

Books Reviews In Brief

UPI NewsTrack - February 19, 1985

• Section: News

Not My Kid, by Beth Polson and Miller Newton (Arbor House, 248 pp., \$15.95) This book deals with juvenile drug abuse and how the young and their parents deal with it. It discusses possible causes of drug abuse - stress in the family, divorce -- and preventions. The book is one of three being recommended by the Library of Congress as useful reading for concerned families.

• Record: 1985-02-19-6822477637200

• Copyright: Copyright (c) 1985, United Press International, Inc., All rights reserved.

Ex-drug addict finds self-esteem the key to going straight

Christian Science Monitor, The (Published as Christian Science Monitor, The (Boston, MA)) - April 29, 1985

- Author/Byline: Kristin Helmore, Staff writer of The Christian Science Monitor
- Section: Home & Family; Teen-agers and Drugs
- Page: 29

BOB Meehan has been involved with drugs most of his life. From age 12 to 27, he was addicted to what he calls "mind-changing chemicals" - from alcohol to marijuana to heroin. To support his habits he stole, and was imprisoned several times as a result.

But in 1971, fresh from the federal penitentiary, Mr. Meehan met an Episcopal priest called Father Charlie, who responded so effectively to his need for an improved sense of self-worth that Mr. Meehan was changed forever. He stopped using drugs and alcohol and started helping chemically dependent teen-agers sober up, too.

According to the American Council for Drug Education, more than one-third of the 18- to 25-year-olds in the United States currently use illicit drugs. More than 5 percent of all high school seniors use marijuana daily. Nearly 7 million high school students get drunk at least once a year, and at least 35 percent of all Americans in their 20s have used cocaine.

Bob Meehan had 15 years of drug abuse behind him when he kicked the habit. He was an ex-con, working as a ditch-digger in a strange city where he had no friends. He had recently received a letter from his parents, who had always bailed him out before, in which - gently but firmly - they refused to help him for the first time. Under these unpromising circumstances, what was it that caused him at last to go straight?

"I believe," said Meehan in a recent interview, "it would have to be the unconditional love shown to me by Father Charlie. . . . He immediately made me feel different. Here was a man that I had respect for, who said he loved me. . . . I believe that that did something to me about how I saw me. His love for me started me changing me."

Meehan had met the Rev. Charles Wyatt-Brown at the Palmer Memorial Episcopal Church in Houston. Across from the church was a park where local teen-agers - many of whom took drugs - would hang out. In order to be near Father Charlie, Meehan would often spend time around the church, and would entertain the kids with "war stories" about his life as an addict. But now, he desperately wanted to stay off drugs, and he discovered that encouraging those kids to go straight kept him sober as well.

"Previously I defined happiness as heroin, alcohol, or cough syrup," Meehan writes, "and I pursued it with everything I had in me. . . . Father Charlie, by fulfilling my needs, not just telling me what they were, allowed me to pursue a new definition of happiness. When I started working with kids I redirected my will towards a new goal - staying sober and helping others do the same. That, I decided, was what would make me happy in life."

Within a year these talks with teen-agers had evolved into the Palmer Drug Abuse Program (PDAP), which employed Meehan as a youth counselor. Since then, he estimates that he has helped some 20,000 young people get off drugs in similar programs in Texas and southern California. He is now happily married with two children and lives in San Diego, where he founded SLIC (Sober Live-In Center) Ranch and a teen-age drug rehabilitation program called Freeway.

Meehan has also written a book, "Beyond the Yellow Brick Road: Our Children and Drugs" (Farnsworth Publishing Company, Rockville Center, N.Y. \$14.95), in which he advises parents how to help their children get off drugs - or avoid taking them in the first place. He also explains his drug recovery program, based on the "12 steps" method used by Alcoholics Anonymous, and describes how similar programs have been set up around the country.

Meehan believes that the recovery process must address the physical, emotional, and spiritual facets of a person, and he does not recommend consulting physicians or psychiatrists in the treatment of drug addiction. He feels that the best rehabilitators are former addicts, and that "positive peer pressure" is the most effective curative force in getting young people off drugs.

Meehan is not alone in this opinion. Milo Kirk, president of the Dallas County Chapter of Mothers Against Drunk Driving (MADD), has this to say: "One thing I really enjoyed about (Meehan's) book is the peer system he uses. What he says is very true - if you're not a doper today, you're not cool. Peer pressure has more power now than anything. We feel that Bob Meehan definitely has the answer: a good, common-sense approach."

One section of Meehan's book is headed "Love Means Not Accepting Wrong Behavior." It sets out his convictions about the kind of love parents must express to minimize the likelihood that their child will take drugs. And he maintains this standard with his own family as well.

"Wendy, my daughter, is 11 and a half," says Meehan. "Since she was 9 she has heard, 'Wendy, there is one thing that can get you out of this house real quickly, and that's the use of mind-altering drugs.' She knows that she is risking her entire home life by getting high. I think it's going to be real hard for her to do that, since I believe that my home is a good one, and that what we have given her is real love - unconditional love - a real, basic security."

Meehan feels that this one "condition" - that she not take drugs - is a particularly meaningful expression of his love for his daughter. He believes parents should erect a "wall" of specific and firm prohibition against the aggressive pull of the drug culture, so present in teenagers' lives today.

Any parent who fails to recognize this pressure, he says, is like someone teaching his child the rules of baseball - while everyone the child will encounter outside the home is playing football.

He holds the communications media - especially films and rock music - largely responsible for the drug culture children are growing up in. "I guess I really have indicted the media," says Meehan. "But I'm going to continue to do so. I call it the 'Cheech and Chong generation.' Cheech and Chong show kids how to smoke marijuana (to Meehan the most insidious of all drugs) in their homes. HBO runs their shows.

"These young people are as primed to smoke a joint as you are to drive a car. At age 12 they're sitting around saying, 'Is it my turn yet? I'm waiting. I mean - everybody smokes dope, don't they? Is it me now?' This is where they are.

"To me, using drugs was a real rebellion. . . . Today (for) the young person who walks into junior high school, it's the norm. It's a way of fitting in. Our children are stepping into a society where all this is totally socially accepted by the majority.'

Aside from building solid "walls," to indicate clearly to a child what behavior is unacceptable, Meehan feels that the best preventive measure parents can use to keep their children from getting involved in drugs is to instill a sense of self-esteem

"So many parents push so hard trying to make their children look as if, and act as if, they were well reared," says Meehan. "Well, great, that's the byproduct. What about the well-rearing part? If you give your child self-esteem, if you teach them to care about themselves, they're going to do (the right) things. It's not your job to get on every little point

"Every child I've ever dealt with, the joining part (succumbing to peer pressure to take drugs) is serious low self-esteem. Your job is to say, 'OK, how do I get him to a place to love himself? How do I give my young person self-esteem?'

Other books that have been recommended for the treatment of teen-age drug abuse are:

"Not My Kid," by Beth Polson and Miller Newton, PhD (Arbor House, New York); "Getting Tough on the Gateway Drugs," by Robert L. Dupont (American Psychiatric Press, Washington, D.C.); "Marijuana Alert," by Peggy Mann (McGraw-Hill, New York); "Drugs, Drinking and Adolescence," by Dr. Ian Macdonald (Yearbook Medical Publishers, Chicago, Ill.).

- Caption: Picture, Bob Meehan, youth counselor and author

• Record: 13DF82F38485AB48

• Copyright: Copyright (c) 1985 The Christian Science Monitor (www.CSMonitor.com). For re-use permissions, please contact copyright@csp.com

THE MILWAUKEE JOURNAL

Sunday, November 3, 1985 — Latest Edition II

4

THE MILWAUKEE JOURNAL Sunday, November 3, 1985

Life/Style

NOT MY KID: TEENS AND DRUGS

Drug treatment: It's a path out of chemical abuse for teens and their families

By BETH POLSON AND
MILLER NEWTON

THE FIRST STEP in seeking outside help and treatment is the hardest — admitting that your child has a drug problem and that the problem is out of control.

Don't wait until the crisis builds up. Don't wait to do something about it until you stand wringing your hands in a hospital emergency room. Look for the early warning signals.

And don't be afraid to admit you need help. Parents aren't qualified drug counselors. They aren't supposed to be. Don't be afraid to seek help because you're worried what the rest of your family or your neighbors will think.

You're losing time. Precious time. There is treatment available, treat-

This is the fourth of a series on teenagers, parents and drug abuse that will run for five weeks in Sunday Life/Style.

ment that can work. But not every person who hangs up a shingle is prepared to give you the kind of help you need.

Because adolescent drug treatment is relatively new, there is a lot of trial and error going on. Whether it is a psychologist, a social worker, a family counselor or a physician, make sure you choose a professional who believes unequivocally that drug use, all drug use, is wrong and harmful. No ifs, ands or buts.

Never send your child to a professional without having first gone yourself. When you go, there are a couple of key questions you can ask to determine if the person is going to be helpful in your effort to save your child from drugs:

■ "Doctor, I'm confused. I've read a lot about marijuana. Some articles say it's harmful, other studies indicate it's not so harmful if it's not used in excess. I want to know what's right. Will it hurt my child or not?"

■ "Doctor, I'm really troubled. I try to be a good parent. I've read everything I can get my hands on about adolescence but it's tough. Being an adolescent isn't easy and being the parent of one is worse.

"I want to be fair. I want to give my child the freedom he needs to grow and experience life for himself, but I don't want to give him too much freedom. He says I'm too strict on him and maybe I am.

"Should I respect his privacy, stay out of his room, not listen in on his phone calls? Or do I check things out for myself to make sure he's safe and telling me the truth?"

How the therapist answers these two questions will tell you whether you've got the right person. If he says, "Drug use is the symptom that something else is wrong, something else is going on with the child and needs to be examined," head for the door.

Drug use is a disease, not a symptom of a disease.

It is a primary disease, because it is the source of other symptoms. It is

a chronic disease, because it's ongoing. It's a progressive disease, because ultimately it may cause death.

If he says to you, "All kids do marijuana," get out of his office.

This is a person who has accepted that marijuana use is a normal part of the adolescent experience. He has written it off as a social phenomenon, an evolution in adolescence like punk rock or designer jeans. You need someone who can help you see early warning signs and take corrective measures immediately.

Keep looking until you find the professional who tells you that parents have to be parents and kids have to be kids. And parents have to be in charge of kids until kids become adults.

Find a person who recognizes the seriousness of drug use. A person who understands the implications of trying drugs and who is motivated to do something about it.

If in the diagnosis you determine that your child is in the early part of drug use, you may still be able to work with a specialist and help the child through strong parent action and qualified professional counseling — without putting him in a residential treatment program.

But anything past the early part of drug use will most likely necessitate residential-treatment. If a child has started to self-medicate, it is next to impossible for you or a twice-a-week counseling session to have any impact on the chemical-learning sequence.

The most important thing in

Excerpted from the book "Not My Kid," by Beth Polson and Miller Newton. Polson is the executive producer of "The Barbara Walters Specials," as well as the producer of the television documentary about children and drugs entitled "Getting Straight," which was nominated for an Emmy Award in 1982. Newton is a clinical drug therapist. She has treated more than 3,000 kids on drugs and their families.

achieving a drug-free child is a drug-free environment.

A drug-free environment is a place where drugs cannot get to your kid and your kid cannot get to drugs. It is the only environment in which treatment can take place. This means the removal of drugs, all drugs, all mood-altering chemicals from the child.

Do not accept a program that wants to give your child prescription drugs to get him off illegal drugs.

The best programs are ones that offer strong, structured therapy. What may appear on the surface to be militaristic or authoritarian is the best way to bring reason and order back into the chaotic druggie lifestyle.

You can't treat cancer with aspirin, right? And you can't treat drug use with simple rap sessions. Some programs feature a group meeting every day, a little individual counsel-

ing and lots of free time for TV, ping-pong and hanging around.

The effective programs keep kids busy at therapeutic tasks from dawn until bedtime. The combination of structure and filled time helps young people fight back the compulsion to get high.

The good programs have regular mealtimes, and the balance of the day is filled with scheduled activities, including group therapy, individual therapy, AA meetings, planned recreational activities and educational groups concerning alcohol, drugs and chemical dependency.

Druggie kids need a structured environment in which to re-orient themselves. They have lost all goals, all structure, all focus, all basis of reality in their lives, so the quicker some sort of order is introduced, the sooner they will get their footing.

Don't be one of those parents who rushes in and says, "You're being too hard on my child." Your little darling is going to suffer less in the hands of a qualified drug counselor than he will on the streets doing drugs with his friends.

Parents often can't stand seeing their children put through the regimen that most good drug programs demand.

That's the worst thing a parent could do. It automatically says to the child that the parent is going to protect him from all the big, bad consequences of drug use. The therapy program has to be intensive and

structured to work. Be prepared not only to expect it but to find a program that offers it.

In addition, a treatment program should offer:

- Peers who can identify with the pain and hurt of drug use, both in the rehabilitation process and as counselors.

- An emphasis on facing the past, acknowledging what drugs have done to the child's life and dealing with it.

- Ways of rebuilding a child's self-worth.

- Counseling for the other family members.

- The coping mechanisms to face tomorrow drug free.

But no drug problem in this country is 100% successful. The average drug rehabilitation program for adolescents has a success rate of less than 20%.

Some have been able to make great strides in helping kids and helping families. Even in one of the most successful rehabilitation programs in the country, the percentage of kids who remain drug-free for at least a year after treatment is only about 60%. Walking out the door drug-free is not enough. Success means staying drug-free.

Getting treatment does not mean getting a guarantee. There's no warranty card.

What treatment does is offer hope. Hope for the child. Hope for the family. And hope for the future.

NEXT: Steps parents can take.

Does Your Teenager Have An Alcohol or Drug Problem?



It's possible. Today, over 95% of our high school students will have tried drugs or alcohol, and up to 15% of our teens will have serious dependency problems before they graduate from high school.

De Paul's adolescent and family services offer help to troubled teenagers and their families.

If you suspect your son or daughter is abusing drugs or alcohol and don't know where to turn, turn to us.

De Paul Rehabilitation Hospital
4142 South 12th Street
Chicago, IL 60628
(773) 281-4100

DePaul offers hope. 

Ads like this one direct teens and parents to treatment

Pg 52

<http://news.google.com/newspapers?id=TGMAAAAIBAJ&sjid=cyoEAAAIBAJ&pg=6896,1273170&dq=miller-newton&hl=en>

Drug war can start with tots

San Diego Union-Tribune, The (CA) (Published as San Diego Union, The (CA)) - November 25, 1985

- Author/Byline: Mark Sauer, Staff Writer
- Edition: 1,2,3,4,5,6
- Section: LIFESTYLE
- Page: D-1

It's too late when your 14-year-old explodes in a PCP fit.

It's too late when your 13-year-old starts carrying eye wash to mask the bloodshot appearance caused by marijuana.

It's too late when your 12-year-old is conversing in the argot of the pusher.

It's way too late to start talking about the dangers of drugs and alcohol when your teen-ager already has been indoctrinated.

"Drug education should start as soon as kids can talk," said Barbara Reilly, a nurse and counselor at the McDonald's Center for Drug Addiction and Treatment at Scripps Memorial Hospital.

"We need to get them very young before they are exposed. It should be in kindergarten right up through the grades, just like health education," she said. "And it should be done in an educational, non-judgmental way."

Reilly, who has 14 years of experience in treating drug and alcohol abuse, said society must overcome its overwhelming sense of denial before parents and teachers can begin to effectively combat the drug epidemic.

Parents of infants -- or even couples contemplating having children -- must realize a fact of today's society: At some point their children will not only be introduced to drugs but also will be pressured by peers to become heavily involved, say those who daily tend to the victims of what has been labeled the "drug epidemic."

But if parents cannot prevent exposure, they can dictate how their kids will handle themselves at that critical time by laying groundwork early in life.

Perry Bach, a child psychiatrist and chief of Adolescent Mental Health Services for San Diego County, said parents can best teach very young children by example.

Kids as young as 3 or 4 can be found trying on their parents' clothes and playing grown-ups, Bach said. They are keenly aware, even then, of how grown-ups behave.

"Parents who feel it is OK for them to drink, smoke tobacco or marijuana or do cocaine have to realize the message they give their children is it's OK to do this when you are mature," Bach said. "And when the child wants to think of himself as mature -- often in the early teens -- then that's what they'll do."

"I include cigarettes because by smoking, parents are saying it's OK to have an addictive habit."

Drugs and alcohol need to be dealt with by the family just as they deal with their children about other dangers such as speeding cars and sexual molestation, the psychiatrist said.

"One of the most important things parents can give to their children is the ability to confidently say 'I care about myself. It's stupid to use drugs or alcohol. I don't need to do it,'" Bach said.

Drinking responsibly in proper settings such as social gatherings, is perfectly fine for adults, said Ain Roost, a child psychologist and coordinator of the Child and Adolescent Drug Abuse program at Mesa Vista Hospital.

"It's not that parents drink, it's how they drink," he said. If dad comes home complaining of a hard day and needs a couple of drinks, then the message given is that booze takes care of stress.

"The same is true of over-the-counter and prescription drugs. If we deal with every little discomfort by using medication, that's what kids will learn," Roost said.

Although children will experiment with drugs and alcohol, relatively few will become heavy users, he said. The best way to avoid problems is through dialogue.

"When drugs are mentioned on television, for example, use it as a means of getting the subject out in the open with young children," he

said. "Bring the issue out, but stay away from making speeches. Ask them what they think and listen to them."

Most important, he said, is to schedule specific time to do things together as a family.

"Kids must be made to realize that they have a major role in something larger than themselves -- the family," he said.

Miller Newton, a New Jersey-based child psychologist and co-author of "Not My Kid," a book on how to deal with drug abuse, said the worst thing parents can do is to give children mixed messages regarding drugs.

"We can't say that heroin and LSD and PCP are horrible but that cocaine and marijuana are only bad. The message must be that all drugs are horrible and are never to be used, no damn way, no how. ..."

"We must teach 6-, 7-, 8-, 9-year-olds respect for their bodies as finely tuned ecological systems and that the danger lies not in a specific drug but in getting high, period," he said. "And we must back that up with the real knowledge that some horror -- some family Armageddon -- will befall them if they do drugs."

"I've talked to 40,000 kids in the United States and Canada over the past eight years and I always ask the kids who are clean how come they never got involved with drugs," Newton said. "The answer was always, 'My dad would kill me' or 'My mom would die.'"

Education of the child begins with parents educating themselves, said Nancy Siemers, coordinator of the San Diego city schools' drug education program.

"My recommendation to parents is to do a lot of talking with their kids about what they're seeing in school and how they feel about it," she said. "Parents with knowledge about drugs naturally feel more comfortable and confident doing it."

Although the district offered its free, eight-hour drug-education class for parents last year, she said, only since September has there been significant interest.

"The recent countywide survey showing peer pressure to use drugs begins in the fourth grade seemed to wake people up," Siemers said. Last week's series of stories in The San Diego Union chronicling the magnitude of the drug-abuse problem locally may also stimulate interest.

Parents with children in San Diego city schools may enroll in the district's free eight-hour drug-education class by calling 233-7662.

- *Index terms: CHILDREN; DRUGS*
- *Record: UTS0239746*
- *Copyright: Copyright 1985, 2007 Union-Tribune Publishing Co.*