hear that drug use is on the decline with teenagers. What about alcohol use?

We have some indications that over the last few years alcohol use among kids is declining. The improvement has happened with an increasing national awareness of teenage drug and alcohol problems. In the class of 1984, high school seniors, 4.8% admitted to daily drinking. That's a considerable improvement from the high point of 6.9% in 1979. One of the problems we're most concerned about is binge drinking — having 5 or more drinks on one occasion. The survey question asked 'How many of you have had 5 or more drinks on one occasion within the last 2 weeks?' The response in the 1984 survey falls under 40% for the first time.

"I started drinking when I was 12. I used to take alcohol from my Mom and sit in my house and drink till I passed out."

Girl, 16

When asked how many of you have had 5 or more drinks, 3 or more times in the last 2 weeks — high school boys admitted to 26% — a shockingly high number. Not so shocking to young people when you ask them what's going on — they say that's the way it is.

Does alcohol affect young people differently than it does adults?

Yes. It affects them in a way related to reduced body size, so that a 12 year old who is drinking distributes an ounce of alcohol over a smaller body area, and tends to have more trouble with intoxication. It affects them in a developmental way in that the euphoria that comes with psychoactive

compounds is more frequently used by young people to deal with problems of life. One part of adolescence is learning about yourself through experimentation. So the young person who may begin what seems to him a normal experiment is frequently trapped in a cycle of chemical dependency that can lead to death. So, we're concerned about young people drinking because of body size, immature endocrine systems and developmental immaturity.

One of the public policy issues that has come before the state legislatures, this year and next year, is the legal drinking age. Why is there a legal drinking age?

The reason for the legal drinking age is protection of citizens, particularly people who travel the highways. The nation wide effort to raise the drinking age is due to the high rate of accidents involving intoxicated young people. One reason often given in defense of a lower drinking age is that if young people can go to war they should have rights to do other adult things. As a pediatrician, I have to say that there are developmental norms that have to be passed before people reach full maturity. A 3-year old should not cross the street and a 7-year old should not drive. And the age you give people full permission to engage in adult behavior should depend on their level of maturity. By waiting until age 21 many seem to do better.

The urge to try the "gateway" drugs — alcohol, marijuana and tobacco — may be very strong in young children. The age that most people begin their lifelong addiction to tobacco is in middle school. In looking at the numbers it's very clear that if you could hold off any use of these substances until age 21, long term involvement becomes less likely.

The issue of alcohol and drugs — particularly alcohol — seems to affect us at all levels of government — federal, state, local communities, parents and families. What is the hierarchy in dealing with the issue of kids and alcohol?

The child himself makes the decision whether to experiment or not. Those people closest to him influence him most. The main support systems in adolescence continue to be parents and peer group. Support, or non-support, is also received from his school and government. Major changes have been seen when parents movements address the issues of what is normal for kids — do we have to accept drunkenness and drug use as a normal phase of adolescence? Parents who mobilized and enlisted legal and school authorities in their efforts did very well.

A student once said to me "You're missing the point. Most of us don't want to be stoned or drunk, but we're not given a lot of options." What kids have asked for, and we haven't paid enough attention to them, is support in their efforts to stay drug free. Alcohol-free graduation nights have been appreciated by kids. We all need to work together, but I would put the focus on the kids and the parents.

"I think that alcohol is something you do when you feel lonely or you are going through problems and you think that getting drunk or just drinking a little will help you escape the way you feel."

Boy, 15

How about prevention?

I organize my thinking around what I call the 4 A's of Prevention. The first A is Age — we need to give special consideration to children because of their growth and developmental immaturity. The 2nd A is Acceptance or Attitude. If we as adults accept drunkenness as funny and intoxication as a part of life, we can expect kids to be involved. The 3rd A is Awareness — the awareness of risks. The more kids know about the risks of chemicals, both legal and medical, the less they are likely to use. The 4th A is Availability. The regular drinker or the social drinker can find alcohol easily — it's not hard to get. But the non-drinker, the one we can do the most for, is put in a difficult position if alcohol is available at every party he or she attends. We can have keg-free parties and grad nights without alcohol — situations where young people can grow to full maturity without having to make dangerous decisions. Very few of these non-using kids will go out of their way to look for alcohol.

As a doctor and a father, what would you recommend to a parent who said my teenage daughter came home drunk. How should they react? What should they do?

I think the first reaction might be relief that she came home drunk and not dead. I would hug her and love her and tell her you're glad she's home and make sure that she gets safely to bed. When she is in bed, parents need to discuss the problem and how they are going to deal with it in the morning. In the morning, when the child is sober, it must be made clear that drunkenness is unacceptable behavior and that as

concerned parents they have to re-examine their attitudes toward the child. The child has accepted parental permission to engage in certain social activities and obviously she's not handled them very well. It is a firm but loving statement to the child about her parent's concern for her and her future; that it is their responsibility to curtail unacceptable behavior.

Should they teach her to drink responsibly within the home? I've heard people say that they let their children drink at home so they can learn how to handle it.

I don't go along with that. The concept of responsible drinking, to most people, means teaching kids how to drink by giving them a little sip now and then. I would put that in the same class as teaching kids responsible sex by having them experiment at home under parental supervision. Responsible drinking, and responsible sex, are taught by the parents by example. In the case of both these important decisions, responsibility implies being old enough to make a decision in the light of, not only the law, but your own developmental maturity.

What is your reaction to the parent who says "My son or daughter is only drinking a couple of beers." What is acceptable for an adolescent, a 16 or 17 year old?

None is the acceptable level for a 16 or 17 year old. Obviously 17 is better than 13, but most 17 year olds are still not functionally mature. The 17 year old who is acceptably mature to drink — there are obviously some 17 year olds with their heads on better than others — should consider the 'my brother's keeper' angle. The mature 17 year old has a responsibility, not only because of the law, to remain abstinent as an example. To the parents I'd say that the child who admits to 2 drinks is usually involved with more. It is often the tip of the iceberg effect — what you see is not always what is there, and I'd treat it as a very serious sign.

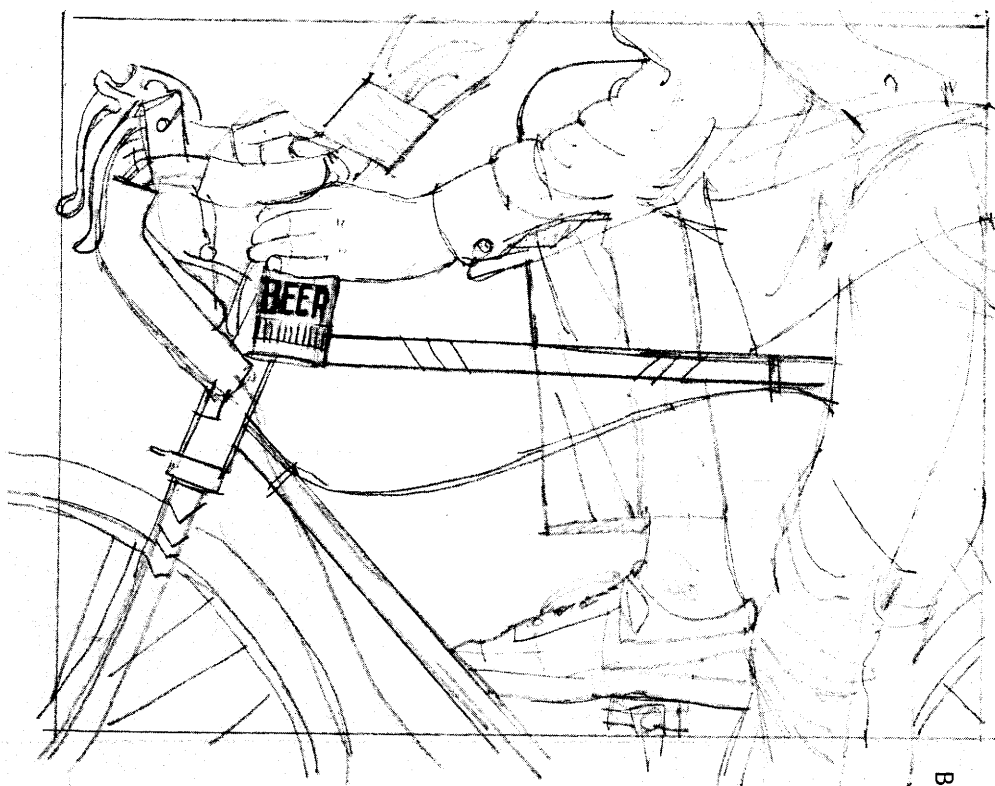
Let's take the family that's been through the whole cycle. They have had the incidence of their child's coming home drunk, of a DWI or auto accident. The child has survived, but obviously there's a problem. What should they do?

They should do whatever they have to do to save the child. You've described some pretty serious offenses, and I guess the bottom line is that the child has to get off alcohol. What we're trying to do is not only raise kids who are alcohol-free, but children

I started drinking at 7 years old. I was drinking at all times of the day and have really damaged my life, physically, mentally and spiritually."

Boy, 18

who feel good about themselves and can live up to their potentials. That is not likely to happen if they continue to use drugs and alcohol. You have to use whatever method works. Maybe having a talk and expressing your concern will be enough. You may have to organize or join a parent group that gives



the child peer support and parental support. Educational programs and counselling are available. The most mistakes are made in waiting too long.

I've heard Dr. Robert DuPont, and others, propose 4 drug-free zones in our society: car, school, workplace and home. What is your reaction to this? Is it a possibility that we can provide some sort of safe passage through the teenage years by focusing on these 4 areas?

Yes, I think those are well stated and doable. The car is the one I hope we can do the quickest. Very few states today have a rule, that I always believed was the law when I was growing up, that you can't have an open container of alcohol in the car. And I can really see no excuse for any state not to have such a restriction. The school should be the same. Obviously we should not tolerate alcohol in or around school. We're making efforts in the workplace also, with great help from companies like General Motors, who understand that employee assistance programs are cost beneficial. Not just in terms of lost days and broken equipment, but in employee loyalty. In the home, again, the parents have a responsibility by their own lifestyle to convey the message to their kids. Parents who drink moderately and show no intoxication give entirely different messages than those parents who do become intoxicated on a regular or irregular basis. Children watch what their parents do.

If alcohol were invented today, would it be legal? Or would it fall in the category of heroin, cocaine, etc.?

I think it would fall into that category. It would be very hard to justify it. And the more you read about it — even the casual drinker should be worried — we know that there is memory loss in the intoxicated alcoholic, but we're starting to show some of that in the casual drinker too.

Thank you, Dr. Macdonald.

"I would like to see the legal drinking age raised to 21 or possibly 25, and higher stipulations placed on the breaking of this law."

Boy 19

EPIDEMIC is published to inform and benefit the parents of teenagers and their families. To better serve you, we'd like to hear your comments on past issues and suggestions for future stories. Please take the time to write us — use a separate sheet of paper if you wish.

Subscription & Information

EPIDEMIC is published by Straight Inc. as a community service and depends on the support of families and friends of Straight. Your \$10 donation will be applied to a one year subscription and will also enable us to reach other parents and families.

- ☐ Enclosed is my \$10 donation.
- ☐ Please send me information on Straight, Inc.
- ☐ Please add the following name to your EPIDEMIC mailing list.

Did You Know?

- The average age when most children start drinking is 12½!
- 30% of high school seniors get drunk once a week!
- More than 3 million (3,000,000) teenagers are classified as alcoholics!
- There is a teenage alcohol or drug related traffic accident every FIVE seconds!
- The 2nd biggest source of income for the federal government, after income taxes, is alcohol!
- Enough alcoholic beverages were consumed in 1983 to give every man, woman and child over 14 years 2.69 gallons each!

Alcohol (cont. from pg. 1)

Alcohol and the Body

Metabolism of alcohol varies with time of day, previous drinking history, body weight, food present in the system, and whether the person drinks quickly or slowly. "Food tends to slow down the absorption of alcohol by slowing down the emptying time of the stomach. Carbonated beverages tend to speed the absorption by helping transport it more rapidly to the upper intestine. Either way, once alcohol is absorbed into the bloodstream, it is rapidly distributed throughout the body. It affects almost every cell, every organ, and every level of human functioning. It has been called the most active drug that affects the human body. Once alcohol is drunk its most profound early effect is on the central nervous system, where it acts as a sedative, producing relaxation and a sense of well-being. At the same time, it impairs the intellect, physical abilities and metabolism."¹²

"When alcohol is taken regularly and in large amounts over many years, permanent physical damage is certain to occur. This damage is often aggravated by the lack of vitamins and food because most alcoholics have very poor eating habits. In addition, alcohol can damage the liver, brain and other parts of the nervous system. In the final stages of alcoholism, certain parts of the brain are permanently damaged and confusion, disorientation and psychosis inevitably result. The potential dangers of alcohol abuse are so great that many scientists believe that, if the drug had been discovered today, it would probably not be approved by the U.S. Food and Drug Administration."¹³

Alcoholism

Alcohol consumption is a learned behavior — no one likes the taste of alcohol at first, you learn to like it. People drink out of curiosity, because of custom (let's "toast" the bride and groom), and for escape — to replace an unpleasant feeling with a sense

of well-being and euphoria. Alcoholics are perceived as being weak people, having a bad habit, as being evil or even psychotic — crazy. They are none of these things.

"I have a Dad that's an alcoholic, and because of alcohol my Dad beats and mistreats my Mom and his girlfriends. Because of that I can no longer see him because he's a bad influence on me and I cannot have a father-son relationship."

Boy, 17

"Alcoholism is the disease condition produced by the repeated misuse of ethyl alcohol. It is a Primary disease: it is not caused by some underlying psychological or moral flaw. It is a Chronic disease: it does not go away with time. It is a Progressive disease: it does not improve as long as one continues to drink. It is a potentially Fatal disease, if the drinking is not interrupted. A primary characteristic of an alcoholic is loss of control. Loss of control means in effect that once an alcoholic starts to drink, he or she is not able to predict how, when, or if he or she will be able to stop drinking. There are at least 10 million alcoholics in the U.S. today, and one person in ten who drinks at all will become an alcoholic. Approximately 25% of all people who drink will have problems because of alcohol sometime during their drinking career.

Alcoholism is one of the most treatable illnesses. For most people, recovery is not easy at first, but it is always worth the effort. As a common saying among A.A. members has it: for an alcoholic, the best day drinking is not as good as the hardest day sober."¹⁴

¹ Our Chemical Culture: Drug Use and Misuse (Madison, Wisconsin: Stash Press, 1975), pg. 14.

² Premer, Robert, F., M.D., Medical Consequences of Alcoholism (Minneapolis, MN, Johnson Institute, Inc., 1982) pg. 6

³ Our Chemical Culture, pg. 16

⁴ Premer, pg. 14

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Millford, Ohio 45150
(513) 575-2673

Straight, Inc. Dallas
Opening Date: March 1986
Family Service Center
(214) 363-4357

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
P.O. Box 1577
Pinellas Park, Florida 34290-1577
(813) 577-6011

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Atlanta
2221 Austell Road
Marietta, Georgia 30060
(404) 434-8679

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Straight, Inc.
National Development
& Training Center
3001 Gandy Blvd.
P.O. Box 21686
St. Petersburg, Florida 33742-1686
(813) 576-8929

• EPIDEMIC...

No. 8

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

MARIJUANA

Marijuana. Everyone's heard of it, and many of you may have tried it or use it now. It's everywhere — almost like alcohol, except it's illegal. Unfortunately that attitude is widespread and marijuana has become accepted as a "soft" drug — differentiated from "hard" drugs like cocaine or heroin. "Many physicians and parents, aware of the widespread use of marijuana and alcohol by teenagers, have come to accept such use as a part of growing up. Their hope is that children will not abuse the drugs, but experiment wisely. Many parents, acknowledging their children's sexuality, have come to believe that most children will dabble some with sexual intercourse. Not knowing how to prevent such indulgence, parents may grudgingly accept it as inevitable."

Accepting drug use as normal obviously makes diagnosis of abuse difficult, if not impossible. When admission of occasional intoxication is seen as acceptable, early diagnosis of dependency will most often be missed."

What is marijuana?

Marijuana (grass, pot, weed) is the common name for a crude drug made from the plant *Cannabis sativa*. The main mind-altering (psychoactive) ingredient in marijuana is THC (delta-9-tetrahydrocannabinol), but more than 400 other chemicals are also in the plant. A marijuana "joint" (cigarette) is made from the dried particles of the plant. The amount of THC in the marijuana determines how strong its effects will be.

The type of plant, the weather, the soil, the time of harvest, and other factors determine the strength of marijuana. The strength of today's marijuana is as much as ten times



"Marijuana ... the most commonly used illicit drug in the United States."

greater than the marijuana used in the early 1970s. This more potent marijuana increases physical and mental effects and the possibility of health problems for the user.

Hashish, or hash, is made by taking the resin from the leaves and flowers of the marijuana plant and pressing it into cakes or slabs. Hash is usually stronger than crude marijuana and may contain five to ten times as much THC. Hash oil may contain up to 50% THC. Pure THC is almost never available, except for research. Substances sold as THC on the street often turn out to be something else, such as PCP.

Where does it come from?

In 1983 an estimated 12,600 to 15,000 metric tons of marijuana was available in the United States. Of that amount, Colombia supplied an estimated 59%. The remainder came from Jamaica (13%), domestic production (11%), Mexico (9%) and other minor suppliers (8%). While foreign supplies remained relatively stable, production from domestic sources decreased about 26% from 1982 levels. This reduction is believed to be the result of expanded domestic eradication efforts. A positive commitment to eradication is clearly being demonstrated in the United States and Mexico, with Colombia also making efforts. However, the potential exists for Jamaica and other countries to expand production.

Who uses marijuana?

An estimated 20 million people in the U.S. use marijuana once or more each month, according to the most recent national survey. The use of marijuana among young people (age 25 and under) has continued to decline gradually since 1979, but in 1982

(cont. on pg. 2)

Marijuana (cont. from pg. 1)

there was no change in use by adults 26 and older. As the most commonly used illicit drug in the U.S., marijuana can be found throughout the nation, in rural areas as well as in big cities.

Daily use of marijuana by high school seniors, which had been as high as one in nine in 1978, is now at approximately one in 18. The annual surveys since 1979 reveal a number of major changes in the attitudes of those young people toward marijuana. In the 1983 survey, seniors were more concerned about the health consequences of regular marijuana use and were more likely to feel the disapproval of their peers if they used marijuana. Also reflecting the change in attitudes, both seniors and adults questioned in different parts of the U.S. favor stricter enforcement of laws against marijuana.

The reported change in attitudes suggests that strong reinforcement of prevention and education efforts could produce a significant reduction in marijuana use. The continued decline in marijuana use among younger persons may also lead to declines in the use of other drugs in future years. Recent research has indicated that by the time youth reach their mid to late twenties, early users of marijuana are almost twice as likely to use psychoactive drugs as non-marijuana users. Research also shows that, while youthful experimentation with cigarettes and alcohol does not automatically lead to marijuana use, those who do use marijuana usually have started with cigarettes and alcohol.

What are some of the immediate effects of smoking marijuana?

Marijuana is usually smoked in either "joints" or pipes. The smoke is held in the lungs and absorbed into the bloodstream just like tobacco smoke. It may also be eaten, such as in "grass" brownies. When smoked, effects occur immediately and last for 1 to 2 hours. When eaten, it may take an hour or more for the effects to appear and they may last for several hours. These immediate physical effects include a faster heartbeat and pulse rate, bloodshot eyes, and a dry mouth and throat. No scientific evidence indicates that marijuana improves hearing, eyesight or skin sensitivity.

"The effects of marijuana can interfere with learning . . ."

"Users report the main psychic effects are mild euphoria, changes in perception (heightened appreciation of sounds and colors, for example), and an apparent slowdown in the passage of time. Users may laugh frequently, become hungry and thirsty, or engage in disjointed conversations with unconnected thoughts and speech. Side effects include an increased heart rate, reddened eyes, and drowsiness. Experiments have demonstrated disturb-

ance of short-term memory (forgetting what was just said, or what one just learned) and impairment of perception, coordination and motor skills, including skills needed for safe driving. Panic reactions are occasionally reported, with feelings of persecution, confusion, and hallucination, but these are infrequent."²

"... the strength of today's marijuana is as much as ten times greater than in the early 1970's."

What about long-term effects?

Long-term regular users of marijuana may become psychologically dependent. They may have a hard time limiting their use, they may need more of the drug to get the same effect, and they may develop problems with their jobs and personal relationships. The drug can become the most important aspect of their lives.

One major concern about marijuana is its possible effects on young people as they grow up. Research shows that the earlier people start using drugs, the more likely they are to go on to experiment with other drugs. In addition, when young people start using marijuana regularly, they often lose interest and are not motivated to do their school work. The effects of marijuana can interfere with learning by impairing thinking, reading comprehension, and verbal and mathematical skills. Research shows that students do not remember what they have learned when they are "high."

In addition to being a crude drug with many chemicals, marijuana differs in another important aspect from all of the other psychoactive drugs. All the others are water-soluble and excreted from the body relatively rapidly. By contrast THC is lipid-soluble and is retained in the body for a relatively long period of time . . . it is stored in places where lipids are found, such as the brain, the lungs, the testes, the ovaries, and elsewhere throughout the body. In other words THC may accumulate.

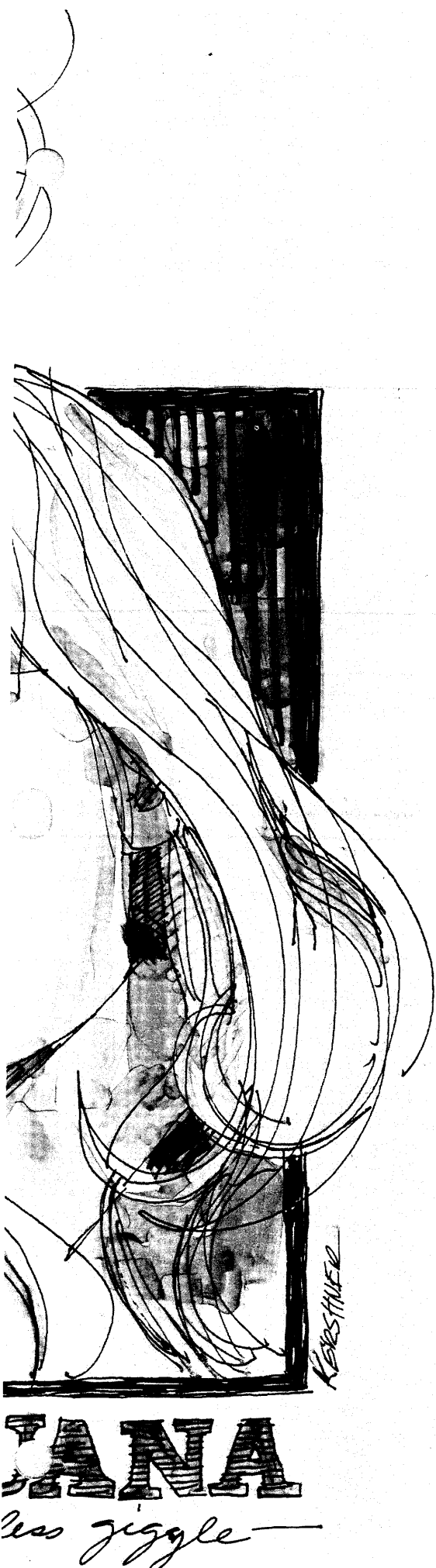
The size of the person, his fat metabolism, his ratio of fat to lean body mass, and other factors affect the rate at which he excretes lipid-soluble material, and half-life may vary markedly from person to person.

The problem of being unable to eliminate THC may be a blessing when viewed another way. This property makes it possible for a pediatrician to screen the urines of children who are not high, but who show evidence of drug use. Denial of use is so prevalent and usage rates so high that the urine screen can be a most valuable tool.³

In response to the recent growth of marijuana use, several recent prestigious commissions have surveyed the evidence on marijuana's effects. These reviews broadly agree on the following points:



MARIJ
More than a har



*Marijuana smoke has a composition very similar to cigarette smoke. Since long-term daily tobacco smoking can cause pulmonary disease and lung cancer, daily marijuana smoking probably poses similar risks.

*Marijuana smoking temporarily increases the workload of the heart. These effects pose risks for persons with cardiovascular disease. Many heart weaknesses in children and adolescents are not detected until later in life. Whether increasing marijuana use among youngsters will precipitate earlier manifestations of latent heart defects is an open question.

*Marijuana use may reduce the body's immune response to various infections and diseases. Because marijuana accumulates in the fatty membranes of the body cells, it affects the entire cellular process. Although more years of research are needed to establish conclusive findings, there is increasing evidence that marijuana use reduces or alters fundamental cellular defenses against disease.

*Heavy use of marijuana decreases the levels of sex hormones in males and females. Marijuana's depressant effect on the endocrine or hormonal system poses one of the greatest risks to children and adolescents, for a healthy balance of hormones is crucial for normal physical and emotional development in young people. Some scientists speculate that the chemical structure of THC may cause it to act as a "false hormone," interfering with aspects of normal hormonal function.

*Marijuana reduces the level of sperm production in men. Animal studies have also

shown that THC affects male reproductive hormones and female ovulation as well. Such phenomena could have adverse effects on reproductive systems.

*Marijuana causes short-term impairment of cognitive functions (including learning and memory). If, as contemporary reports suggest, many young people use the drug before or during school hours, it may reduce the amount they learn in school and may impair their long-term cognitive development.

*Marijuana unquestionably reduces motor coordination, tracking ability, perceptual accuracy and other functions important in driving.

Because of these and other concerns, all of the commissions recommended avoidance of regular, high-dose marijuana smoking. The U.S. commission, pointing to survey data suggesting that 9% of high school seniors smoke marijuana every day, concluded that the evidence on possible adverse effects of marijuana "justifies serious national concern."

1. Donald Ian Macdonald, M.D., *Drugs, Drinking, and Adolescents*, (Chicago: Year Book Medical Publishers, 1984), pg. 123.
2. Polich, Ellickson, Reuter, Kahan, *Strategies for Controlling Adolescent Drug Use*, (Santa Monica, CA: The Rand Corporation, 1984), pg. 15.
3. Macdonald, pp 57-58.

The following sources were used in producing this issue of EPIDEMIC.:

- *Marijuana — Just say no*. Department of Health and Human Services.
- *1984 National Strategy For Prevention of Drug Abuse and Drug Trafficking*, Drug Abuse Policy Office, Office of Policy Development, The White House.
- *Parents, Peers and Pot*, by Marsha Manatt, Ph.D. for the National Institute on Drug Abuse.

What Message From the Media?

by William D. Oliver, Executive Director

Today's entertainment industry is guilty of pushing "do drug" messages through the material they produce.

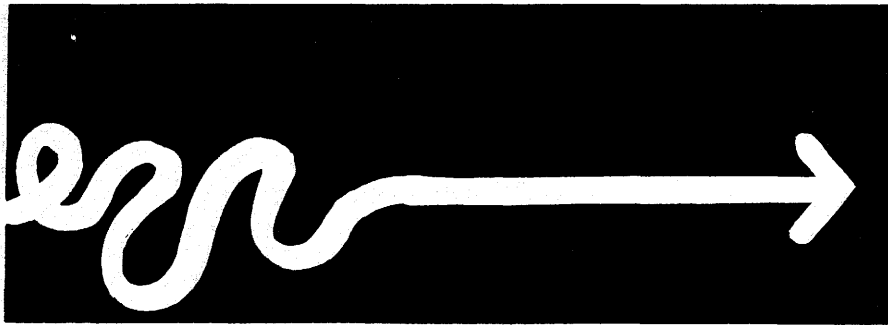
Movies such as *The Breakfast Club*, *Private Benjamin*, and *9 to 5* all showed marijuana use as accepted behavior for young people and adults. Each of these movies was highly acclaimed by the cinema critics as excellent material, a "must see." Was it absolutely vital to these films' success that the drug use scenes be included? Would the impact of any one of the movies have been lessened by their deletion? But, the motion picture industry is not alone.

The music industry is a longtime offender. Scores of music, from Heavy Metal Rock and Roll to Country and Western have offered drug use as a way to feel good, get through the day, and solve your problems.

Many television programs and commercials depict alcohol as the key to relaxation and good times. The ultimate reward for a deed well done is a Bud or a Heineken. Alcohol is depicted as a necessity for enjoy-

ment of a social gathering. Problems can always be alleviated by partaking in some wondrous spirit as presented by our nation's advertisers. We live in a society that views feeling good as essential. Feeling bad, for whatever period of time, is not acceptable. Too much emphasis is placed on feeling good through chemistry. This emphasis is most strongly reflected in those mediums that seek to please and entertain the American public. We are critically close to developing a generation of young people who know only chemical means of dealing with their emotions. A method that is a short-term, no-win route to self-confidence and clear thinking.

I applaud the efforts of many members of the entertainment community who are seeking to remove the "do drugs" messages from their productions. Many television shows no longer depict characters using alcohol or drugs unless it is vital to the story line. Steps such as these are important to changing the "feel good — do drugs" mindset of so many people today.



One daughter's story

My name is Pam. When I came into drug treatment I was 15 years old. By the time my parents brought me to the program I was smoking marijuana almost every day. I smoked about six or seven joints a day. I was also drinking all the beer I could get ahold of during the week. I also used hash, Rush, cocaine, ups, downs, acid, mushrooms and prescription drugs, and huffed solvents.

My parents got me into treatment after my school contacted them. I had been skipping school regularly for a long time and the school finally did something about it. I guess my parents finally had to look at the problem and do something about it too. Up until that time they had tried restrictions and curfews, but even if I couldn't go out on weekends I still went to school to meet my friends and get high. I would go in the front door when my mom dropped me off and straight out the back door to the parking lot to meet my friends.

My family was what I guess you would call a traditional, middle class family. My mom didn't work 'cause she wanted to be at home when we got home from school. Mom and dad tried to bring us up with strict morals. They were completely against drugs. I remember we used to spend a lot of time together before I got into drugs. We went on picnics and that kind of thing. We got along really well together, even though they were always strict with us.

I first started using drugs when I was eleven years old. We had just moved to a new neighborhood and I didn't know anyone. I really wanted to make some new

"... it was awfully important to me to be accepted by my new group of friends."

friends. The new group of kids that I wanted to get in with smoked pot and drank. I started with cigarettes. I refused to smoke two or three times when the kids first offered. But I finally began when they said I was chicken and that they wouldn't be friends with me if I didn't. The same thing happened with pot and alcohol. I said "no" a bunch of times. But it was awfully important to me to be accepted by my new group of friends. For about a year I used pot and alcohol with my friends when we went to parties. Not even every weekend, but every few weekends. My parents didn't know, because things were still going good at home and I wasn't skipping school so my marks were okay.

I first got into trouble when, after I had been using drugs for about a year, I had a party at my house with my drug-using friends on a night when my parents were going to be out for dinner. They came home early and found us having the party. Boy, did I get into trouble. I was about 12 years old at the time. Toward the end of that year I started to steal from my parents and my sister. Then I started shoplifting. I was arrested when I was twelve for shoplifting. Later I went to breaking and entering. I got caught and taken to the police station and fingerprinted, but I was never charged.

When I was thirteen, things really started

going down. I began to skip school and my grades dropped. I was always in a lot of trouble at home because of my grades and because I changed the way I dressed. I ran away from home one time. I stayed away for a couple of days after one big fight I had with my parents.

My first sexual experience happened when I was high on drugs and after that I really started to go way down. By the time I came into the program I had gotten really promiscuous. In fact, in order to get money for drugs I turned to prostitution at least three times. I overdosed on alcohol lots of times.

EPIDEMIC was recently awarded an Award of Distinction by the Tampa Bay Chapter of the Florida Public Relations Association for meeting its standard of excellence. **EPIDEMIC** is produced by Straight, Inc. in cooperation with Kershner, Bibber and Associates, Seminole, Florida

Subscription & Information

EPIDEMIC is published by Straight Inc. as a community service and depends on the support of families and friends of Straight. Your \$10 donation will be applied to a one year subscription and will also enable us to reach other parents and families.

- ☐ Enclosed is my \$10 donation.
- ☐ Please send me information on Straight, Inc.
- ☐ Please add the following name to your EPIDEMIC mailing list.

Bush Presidential Library Photocopy

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
P.O. Box 1577
Pinellas Park, Florida 34290-1577
(813) 577-6011

Straight, Inc. Atlanta
2221 Austell Road
Marietta, Georgia 30060
(404) 434-8679

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Straight, Inc. Dallas
Opening Date: March 1986
Family Service Center
(214) 363-4357

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

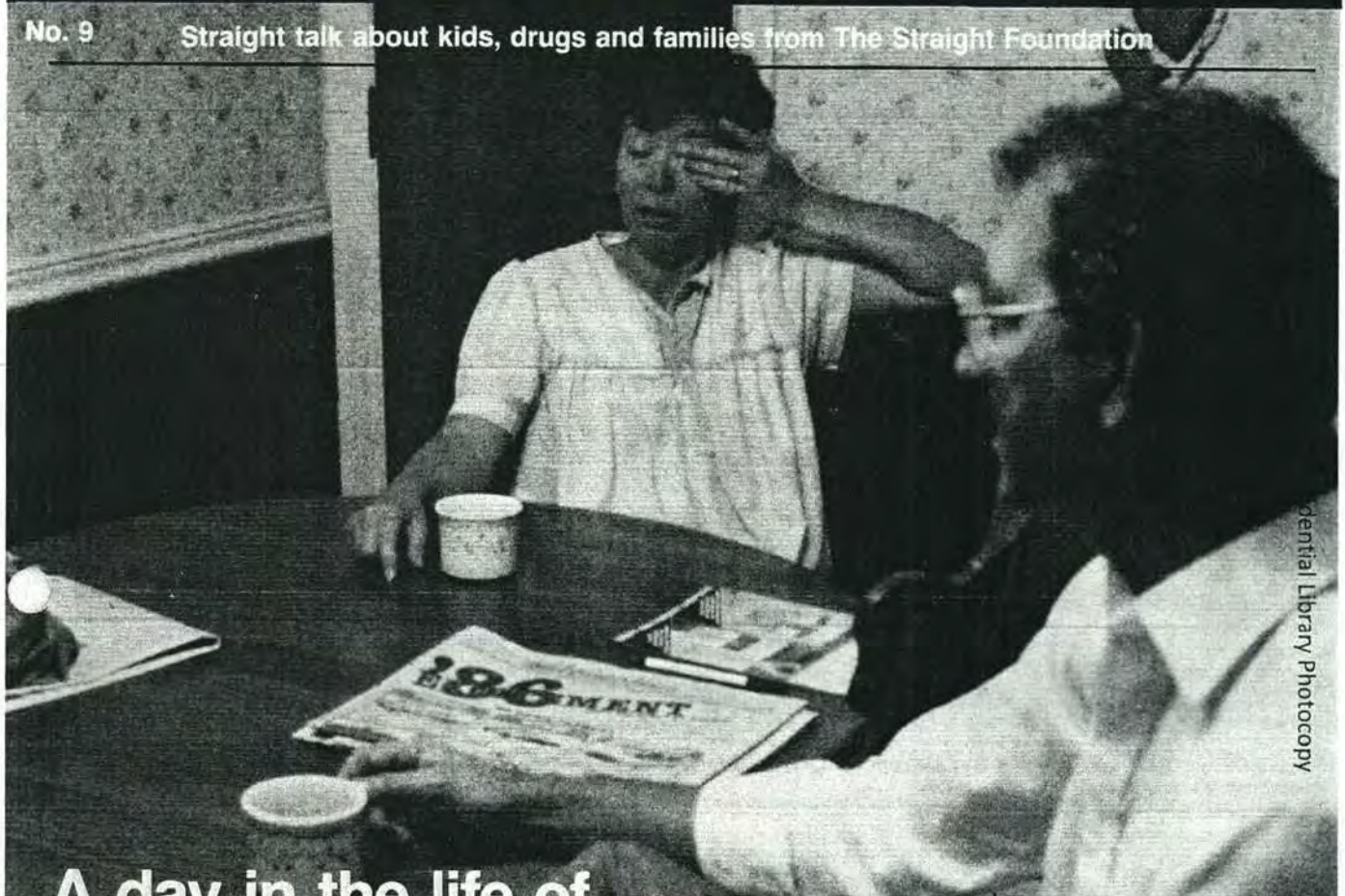
Straight, Inc.
National Development
& Training Center
3001 Gandy Blvd.
P.O. Box 21686
St. Petersburg, Florida 33742-1686
(813) 576-8929

Bulk Rate
Non-Profit Org.
PAID
St. Petersburg, FL
Permit #184

• EPIDEMIC ...

No. 9

Straight talk about kids, drugs and families from The Straight Foundation

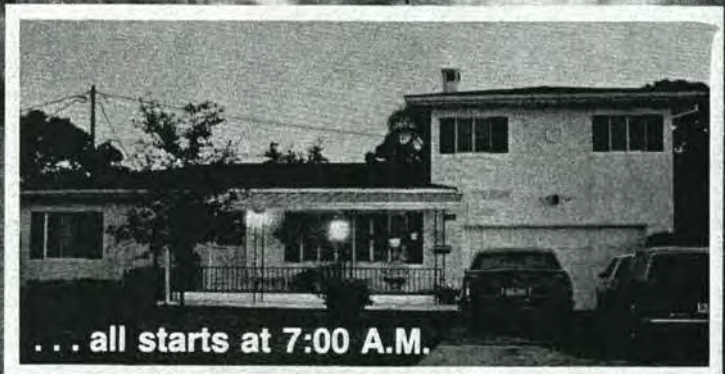


idental Library Photocopy

A day in the life of a Straight family.

What makes a Straight family different? Nothing really, that you can tell from the outside looking in. Family members are involved in work and school, laundry and car repairs — just like millions of other American families. But a closer look reveals a family spirit, a love, a closeness, a sense of communication that seems to be lacking in more and more families today — especially in those families who are trying to cope with a chemically dependent teenager.

EPIDEMIC spent a day with the Ledet family — Linda and Ron, daughters Heather and Stefanie, and son Steve. As a Straight host family, they were also home to Eric, Rodney and Casey who, along with Steve, are currently in the Straight program.



Mornings . . . organized chaos, crowded

Mornings in the Ledet home are a study in organized chaos, with 7 people making breakfast, using 2 bathrooms and getting ready for the day. Only Stefanie gets to sleep in, with her first college class later in the morning. Everyone makes their own breakfast and is responsible for cleaning up after themselves. The kitchen is filled with talk and laughter and a wonderful sense of a family looking forward to a busy but rewarding day ahead — no arguments, no shouting — just a family sharing the first hour of the day together.

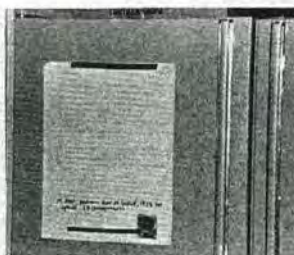


Linda shares a relatively quiet moment with son Steve and 5th Phaser Eric, who both attend junior college during the day and arrive at Straight in the late afternoon. The 2 newcomers will spend the whole day at Straight.

While Eric looks through the paper for a topic for his government class, Rodney feels anxious about the Open Meeting that night at Straight. He's been in the program only a week and this will be his first time standing before the assembled parents and kids to give his introduction. Steve and Eric tell him to "talk about stuff you don't want to talk about" — like getting into trouble with the law, his drug experiences, hurting his Mom. He's slightly reassured, but still nervous.



With 4 boys sharing one bathroom, cooperation is the keyword.



HOUSE RULES

1. Moral Inventories — first priority, 30 minute limit without talking.
2. Military style showers — hang your towel for reuse.
3. Eat what's on the menu or PBJs. (Peanut butter & jelly)
4. Socks, shirts and pants worn at all times.
5. Parents are executive staff.
6. No dirty clothes lying around.
7. Wash any dishes you use immediately after eating.
8. Long distance phone calls are collect.
9. Must be in your room with alarm set by 11:30 — one wake up call.
10. The person taking the last glass of KoolAid makes the new pitcher.
11. Make your bed every morning.
12. Limit phone calls to 10 minutes if someone is waiting.
13. Offlimits are: the downstairs bathroom, Stefanie and Heather's bedrooms, Ron and Linda's bedroom.
14. Wednesday mornings strip beds and start wash.
15. Leave your moral inventory on the dining room table at night.
16. Once the bedroom door is closed at night, it's not opened until morning.
17. USE YOUR MANNERS.

bathrooms & lots of laughter.



Ron leaves for work with a request from Linda to pick up the veggie platter she ordered for tonight's open meeting celebration.

Certain concessions have been made in the household to accomodate the 2 newcomers, who are not allowed to go anywhere alone.

It's the oldcomers responsibility to keep an eye on the newcomers. Being organized and responsible enable the boys to earn certain privileges — like going to the beach on Sunday or to the mall with friends. These privileges must be earned by responsible living.

Heather is a 7th grader who is "used" to having extra brothers around the house. The Straight program requires sibling involvement and although at times she doesn't feel like going, she's glad her brother is getting help and knows that she has to help him get straight. Since Steve has been in the program, Heather has eliminated the few drug-using friends she had last year.



Bush Presidential Library



The boys spend a quiet moment together before leaving.

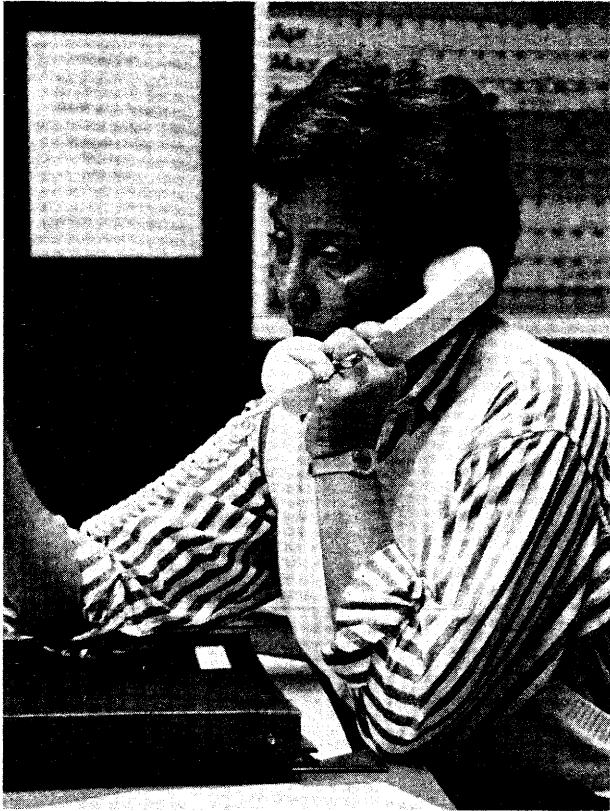


With Casey and Rodney going to Straight, Eric and Steve going to college and Linda to her office, car arrangements are critical. Steve drives — he just got his license last week. Talk during the ride is about other programs and counseling the boys have tried before coming to Straight. Rodney says "I didn't want to be here but I decided I needed to be here. If I went home (upstate Florida) now I'd be back to doing drugs or in jail."



Casey and Rodney attend a morning rap at Straight — the first of many "raps" and group meetings held during the day.

Linda's day . . . busy but smooth.



Linda's lucky in that her parttime job gives her flexible hours, but she still has to be at the office part of the day.



There's always cleaning up and laundry, so Linda stops back at home before going on to Straight.

Looking back, Linda realizes that she enabled Steve to do drugs. He never had to handle any problems, she handled them for him. Steve started doing drugs at 13, but really got involved 2 summers ago when he was 15 — doing pot, alcohol, hash, hash oil, cocaine and various kinds of pills. He had basically stopped functioning: quit school at 15, then decided to go back on his own at 16, but was caught with pot the first week back. He was stoned all the time.

"I kept denying it until a really awful looking druggie friend came to the house. I said to Stefanie 'Steve's hanging around with some awful kids' and she said 'Mom, look at Steve. He's a druggie too.' I took a good look at him, in his dirty shorts and T-shirt, long hair and sunken chest and realized that something had to be done. I then saw the TV movie "Not My Kid" and recognized the Straight program. But I kept putting off the call to Straight, and when I did call it was after 5:00 and I thought no one would be there! But someone was, we talked for over an hour and I made plans to attend an Open Meeting with Ron on Friday night. After being at the meeting and hearing the kids and parents talk, I knew this was it. We made plans to bring Steve in next Saturday. It was a hard week — I kept on questioning our decision, 'Is this right?'. I kept on thinking things like "he spoke to me today, maybe he's better." When we took Steve to Straight, he signed himself in but his parting words were "You lied to me. You said this was just counseling". Ron felt worse than I did, which I think is common. I think it's harder for men to accept that they can't make everything OK for their families or kids.

For 3 months Steve was a model Straight kid, until he ran away at 1:30 in the morning. He had planned to run away and planned to do drugs immediately — he thought he could handle it. I hope he remembers forever that he couldn't handle it. While at Straight he was under a lot of personal pressure to be perfect. I don't think he was trying to "con" everyone, just "conforming" to what he thought they wanted. When he ran, he went right to a druggie friend and got stoned, and moved from one druggie friend to another for 8 days until he was caught. Ron was out of town on business at the time, and I found Steve, had him arrested as a runaway, got him out of jail and took him back to Straight. I told him at the time 'I may be powerless over your drug problem, but I'm not powerless over where you're going to be — either at Straight or JDC (Juvenile Detention Center).'

I think he really wants to be straight now. He's more responsible, more serious about the program.



Linda is a volunteer parent who helps with intakes — when a new child enters the program, there are a series of forms for the parents to complete and Linda offers her assistance and support.

Ron's day... work, then car trouble.



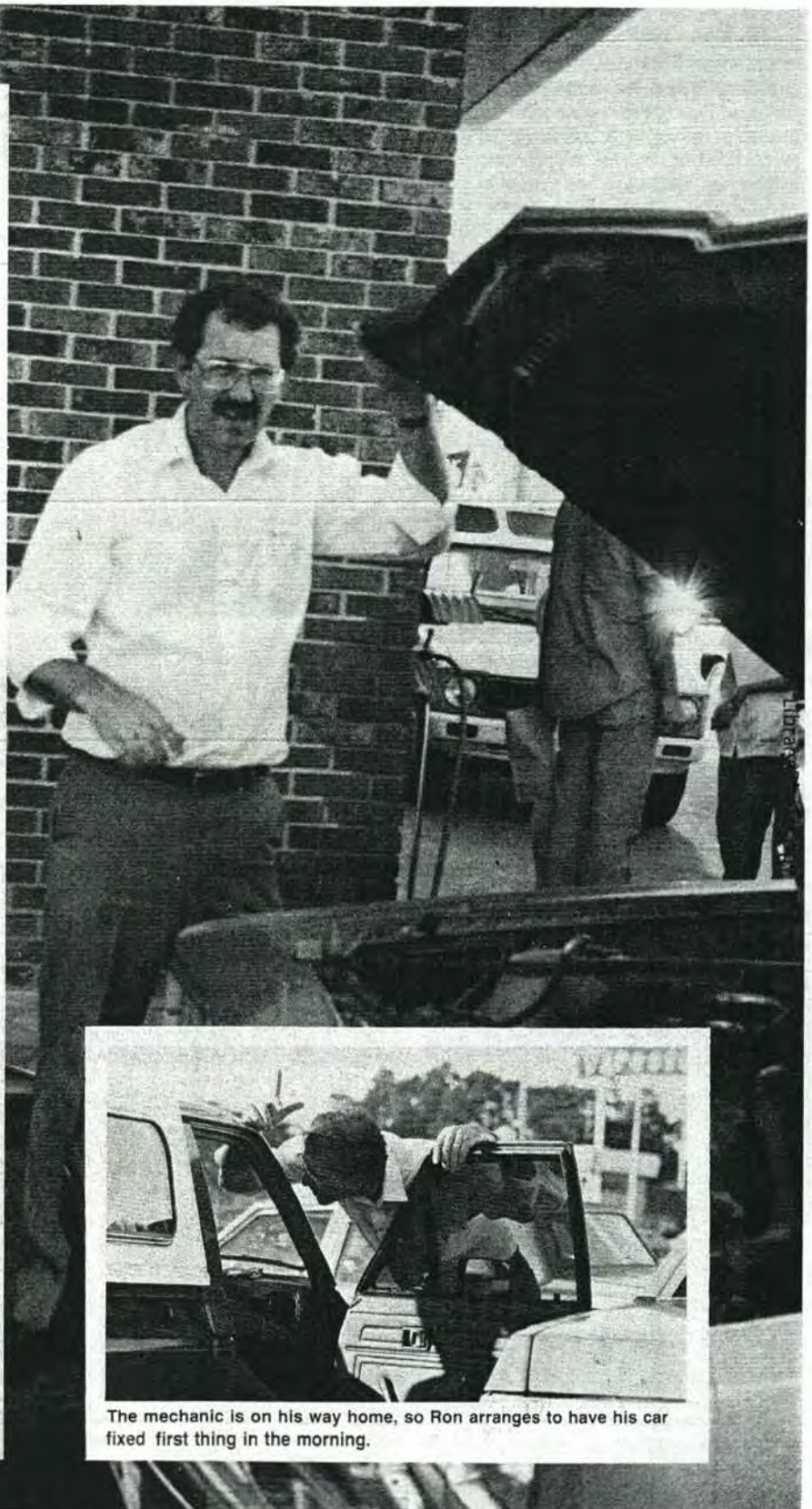
On his way to Straight with Steve, Heather and the veggie platter, Ron's car dies. He pulls into a service station, stares under the hood, then calls Linda to come get them.



Linda has just finished an intake when she gets Ron's call. Of course she'll pick them up.



Ron, Steve and Heather wait for Mom. Fortunately there's plenty of time — a consideration for Steve, who has been at college all day and must join the group at Straight before the Open Meeting begins.



The mechanic is on his way home, so Ron arranges to have his car fixed first thing in the morning.

Friday Evening. . . Open Meeting

Entire families are required and encouraged to participate in the Straight program. Open Meetings are held on Friday evenings, bringing together in one large room the teenagers, parents and siblings. For 1st Phasers and their families, this is the only time during the week when they can talk to each other, over a microphone in front of everyone. Rodney gives his introduction, is nervous, tears up a bit, but does well. Kids and parents get up to speak to each other, or to the group about themselves. There is singing and applause and you can feel the love in the air.



Ron talks with Randy Ratliff and Barbara Seidel, Straight staff, before the meeting begins.



Bush Presidential Library Photocopy



Applause, singing, tears and hugs — they're all a part of an Open Meeting and the process of bringing about the reconstruction and revitalization of the family. "Kids helping kids, parents helping parents, families helping families."

g at Straight.



After the Open Meeting there's a short break, and this evening Straight is celebrating the promotions of 2 staff members: Randy Ratliff to Southeast Regional Manager and Steve Knowles to Director, Straight Tampa Bay. Parents have contributed platters of food and beverages and everyone fills up. Sharing a common problem, but with diverse backgrounds and experiences, parents spend the time making new friends and giving support to others.

The group then divides, with teenagers, parents and siblings going to their separate raps. This evening's parents rap involves four families and their teenagers talking to the group of parents. The Ledets are part of the panel, everyone standing up to tell their own story or feelings.



Linda says that she thinks pot was the worst drug Steve did, because of how it took away his motivation to do anything. She remembers when going to work for 4 hours and getting a haircut in the same day was too much for Steve to handle. She ends by saying "I'm real proud of him."



I had goals, but no motivation. Even something like going to the store for a pack of cigarettes, I had to push myself out of the chair — I just didn't want to move. Now I want to progress in life. I want to be a musician and I'm excited about learning the things that will make me a good musician. I feel good about myself.



I always had a lot of faith in schooling, always participated in Steve's school activities — I thought I was doing my part. When he quit, I blamed the school, the teachers, put him in private school, until I finally wrote him off. I have 3 children and thought to myself 'well, two out of three ain't bad'. Having been in Straight, I realize what a self defeating attitude that was and how passive I really was to the whole problem. When I went with Steve to register for junior college, it was the first time in years I had been on a campus with him and he wasn't in trouble.

The Day Ends Quietly.

Friday nights are late nights for Straight families because of the Open Meeting. Everyone's tired, but it's a good tired because of a feeling of accomplishment — the day was well spent. Tomorrow looks busy too: Heather is running in a "fun run" with some friends, the boys will be at Straight and Ron has to make sure his car is fixed.

In spending the day with the Ledets, EPIDEMIC learned most importantly that they're just like any other American family — with joys and sorrows, good days and bad. But because of this crisis in their family, they have joined together to fight it like a team, instead of letting it tear them apart. They've learned that there's strength in sharing, strength in commitment and strength in the Straight program, which brings it all together for them.



Stefanie, Linda and Ron go through the days mail.



Bush Presidential Library Photocopy

At the end of each day the boys write their Moral Inventories — an account of the day's accomplishments or failures, short and long term goals. With the utmost honesty they face their feelings, shortcomings or advances without the aid of drugs — and grow.

The Straight Foundation, Inc.
3001 Gandy Blvd.
St. Petersburg, FL 33702
P.O. Box 21135
St. Petersburg, FL 33742
(813) 576-7563

For more information on kids and drugs, call or write your nearest Straight facility.

Straight, Inc. Cincinnati
6074 Branch Hill-Guinea Pike
Milford, Ohio 45150
(513) 575-2673

Straight, Inc. Dallas
1399 Executive Dr., W.
Richardson, TX 75081
(214) 644-4357

Straight, Inc. Tampa Bay
3001 Gandy Blvd.
Pinellas Park, Florida 33702
(813) 577-6011

Straight, Inc. Orlando
2400 Silver Star Road
Orlando, Florida 32804
(305) 291-4357

Straight, Inc. Atlanta
2221 Austell Road
Marietta Georgia 30060
(404) 434-8679

Straight, Inc. Michigan
42320 Ann Arbor Road
Plymouth, Michigan 48170
(313) 453-2610

Straight, Inc. Washington, D.C. Area
5515 Backlick Road
Springfield, Virginia 22151
(703) 642-1980

Straight, Inc. New England
53 Evans Drive
Stoughton, Massachusetts 02072
(617) 344-0930

Bulk Rate
Non-Profit Org.
PAID
St. Petersburg, FL
Permit #184