

Sometimes Coercion Is the Only Way

I write as a parent of three children, two of whom are in Straight, Inc., the drug rehabilitation program for young people. I write to protest Jerome G. Miller's article, "When Treatment Becomes Coercion" [op-ed, May 30].

Let me speak only of my son, when he was doing drugs. His behavior at home became unspeakably abusive, his grades plummeted to straight Fs and he became a zombie-like, glazed-eyed ghost of himself. We tried standard therapy, both individual and family-oriented. We tried one of the regular drug programs. Nothing worked, because, as Miller apparently is unaware, denial and impulsive behavior happen to be primary characteristics of the chemical dependency from which my son was suffering.

When we found out about Straight, through careful research of the available programs, everything fell into place. Here was a program that does not institutionalize even those with the most serious problems, but rather places them in homes of other families where they receive love and concern until they return, after a few weeks, to their own homes. After a few more weeks, they return to school or work on their own. In group therapy sessions with other young people like themselves, they learn to think for themselves—the opposite of Miller's characterization.

While on drugs, my son's world shrank to an obsession with the drugs themselves and with rock music. Nothing else counted. Virtually every move he made was done at the behest of his peer group—other kids' doing drugs and living for no other purpose. Why is Miller not outraged at this? Instead, he says it is Straight and other treatment programs that are having a negative influence on the kids. On the contrary, my son is now open with his feelings, honest in expressing them and far closer to the rest of the family than ever before. His goals in life are his own; no two of the kids I have met in Straight have the same goals in life. They have been liberated to be themselves.

Luckily, my children are well under 18. But if I were a parent of a drug-using 18-year-old, I would despair over the recent lawsuit against Straight—over finding an effective treatment for my child. Given the nature of the problem, effective treatment must involve appropriate restraint at times. At Straight, it is done professionally and with love.

—Jonathan Chaves

When Miller says drug treatment

should not deny kids' freedom, he's flushing good sense down the tubes. How can parents deal with drug-using kids who don't want to be "cured"? The answer, as aptly stated by Robert Larson on the op-ed page Aug. 15 is to "lock them in or lock them out." Either method is painful, though we would gladly allow our child to be denied a few freedoms temporarily rather than have him beg food from restaurants, shoplift clothing and sleep in the woods or in abandoned houses as many "lock-outs" are doing now.

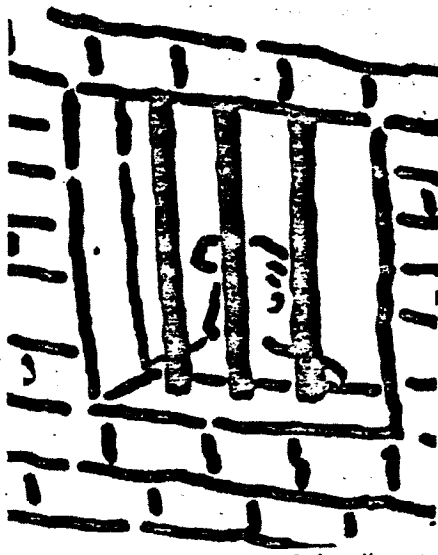
As Straight parents, we have chosen to withhold some freedoms for awhile until our child's conscience, self-esteem and self-awareness are developed, until he can become responsible for himself.

The very fact that, as Miller admits, "the parents and inmates themselves generally supported" Straight, Inc.'s methods for rehabilitating drug users, is the program's main endorsement. If Straight were truly abusing anyone's rights for very long it would not be tolerated by the many families that have been treated over a seven-year period. We admire Miller's dedicated concern for freedom. We only ask for equal time on behalf of responsibility, which is, after all, the basis for that freedom.

—Delores Bucknam

—Ronald Bucknam

Miller makes three fundamental errors. First, he misunderstands the nature of drug dependence by underestimating the impact of drugs on the user—especially the youthful user. It is not only acceptable, but often necessary, for family members to insist on a



"no-drug-use" policy, if the drug-involved member is to stop destructive drug use.

Second, Miller confuses legal coercion with family-based and other kinds of social pressure in drug-abuse treatment. Standards of legal rights (to privacy, innocent until proven guilty, etc.) are desirable and universally accepted, but they are irrelevant to family intervention in drug abuse, which often threatens the family's survival.

Third, Miller misunderstands the nature of the drug treatment process. Few drug-dependent people of any age simply volunteer for treatment. Almost all who seek treatment are brought by others—family members, physicians, teachers, employers, representatives of the criminal justice system (such as probation or parole officers), friends or former drug users. The treatment program itself is not a prison. Most residential drug treatment programs typically do not have locks or guards at their doors (unless they are located in hospitals or prisons, in which case the restraints on patients or inmates' movements are carefully circumscribed).

Successful treatment involves the process of converting the usually "involuntary" patients into "voluntary" ones by persuading them to accept the basic values of the program (including no drug use and constructive living in family and community). It is this process of converting the initially involuntary patient into a voluntary program participant that Miller apparently mistakes for "brainwashing."

The issues involved in the recent Straight, Inc. lawsuit are indeed important, as Miller argues. The question before our nation now—as we begin to face up to the tragic, two-decades-long drug epidemic that still grips us—is simply this: can treatment programs (families, schools, employers and unions, too) demand that participants stop illegal use? Is their insistence "coercion"?

If an agency or an organization is applying "coercion" to the drug user, then by all means legal rights must be respected. If a family or a friend is applying the "coercion" (I would call it "persuasion"), different standards must be invoked: nonviolent standards of love and caring. Tough love is the term used. It is an accurate term.

—Robert L. DuPont

The writer is a clinical professor of psychiatry at Georgetown University and was founding director of the National Institute on Drug Abuse.