

The Teenage Drug Epidemic

by Miller Newton, Ph.D.

When Nancy Reagan, the First Lady, visited STRAIGHT'S home treatment center in St. Petersburg, Florida, on February 15, 1982, we played "Twenty Questions" with the 350 young people in our group. Twenty Questions, which is a series of questions about the kids' drug-use and behavior, is a way to share with special guests of STRAIGHT what the drug-use scene is like for teenagers today. The first question is always about the age at which kids begin using drugs. Three years earlier when a group of state legislators visited STRAIGHT, we also played Twenty Questions. At that time, one in five or 20%, had started using drugs at age 16 or older. When we got down to the elementary grades, ages 10 and 11, grades four and five, less than one in nineteen youngsters had begun at that period. Then Nancy Reagan visited three years later, only two youngsters out of the 350 had begun using at ages 15 or older and one out of five youngsters, or 20%, had begun using at ages 10 and 11. A dramatic shift had occurred in three years regarding the age of decision for kids and drugs. Instead of teenagers deciding, little kids in elementary school were having to make the decision about whether to use alcohol, pot, and other mood altering substances. Recently, *The Weekly Reader*, that standard publication for elementary school kids, did a survey regarding the pressure kids feel to try alcohol or marijuana. Twenty-five percent or one out of four fourth grade children, nine year olds, feel strong pressure to try beer, wine, liquor, and marijuana. By the time the kids reach seventh grade, 60% feel the same strong pressure to use drugs and alcohol. Under our noses in our living rooms, classrooms, and churches, there is a whole other world in which our kids live. It is a world that we do not notice, understand, and are often unaware. The naive remark by some that ex-addicts speaking about their pain to sixteen year olds gives them information about how to use drugs is incredible. The facts are that 10, 11, 12, and 13-year old kids know about all that is to be known about marijuana, speed, cocaine, the hallucinogenic drugs, tranquilizers, opiates, and even the process of shooting up. As a matter of fact, they live in a world barraged by information and cues to use drugs. Careful listening to current country and western and rock music with the help of an interpreter for coded phrases shows that the young people are hearing a constant stream of messages about getting high, feeling good, going on trips, and using drugs of all kinds with all methods. Their jewelry, slang, most popular movies, and even TV shows put off the message that it is cool, it feels good, it's the thing to do.

The people who need information and understanding are not the kids. It is the parents who are supposedly in charge of the kids who are unaware about what is really going on with the drug scene. This is the reason for the growing parent anti-drug group movement. Parents are desperately trying to catch up with the information gap between themselves and their kids about drugs and drug-use.

Most kids get into drugs because of peer pressure. There is clear research evidence that the vast majority of kids don't start out to become involved in drugs. In my own research with the 3,000 young people who have entered the STRAIGHT program, 9 out of 10 youngsters actually refused the offer of alcohol, pot, or other drugs by their peers the first four or five times. Only reluctantly on the fourth, fifth, sixth, or seventh time did they give in and actually use in order to be part of the crowd. Of course when they use, they discover the super pleasurable feeling of the chemical high and become increasingly attracted to the good feelings produced by drugs. In time the use becomes more regular, the use becomes necessary, and they begin to lose control of their behavior, their family relationships, school, and even their relationship to drug-use itself. With the loss of control comes painful bad feelings, including guilt about behaviors that violate their own moral values and shame about themselves because of their loss of control and bad behavior.

The idea that chemical substances are an acceptable way to deal with your feelings is endemic to American society. Just for a moment stop and think about the many commercials on TV for minor across-the-counter pain remedies. All of the commercials show magic, instantaneous relief. Think about alcohol use in American society. It is enshrined in every major ritual from the business deal to the party to grief to celebration of major life rituals. Television commercials portray alcohol as a miraculous substance that transforms ordinary people into beautiful people and an ordinary day into a magic dream in a charming rustic pub. Valium is the number one prescription drug in American society assisting Americans to cope with the bad feelings of anxiety, depression, and fear. The cultural message is clear. Drugs are the way to good feeling and good living in America.

Unfortunately for our children and young people who have taken that message seriously, it has become the road to disaster and death. The young people who I have seen in treatment estimate that 40 to 65% of their peers in high school are regular users of pot and alcohol. Our society has had a dramatically increasing health picture for three decades. For the

three decades from 1950 to 1980, every age group with the exception of one has had a decreasing death rate due to our medical care system and our general standard of living. The one exception is the teenage group for the decade 1970 to 1980. Our teenagers have experienced a 16% increase in rate of death during that period. The principal causes of death are accidents, suicides, and homicides — all of which are often drug related. One authority estimates the number of child and teenage deaths at 26,000 or more per year. This is clearly an epidemic. The last epidemic of this magnitude among our young was polio. The leadership of America directed its resources to solve the problem. This epidemic goes unnoticed while the adult leadership puts its head in the sand and tries to avoid the problem. It's scary.

Most attempts to prevent drug-use among children and teenagers have been directed at kids — offering information about drugs, the consequences of drug-use, decision making, and exercises in self-worth. This approach has been an abysmal failure across the nation. The attraction for this approach has to do with our romanticizing of youth in America. The styles, the music, the slang of our nation are all youth oriented. Consequently, adults want to fool around with kids to solve the problem. The hidden presumption for prevention efforts directed at kids is that the kids are capable of making mature, non-peer oriented decisions as if they were autonomous 24-year-old young adults. There is no way that 10, 11, 12, and 13-year-old kids can behave with the skills, tools, and resources of an autonomous 24-year old adult. We need to redirect our prevention efforts toward the adults who control the institutions and environments in which kids live.

From most of us parent-age adults, our teenage passage was safe and relatively happy. The safety of our passage was guaranteed by our parents and other significant adults who control the environments in which we experimentally learned how to be adults. I believe it is time for parents to take control of their children and teenagers again in order to guarantee the safety of the teen years. It is time for officials at school to take control of that environment to insure that no drug deals, no possession, and no intoxication occurs. Kids ought to be able to attend school without being exposed to drug-use or intoxication. The school as an institution controlled by adults should give a systemic message that drugs and intoxication simply are not acceptable for kids. Finally, law enforcement needs to increase the consequences for kids found intoxicated or in possession of drugs. The cur-

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rent slap on the wrist leaves kids with the idea, "Cops are cool. When they take our drugs they are going to use them to get high. They are really helping us avoid the silly law." Every time a kid is found intoxicated or in possession, he should be taken to the station and the parents required to come and retrieve the child. This is a message to the child that drugs are not acceptable and to the parents that their child is in trouble.

In most cases when parents discover that their child is involved with drugs, it is already too late for parent control, for preventive efforts, and for outpatient counseling. Parents can discover about 10% of their child's actual use. Denial to parents, adults, and self is one of the characteristics of the disease of adolescent drug-use. When a parent discovers that a kid is involved with drugs, he needs to run, not walk to a competent professional for some help in assessing the kid's level of use.

When treatment is indicated, it is important to find the right kind of treatment program. Marijuana has thrown us a curve in terms of its long, residual presence in the brain tissue of the body. It often takes 30, 60, or 90 days for the young person's brain to become substantially free of Delta 9-THC, the psychologically active

ingredient in marijuana. The result is the traditional treatment programs oriented toward adults don't keep the patient long enough to insure free body chemistry. In choosing a program for kids, make sure that it can insure a drug-free environment for at least 90 days.

Second, the only proven technique for treatment for chemically dependent people involves use of a spiritual program of self-change. That program is the 12-step program of Alcoholics Anonymous. Effective treatment programs either involve attendance at AA or use the steps as therapeutic tools.

Third, the effect of drug-use on a child in the developmental period of adolescence is to either freeze development or produce regression, that is backward toward infancy. This freeze or regression is particularly in the area of identity development, self-esteem, techniques for coping with emotional changes, and social relationships. Good treatment programs not only deal with the relationship of the young person to drugs but also work to help the young person rebuild growth and development to his or her actual grade level. If a child deals with a drug problem and goes back to school and neighborhood with peers and family and has the skills

of a child three, four, or five years ^{younger} and fails at every turn, that child will ^{struggle} with the pain of failure by using drugs to feel good again. Treatment must deal with the development issues for the young person in order to be effective. The young person must be able to feel good based on performance in relationships, at school, and with peers.

Adolescent drug-use is a frightening epidemic that threatens almost every American family. The old signs of safety such as church involvement, athletic involvement, and student activity are not valid anymore. In STRAIGHT believe that three quarters of the youngsters in treatment were actually achieving, sports oriented, successful, and healthy youngsters prior to the beginning of drug use. Their healthy family life and their religious participation did not bring immunity to the peer pressure that caused the beginning of use of drugs.

We can counteract the epidemic just as America solved the polio problem. It is going to require a serious effort on the part of responsible adults in church, synagogue, government, school, law enforcement, and particular in the family.

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