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Teen Addiction

by Linda Theresa Raczek

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Introduction

FOR TEENS, LIFE is all about developing an individual identity, finding a place among peers, establishing loyal friendships, and the excitement of trying new things. But when that exuberant spirit of adolescence gets derailed by alcohol and drugs, something quite different waits around the corner.

Drugs are beguiling substances. All drugs—nicotine, alcohol, inhalants, prescription drugs, and illegal substances—offer an enticement to the teen user. Some offer euphoria, relaxation, stimulation, or a "rush." Others seem to offer a sense of belonging or sophistication, popularity, or a novel experience. Although drugs may even deliver on that promise for a time, eventually teens who abuse drugs find themselves experiencing the other side of drug use.

Teens who abuse or become addicted to chemical substances suffer more than the harmful physical effects of drugs. They expose themselves to the most serious misfortunes that can befall young people: depression, loss of driving privileges, public humiliation, arrest and jail, unprotected sex or sexual assault, pregnancy, HIV/AIDS, and death by overdose, accident, suicide, or homicide. Teen addiction robs normal teens of a normal life—a life full of promise.

Teenage misconceptions

Despite education programs and media blitzes, teenagers still hold many misconceptions about addiction to drugs and alcohol. For example, most teens know that smoking caus-

es cancer—someday. But most do not know that up to half of teens who just "try" cigarettes end up smoking regularly and ultimately become addicted to nicotine. They are unaware that practically all teen and adult addicts began habitual drug use with cigarettes, or that heavy marijuana smokers risk cancer, too, and maybe sooner than tobacco smokers.

Many teens know that addiction, or chemical dependency, can be a disease, that heroin addicts and skid row alcoholics are physically unable to function without their drug. But do they realize that among older teens in school, about one in ten may already be dependent on alcohol or drugs? Or that up to six out of a hundred high school students may have risked their lives by using heroin?

Even the definition of addiction is puzzling to many young

A teenager suspected of drunk driving takes a sobriety test. Teens who experiment with alcohol and drugs are often unaware of the addictive nature of such substances.

people, who equate compulsive desires to use the Internet, gamble, shop, or eat and addiction to drugs. There are many similarities between compulsive behaviors and chemical addictions, and abuse of addictive substances does not have to consume many hours of a teenager's day to qualify as addiction. The key symptom of addiction is a teen's inability to stop using the drug.

The value of education

These misperceptions can be corrected with frank, accurate information. Children and teens are never too young to learn about addiction. The younger kids are when they begin trying drugs, the more likely their lives will be plagued with the negative effects of dependency. But with education, teens are fully capable of learning the facts about substance abuse and addiction and of making the wisest decisions for themselves.

Ideally, teens can weigh the risks of using drugs and choose not to use them. They can invest their energy in more positive interests and in their education and dreams. They can reach out to other teens who are struggling with substance abuse or other problems. If they themselves are using alcohol or drugs, they can stop before they are addicted or get the treatment they need to recover.

1

Addiction Is a Teen Problem

GROWING UP IN a single-parent home, Nicole watched her mother struggle with addiction to drugs and alcohol. By age ten, Nicole had already been drunk and had begun stealing money from her mom to buy alcohol. By thirteen, she was in treatment for alcoholism herself. "I know what can happen, and I'm scared," she told a reporter. "All the time, I think, I'm only thirteen and I have to put away all that fun—the only fun I know how to have."[1] Nicole is a teen addict.

Mike fits the stereotype most people have of an adult heroin addict. In and out of jail, he sometimes lived on the streets, curled up in a doorway at night. He spent his days looking for a "fix" to satisfy the intense craving he felt for the drug. But what most people do not realize about Mike is that—like Nicole—he began using chemical substances when he was very young. By the time he was a teenager, he was already an addict.

Addiction is a teen problem. The vast majority of addicts are either teens or adults who began using as teens. Statistics show, in fact, that young people who reach the age of twenty-one without becoming addicted to cigarettes, alcohol, or other drugs have a very low rate of addiction later in life.

The incidence of teen addiction

The 1990s experienced a sharp rise in most kinds of teen substance abuse and addiction. Marijuana use by seniors in high school increased by 72 percent during the early nineties

alone, with a corresponding increase in the number of teens who sought treatment for marijuana addiction. Though that troubling trend has leveled off, according to a 2002 National Institute on Drug Abuse survey, concern about teen addiction remains high. Underage drinking has become an epidemic, and nicotine addiction among teens is a major public health crisis. Even other illegal and dangerous drugs, such as heroin, methamphetamine, and ecstasy, have all experienced explosive popularity with teens in some parts of the United States, with rural teens now using and seeking treatment more than their city counterparts.

It is difficult to get accurate figures on the number of teens who suffer from addiction, but the actual rate of addiction is probably higher than the reported rate, for two main reasons. First, most surveys of drug use are conducted in school, which means high-risk kids who have dropped out are often not included. Second, there is a tendency not to be completely honest about drug and alcohol use—some teens exag-

The number of teens who habitually abuse alcohol and other drugs has risen dramatically in recent decades.

gerate their use, but more fear consequences of their use being discovered and underreport.

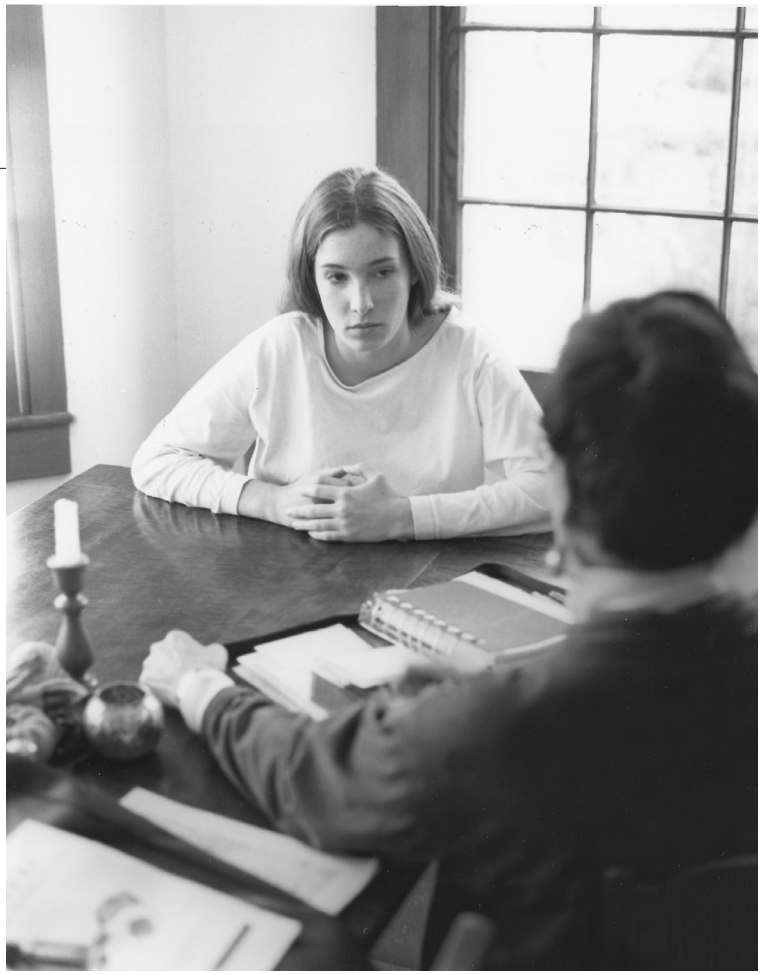
In 1999 the Substance Abuse and Mental Health Services Administration reported a 10 to 11 percent rate of drug or alcohol dependence (the official term for addiction) among older high school students. The rate is much higher if nicotine is included. Boys and girls have similar addiction rates. Nearly 182,000 children and teens entered treatment in 1996 (the latest figures available) for addictions to alcohol, illegal drugs, or a combination of both. In 2000 a National Household Survey on Drug Abuse found that using only the figures of teens in treatment is misleading, putting the current actual number of teen addicts closer to 1.1 million.

Although it is possible for any young person to become addicted to a chemical substance, certain risk factors make some teens more vulnerable to addiction than others. It is estimated that about 60 percent of twelve to seventeen-year-olds are at moderate or high risk for substance abuse, according to the 2001 National Survey of American Attitudes on Substance Abuse. A teen's age, individual personality, and heredity all play a part in the addiction process. Background and environment, emotional problems, and cultural or media influences have all been shown to make some young people more at risk for drug and alcohol addiction.

Age as a risk factor

The National Center on Addiction and Substance Abuse at Columbia University reported in 1999 that the age at which young people first try drugs and alcohol "has never been lower."[2] Young age alone is a high risk factor for addiction among teens. A 1998 study concluded that for every year a teen delays drinking, for example, the chance of becoming an alcoholic goes down by 5 percent. A teen who begins drinking in middle school is believed to be four times as likely to become addicted to alcohol than the older high school student who begins drinking after age sixteen.

Scientists have also found that the earlier a person begins to use an addictive drug, the harder it is to overcome that addiction, even with treatment. These hard-core addicts are



A teenager receives drug counseling. Statistics show that early drug use typically results in addiction.

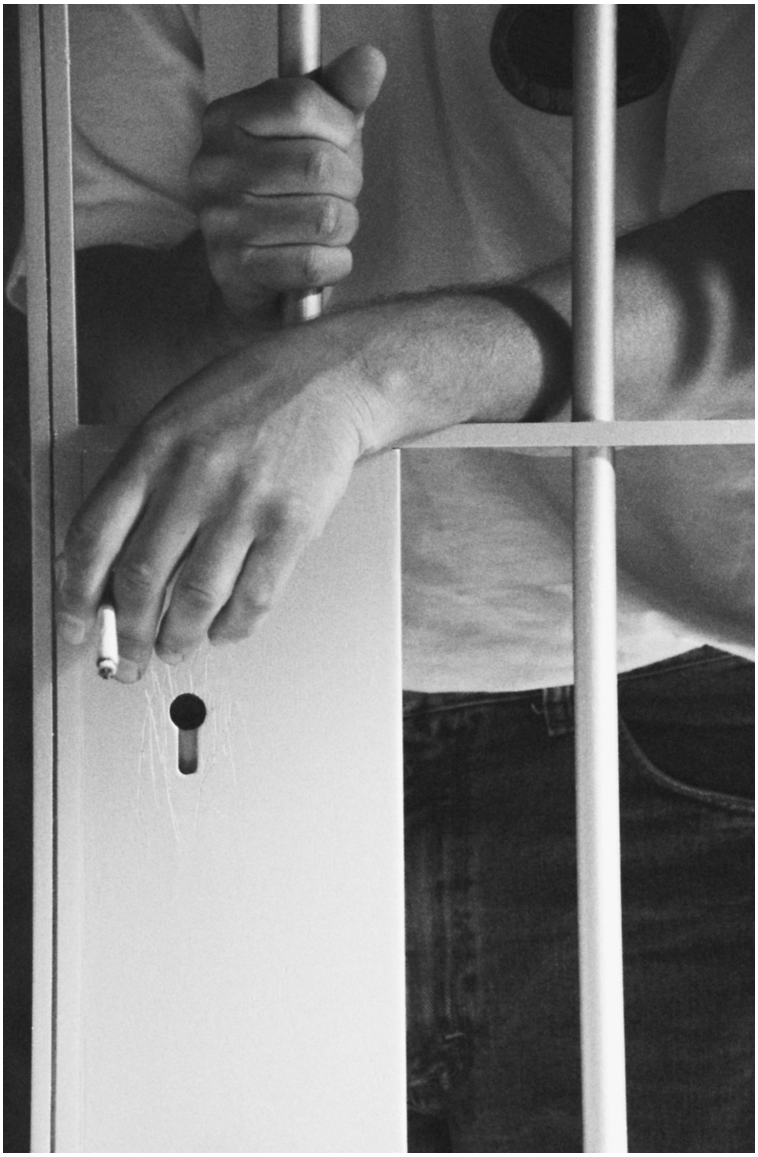
said to be refractory, or resistant to treatment. Twelve-year-old cigarette smokers later become the middle-age smokers who try over and over again to quit but just cannot do it. In fact, because 70 to 80 percent of adult smokers began using nicotine as kids, scientists have begun to look at addiction differently. "Nicotine addiction begins when most tobacco users are teenagers," said Dr. David Kessler, the former commissioner of the Food and Drug Administration, "so let's call this what it really is: a pediatric disease."[3]

Addicted prison inmates, serving time for drug-related offenses, report trying cigarettes, alcohol, and marijuana as kids, then progressing to serious addiction problems during their teen years. This correlation has been noted also in some highly publicized incidents of celebrity addiction. Actor Robert Downey Jr., for example, has been in the news many times for his cocaine addiction and related arrests. Downey's own father has admitted giving his son marijuana to smoke when he was only six years old.

Individual personality traits

Certain personality traits seem to make some teens more likely to abuse drugs and later become addicted. Teens who like to try new things, take risks, or who are rebellious or impulsive are at higher risk for addiction. Research shows that 25 percent of all alcoholics began seeking alcohol as teens; these alcoholics described themselves as impulsive, distractible, risk-taking, reckless, and aggressive teenagers.

One study by the Substance Abuse and Mental Health Services Administration that followed youths from early



Many people serving prison sentences for drug-related crimes abused drugs as teenagers.

childhood until age eighteen found that at "very early ages signs of emotional distress distinguished those who were to become heavy marijuana users."[4] Many personality traits—such as not getting along with others, having low self-esteem, being unable to talk about negative feelings—stood out among these teens.

Although certain traits are sometimes collectively referred to as an "addictive personality," scientists disagree about whether this is an accurate term. Actor and widely publicized drug offender Robert Downey Jr., for example, was described in *Newsweek* as having the classic "addictive personality itself: charming, wily, and self-destructive."[5] This description may more accurately describe active addicts than addicts' personalities before becoming addicted. Because they are focused only on getting more drugs, addicts may indeed seem manipulative and on a self-destructive course.

Now that Downey has successfully completed a long treatment program, friends say his behavior has changed for the better. But he is the first to say that, along with using drugs at a young age, he was impulsive and liked to put fun things first. "Delayed gratification [putting off something you like] was not something I was raised with,"[6] he told a reporter.

Poor school performance

Teens who are unmotivated in school, for whatever reason, are at higher risk for drug abuse and addiction. For teen addict Zoey, school never came easy. But when she started high school, she really felt in over her head. On the impulsive side, Zoey began cutting school. Once she got behind in a class, she found it too unpleasant to go back, face the teacher, and try to catch up. Before long Zoey was running with a different group of kids, disappearing on the weekends, smoking cigarettes, and binge drinking alcohol. "It was just too hard to face my mother—she was so upset and angry," Zoey says, "so I stayed away for days at a time."[7] Her partying soon developed into an alcohol addiction.

Teen addicts like this girl may have a genetic predisposition for dependency.

Heredity

There appears to be some genetic influence in the development of teen addiction. To some extent, many of the personality traits common to teens at risk may actually be inherited. An inclination to act impulsively or misjudge danger, for example, seems to run in families, as does some degree of antisocial or aggressive behavior. Evidence that this behavioral pattern might be inherited comes from studies of twins who have been adopted separately from birth and are followed up by scientists. Because identical twins have the same genes, these studies have been able to show that addiction is determined 60 percent by heredity.

A person with a strong genetic history of dependency is said to have a predisposition toward addiction, physically as

well as psychologically. For example, young alcoholics may have inherited the ability to produce an enzyme in the liver that allows them to drink more than their peers. Ironically, this makes them more likely to progress to alcohol addiction. Other addicts may have inherited an inability to handle stress well or a brain chemistry that responds quickly to certain drugs.

There is speculation that an addict's favorite drug—or "drug of choice"—is unconsciously chosen to match chemical imbalances already present in the brain. In the future, it may be possible to predict who is at risk for addiction, and for which drug, through genetic testing, risk factor analysis, and family history. For example, Boston pediatrician Timothy Wilens is conducting a study in which youths diagnosed with attention deficit disorder, who are considered twice as likely to start smoking, are given an antidepressant that is also used to help adults quit smoking in the hope of preventing the subjects from starting to smoke. "It could have a great combination effect,"[8] Wilens says.

Family and social environment

The influence of family background in teen addiction is complex and often difficult to measure. For instance, does a teen become dependent because he or she inherited the tendency from a parent who is an addict? Or, like Nicole, did the teen grow up seeing a parent deal with problems by using drugs? Or did the addicted parent fail to give enough support and supervision to the children in the family?

What is clear is that the use of drugs and alcohol by a parent is a strong indicator of teen addiction. Girls especially seem to have increased risk of addiction when their mothers or best friends use drugs and alcohol. Later in high school, the primary influence shifts away from the family to friends. For both boys and girls, growing up in a family, social circle, or neighborhood that tolerates drug use is a risk factor.

Some studies have focused on the structure of the family and have found that intact two-parent families are less likely to be linked with regular teen drug use and later addic-

tion. It also appears that teens who have poor relationships with their parents or no relationship with their fathers are at higher risk. Finally, families that do not provide a clear message—"we do not approve of drug use"—and support it with firm consequences, are putting their teens in danger of addiction.

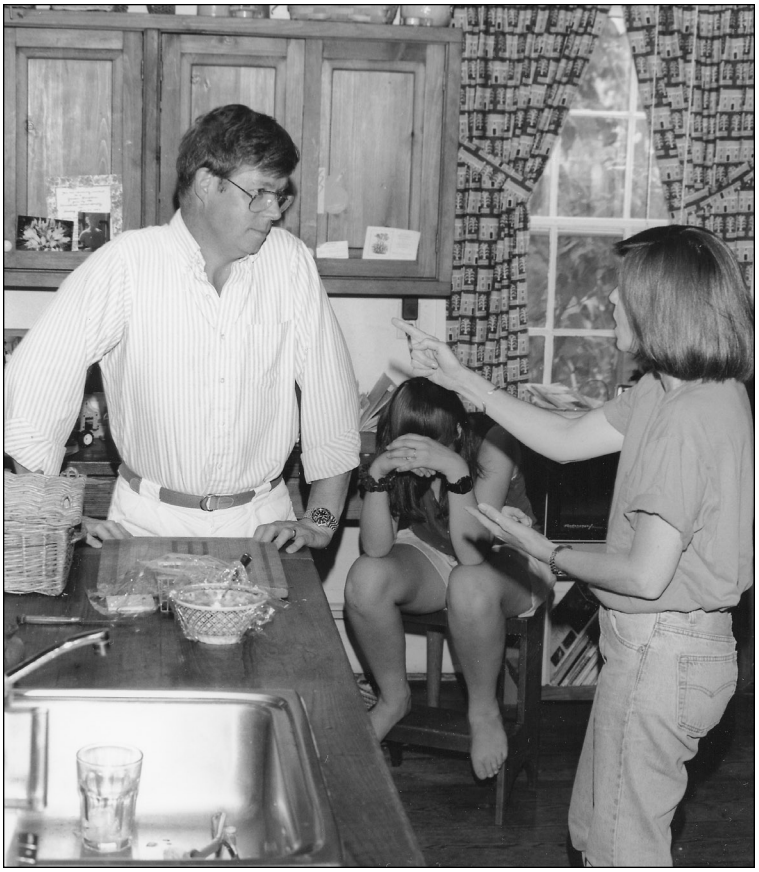
It is certainly not just teens with troubled backgrounds who become addicted. A variety of other typical family and social issues may play a role in teen addiction: financial and job stress, marriage problems, adoption, and the death of a close friend or family member. Big life changes—an unexpected move; transitions into middle school, high school, or college; breaking up with a boyfriend or girlfriend—can be high-risk times for a young person.

Emotional problems

Teens who have behavioral or mental problems have one of the highest risks of becoming addicted. A 1999 Department of Health and Human Services report stated that "dependence on substances such as cocaine, crack, inhalants, hallucinogens, heroin, or abused prescription drugs was nearly 9 times as likely among adolescents with serious behavioral problems."[9] This includes young people who have a history of running away; problems with authority, swearing, truancy, and school failure; and committing crimes.

Many studies have found a strong link between attention/hyperactivity disorders and cigarette smoking, substance abuse, and addiction. According to the Substance Abuse and Mental Health Services Administration, about 40 percent of addicted teens had a prior mental disorder. The most common associated mental illnesses are depression, anxiety, bipolar disorder, and post–traumatic stress disorder (PTSD).

PTSD most often results from physical or sexual abuse suffered as a child or teen. The teen hiding or repressing painful memories and anger over abuse may turn to drugs or alcohol to numb the pain—a shortsighted remedy called "self-medication." Before Mike became a heroin addict, he spent unhappy years in a foster home and was molested by a neighbor. Whenever he tried to quit using heroin, the



The family plays a large role in teen addiction. Teens with poor family relationships are more likely to develop drug problems.

painful memories would come back to haunt him.

"By the sixth grade," says Dr. William Holmes, "the rates of using drugs are up to twenty-five to fifty times higher for boys who have been sexually abused than for boys who have not."[10] Likewise, 60 percent of girls who enter rehabilitation programs have been molested. The U.S. Department of Health considers young addicts with emotional problems, especially those brought on by abuse, to have the most severe addiction problems. They start at younger ages, are more likely to attempt suicide, and have a harder time overcoming their chemical dependency.

Culture and media

Having grown up in contemporary American culture, most teens have been bombarded with both subtle and obvious

messages about drug use. By the time they reach adolescence, most can see contradictions in the messages they hear and the practices they see, making their own choices more confusing. On the one hand, a teen may hear "Don't drink; don't smoke," but it is obvious that the majority of adults do not strictly heed this advice themselves. Moreover, many parents, television shows, movies, and songs give the impression that teens are actually expected to experiment with nicotine, alcohol, and marijuana as a normal part of growing up—a rite of passage.

Since the early 1990s tobacco and beer companies have come under fire for allegedly using the media to target teens. Utilizing such teen-friendly mascots as Joe Camel and the Budweiser frogs, associating smoking and drinking with a healthy, adventurous, or rebel lifestyle, these companies are able to imprint positive messages that increase teen use. The U.S. surgeon general warned in 1994:

> Young people are a strategically important market for the tobacco industry. Since most smokers try their first cigarette before age 18, young people are the chief source of new consumers

Young people with emotional and psychological problems are at high risk for addiction.

for the tobacco industry, which each year must replace the many consumers who quit smoking and the many who die from smoking-related diseases.[11]

Teens are sometimes accused of being unconcerned with their own welfare. However, teens are actually just less clear or optimistic about what lifestyle changes can make a difference. When cigarette smoking did decrease for health reasons, smokeless tobacco was marketed to teens as a "safer" alternative. Addiction to this form of nicotine then rose among eighteen- to nineteen-year-olds by 1,500 percent!

The idea that we can take a pill—a quick fix—for any illness or state of mind is common in American culture. This message can influence the use of drugs by teens. A major factor in girls' smoking and amphetamine use is weight control. They feel a unique cultural pressure to be slim at all costs, and many girls are initiated into the use of nicotine or speed as a misguided way to that end. Even heroin has been portrayed as exotic, with models sporting a so-called heroin look—pale, thin, with dark eye makeup.

Drew, a teen addict

In 1990 actress Drew Barrymore wrote a gripping autobiography, *Little Girl Lost*, which illustrates how, in her case,

Teens are exposed on a daily basis to media images that glamorize alcohol and drug use.

multiple risk factors propelled her into a life of addiction. Barrymore first became famous as a spunky six-year-old in *E.T.: The Extra-Terrestrial.* Now in her twenties, she remains a feature film star and producer enjoying fame and wealth. Many people do not realize that, despite her seemingly charmed life, Barrymore struggled with substance abuse throughout her adolescence and was labeled the youngest alcoholic and addict in Hollywood.

At age nine Barrymore smoked and drank as often as she could get away with it. She began smoking marijuana a year later. By age thirteen, her mother entered her in a locked treatment center for cocaine addiction. As a famous child actress, her childhood was already atypical, but she also had many risk factors that are considered big influences on the road to addiction.

Barrymore was raised by a single mother. Her father, who used drugs and alcohol, physically abused her and then abandoned her. Barrymore's family had a long history of addiction and depression. As a young actress, Barrymore moved a lot, parting with good friends over and over. At her new schools she was picked on and humiliated, and her grades were terrible. Finally, the young age at which Barrymore began to use drugs and alcohol placed her at especially high risk for addiction and resistance to treatment.

Looking back on those years, Barrymore recalls that "part of being an addict is involvement in the continuous search for the perfect antidote to pain. . . . For some addicts it's booze. For others it's pills or heroin. You go through them all, knowing that something out there is going to make you feel good. What I couldn't see is that it eventually makes you go crazy."[12]

The lesson of Drew Barrymore's life is that, despite many negative influences, she went on to recover and become a successful actress and role model for other teens. The many risk factors that make one young person more vulnerable than another only set the stage for a process that can derail anyone who tries addictive substances.

2

How Teens Become Addicted

"WHEN I WAS ten," Angel, a young woman from Phoenix, Arizona, recalls,

> I started smoking my Grandpa's cigarettes. When I was about eleven, I would go around after my mom's parties and drink up half-full beer cans and smoke roaches [marijuana butts] left behind. Then I found out my older brother was selling marijuana. The kids at school called me "Stoney" because I always had weed.[13]

When Angel was fifteen, she started using cocaine with her boyfriend. During the next two years she struggled with addiction to methamphetamine. She was beyond her mother's control by then and lived with her boyfriend. Her drug abuse escalated: "I told myself I would never use needles or do heroin, but in the end I did both."[14]

Angel's story may seem extreme, but most young addicts' personal stories are remarkably similar. Without effective intervention, the process of addiction among teens follows an almost predictable course. This sequence of events begins with initiation to drugs, followed by increased use, progression from legal to illegal drugs, abuse, dependence, and the negative consequences of addiction.

Initiation

A child or teen's first use of a drug is called initiation. The average age of initiation is twelve. At this age, a number of normal internal motivations can lead to a first ciga-

rette or alcoholic drink. For instance, preteens are curious about the things they see teens and adults doing. They want to seem more grown up. There is a desire to make independent decisions, take risks, or rebel against rules or authority figures.

Older teens are also going through a natural process of maturing, physically and emotionally, toward independence and a strong sense of self. This process can involve behaviors that, to the teen, may seem to help. An adolescent who smokes, for example, may see smoking as a way to bond with other teens, appear more mature, or boost self-image. A teen who gets drunk for the first time at a party may choose to forget his or her miserable hangover and recall the episode more in terms of social benefit—how classmates congratulated him or her on getting "so wasted."

But some scientists who have studied the teenage brain believe there is more to such teen behavior than meets the eye. According to a 1999 *U.S. News & World Report* article:

> Until the past decade, neuroscientists believed that the brain was fully developed by the time a child reached puberty and that the 100 billion neurons, or nerves, inside an adult's skull—the

Most teen addiction begins with alcohol or other readily available substances.

> hardware of the brain—were already in place by the time pimples began to sprout. The supposition was that a teenager could think like an adult. . . . But the neural circuitry, or hardware, it turns out, isn't completely installed in most people until their early 20's. . . . One of the last parts to mature is in charge of making sound judgments and calming unruly emotions.[15]

The risk taking and impulsiveness we see in teens can be a result of this immature or impaired judgment.

Another internal factor influencing a young person's first drug use is the desire to feel better or different. Surveys show that most teen users try drugs for the same reason adults do—to feel good. Troubled teens may self-medicate by taking drugs to improve their depressed mood or smoking cigarettes to relieve stress. A student may try a stimulant to stay up all night in order to cram for final exams.

Availability

The availability of drugs is a critical external factor contributing to teen drug use. Most initiation into drug use involves tobacco and alcohol. Because cigarettes and alcohol are legal for adults, they tend to be more available to children and teens. Likewise, wherever illegal drugs are more readily available, either within a family or in the wider school or local community, first drug use is more probable.

Certain drug trends or fads affect availability and use. The cocaine and crack cocaine boom of the 1980s, for example, strongly affected teens, with use rising sharply while other drug use decreased. Methamphetamine has become a phenomenon of the West and rural areas because it is so cheap and available, manufactured in numerous "meth labs" in California. Alaska legalized personal marijuana use in 1975; by 1988, says a Community Anti-Drug Coalitions of America report, "12 to 17 year olds in Alaska were smoking joints at more than twice the national average."[16]

In 1997 the National Center on Addiction and Substance Abuse warned:

> Teens report that they have little or no trouble obtaining beer and other alcohol. Sting operations using 12-year-olds consistently reveal how easily they can buy cigarettes. Many teens can get marijuana within a day; some say they can get it with-

The use of methamphetamine has become popular in recent years. Here, government agents test chemicals removed from a home "meth lab."

in a couple hours. More than 70 percent of 15- to 17-year-olds report that drugs are used, sold and kept at their schools.[17]

Opportunity

A second external factor is opportunity. Children and teens who grow up in families that provide very little supervision and who are not held accountable for their whereabouts have plenty of opportunities to try drugs. Also at risk are teens who attend schools where truancy is common, the building is not well monitored, and after-school activities either lack supervision or are not made available to most students. Lack of employment and opportunities for safe and enjoyable recreation at night and on the weekends spells trouble for teens in many communities.

Angel's story shows how availability and opportunity combine to initiate young people into drug use. Most teen users obtain their first cigarette, drink, or drug from a close relative, friend, or girlfriend/boyfriend. That is, most teens do not

have to look far to find the drug—usually at their own homes, their friends' homes, or school.

Peer pressure

Peer pressure can also be an important factor in initiation, but not the exaggerated bullying once portrayed in antidrug ads and films. It is now believed that most kids tend to choose friends who have similar risk-taking traits. Certainly, situations exist in which a child or teen may be pressured to try a drug by others. But the more common scenario is friends trying a first cigarette together, an older sibling or parent role-modeling use, or a best friend or date using and encour-

A teen's willingness to buy and use drugs depends largely on the company he or she keeps.

aging initiation. "You are who you hang out with," says Lee Anna, a seventeen year old interviewed on ABC's *Turning Point*. "And eventually, no matter how strong you are, eventually you are going to break down and do what the people you're hanging out with do."[18]

Increased use

Many researchers believe that when an addictive substance is used, it affects the chemicals or parts of the brain that produce relaxing or euphoric feelings. Over time, with repeated use, more and more is needed to produce the same "high." This concept is called tolerance. As experimentation progresses to regular use, a teen begins to use with increased frequency and in greater amounts.

But those teens who must obtain more cigarettes, alcohol, or drugs—and use them more frequently—find themselves increasingly preoccupied with drug seeking, partying, and drug use. Old friendships are abandoned for groups in which drugs are more readily available. Negative changes in personality and grades occur. And teens soon find themselves in more serious legal trouble as they take risks—such as driving while intoxicated or buying illegal drugs.

This level of drug use is called abuse. Teens who are abusing drugs can still limit or regulate their use if they choose to, but substance abuse is still considered abnormal use. A teen who is using excessive amounts of drugs is considered to have a medical or psychological disorder that may require treatment.

Gateway drugs

The use of one drug increases the likelihood that a user will try more drugs, and researchers have identified the most common progression of drug use, beginning with what are called gateway drugs. Nicotine, alcohol, and marijuana are called gateway drugs because they in effect open the door to more serious drug use. In other words, teens not only tend to increase their use of an initiation drug but also are more likely to move on to other drugs once the gateway drug use has become habitual.

It is not clear why this occurs. There may be a psycho-

logical side effect of using one addictive substance, even a cigarette, which lowers inhibitions to try other forbidden things. Perhaps developing physiological tolerance to one drug over time—the effects are less and less noticeable—makes young users want to try new drugs in search of the old high.

Not all researchers believe the gateway drug concept is completely valid. Not every teen who tries cigarettes ends up trying cocaine. But the fact is that nearly everyone who uses cocaine tried cigarettes first. According to the National Institute on Drug Abuse, teens who have smoked tobacco or drunk alcohol are 65 times more likely to use marijuana. A teen who smoked marijuana at least once is 104 times more likely to use cocaine than one who never tried marijuana. In studies of twins, "the twin who used pot before age 17 was up to five times more likely to abuse drugs and alcohol than a twin who didn't smoke marijuana at an early age."[19]

Angel, for example, became initiated into drug use with cigarettes, then alcohol and marijuana. By her late teens she was addicted to other illegal drugs that posed serious medical and legal risks. In her case, as in the case of most teens and young adults who are addicts, the so-called gateway drugs seem to have paved the way for multiple drug use and addiction.

Dependence

It is important to realize that, according to a 1998 article in the *Journal of the American Academy of Child Adolescent Psychiatry*, the "majority of adolescents who use drugs do not progress to abuse or dependency."[20] But the risk is high that habitual users will reach the point at which they are no longer able to stop without help. At that point, they are addicted.

Most teens deny their addiction. These teens may still talk about how fun or cool their new friends and lifestyle are. They will tell themselves that smoking is harmless or persuade themselves that everybody drinks or uses drugs. Generally, addicted teens believe their increased level of use is not a problem. Like Angel, they may enjoy a new reputa-

Addiction is characterized by inability to control substance abuse without professional help.

tion as daring or sophisticated and insist they will never become addicted, use so-called hard drugs like heroin, or inject drugs with a needle.

Scientists are gradually coming to understand why a teen's use changes from abuse to addiction. In the 1950s researcher James Old stumbled upon a pleasure center in the brain while trying to study the effects of electrical stimulation in the brain. Rats with electrodes implanted in their brains would press a lever to activate the electrodes hundreds, even thousands, of times an hour. They would choose this obviously pleasurable impulse over eating, drinking, sex, or play. "If this sounds like an addiction," write authors John Brick and Carlton K. Erickson, "you are correct."[21] And much like the animal subjects of Old's experiment, the sole focus of a teen addict's life becomes the addictive substance.

Diagnosis

Dependence is the term used by doctors and drug counselors to diagnose addiction. Dependence is a compulsive, continuous use of a chemical substance despite harmful

consequences. The hallmark symptom is that the addict's use of the substance is said to be out of control.

Some psychologists believe that the basis of addiction is psychosocial—that is, involving psychological traits, social background, and emotional problems. One argument is that individuals who do not know how to find pleasure in life tend to seek it in chemical substances. Other researchers argue that addiction largely stems from biological differences in the way people metabolize alcohol and other drugs.

In modern studies using brain scans, a street drug like crack cocaine actually produces visible changes in brain function in the area of the "pleasure pathway." But so do pictures of things that remind the user of drug use. This may be why the social aspects of drug use are so powerful for teens and why addiction is considered both a physical and psychological problem.

A 1998 Government Accounting Office report concluded that "most scientists agree that addiction is the result of chemical and physical changes in the brain caused by drug use."[22] The changes are caused by exposure to the drug, so anyone can become dependent if his or her brain is exposed for a long enough time. At some point, which varies by individual, as if a switch is thrown in the brain, the user no longer has control over drug use.

Craving and withdrawal

Most addicts experience an intense craving for the substance to which they are addicted. Someone who has not experienced this feeling may think that addicts are just weak-minded. But as Drew Pinsky, a doctor specializing in addiction, explains, "It's like hunger. And you can't just will yourself to 'get over' being that hungry. That is what happens in addiction. The addict's brain believes it will die without drugs."[23]

With some types of drugs, such as heroin, the addict is driven to find the next "fix" in order to prevent withdrawal. Withdrawal is a painful or unpleasant, sometimes life-threatening, condition. It occurs when a drug level has decreased in the body and more is needed just to feel and function nor-

mally. Nicotine proviedes a good example of this. Cigarettes do not provide a strong euphoria like cocaine does, but addicted smokers must smoke frequently to prevent the headaches and irritability that come during withdrawal.

Most studies of addiction have focused on adults rather than adolescents, so it is not clear whether teen addicts experience addiction, withdrawal, and other aspects of dependence differently from adults. Some researchers are concerned that doctors may miss addiction problems in young people because they are able to hide withdrawal symptoms or experience them differently.

Dr. Oscar Bukstein and a team of psychiatrists researched teen addiction and concluded that factors other than demonstrated withdrawal symptoms are more accurate measures of dependence in young people. Their criteria are behavioral: If a teen has been using a substance frequently for over a month, if he or she wants to cut down but instead uses more than intended, and if the drug use is impairing the teen in

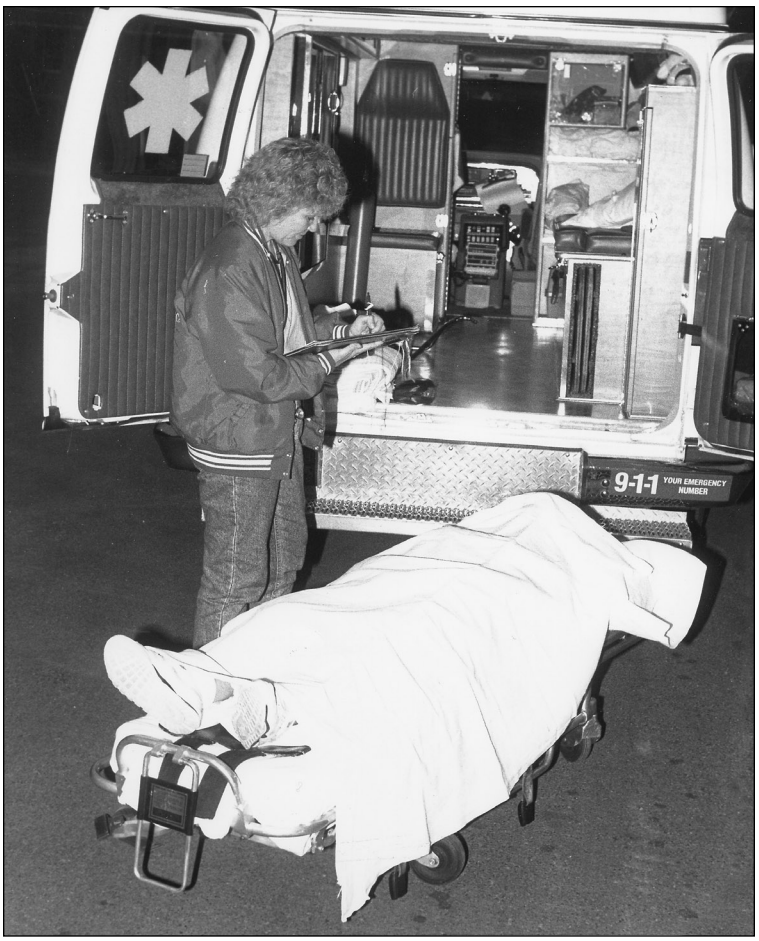
Addicts experience extreme cravings for their drugs. Deprived of their drugs, they develop a painful condition known as withdrawal.

school, socially, or at home, a diagnosis of dependence should be considered.

The consequences of addiction

Teen addicts continue to use drugs in spite of the many negative effects of drug use. The teen addict is sick, psychologically and physically, and undergoes a variety of personality changes. Drew Barrymore describes her changed behavior as she became addicted to chemical substances:

> When I began smoking cigarettes and drinking, I taught myself how to lie to my mother. . . . When I started smoking pot, I became even more secretive and went to any length to hide my use. It was as if I'd enlisted in an underground army. I carried



Drug addiction takes the lives of many teenagers each year.

> breath freshener and gum. I became evasive about my possessions and whereabouts.[24]

Augusta Dudman, eighteen, and her mother, Martha Tod Dudman, cowrote a book about Augusta's descent into drug addiction, entitled *Augusta, Gone.* At first, Augusta

> started skipping school, lying, avoiding eye contact and changing friends. By 14, Augusta was sneaking out at night, using and dealing drugs, stealing cars, hitchhiking to Boston, disappearing for days at a time, screaming, shouting, raising a knife to her mother and telling her exactly what she would like to do with it. Dudman ended up roaming the streets at night, searching for her child, dragging her home.[25]

Eventually the young teen ran away from a treatment program and lived on the streets, cold and hungry, before she realized she wanted something more in life.

Ultimately, the physical effects of addiction are impossible to hide. Teen addicts also suffer from a variety of physical illnesses. Depending on the drug, teen addicts may experience extreme weight loss, chronic coughs, tremors, bloody noses, skin infections, hepatitis, and psychotic symptoms such as hallucinations. Young addicts also risk life-threatening events such as accidents, heart attacks, and overdoses.

The effects on the family

Teen addiction becomes a family illness when parents try to cope with an addicted teen by minimizing or denying the problem. Like the teen addict, in spite of many signs of trouble, often parents cannot face the problem and make excuses, look the other way, or cover for the addicted teen. Healthy communication breaks down, trust is eroded, and family dynamics are characterized by conflict and withdrawal.

Ultimately, addiction—which may begin with a first use sparked by curiosity or the desire for excitement—leads to serious problems the addict may not even be able to recognize. The type of addictive substance used, the lengths the teen addict will go to in order to keep using, and the specific consequences may vary, but the downward spiral of addiction follows a predictable course.

3

The "Legal" Addictions

THE DRUGS MOST widely abused by teens are the drugs legally used by adults and common in the home and community. They are easily available, affordable, and carry little social stigma. Nicotine and alcohol are the most common, both illegal for minors but difficult to keep out of minors' hands. Inhalants, which include a large number of commonly used household chemicals, also are largely unregulated and accessible. And prescription drugs, designed to cure illness, carry great potential for abuse by teens who do not realize how toxic they can be.

These four substances play a critical role in teen addiction, both as gateway drugs and as serious addictions in their own right. It is important for teens to understand their specific properties, use, addictive potential, and other dangers posed specifically to young people.

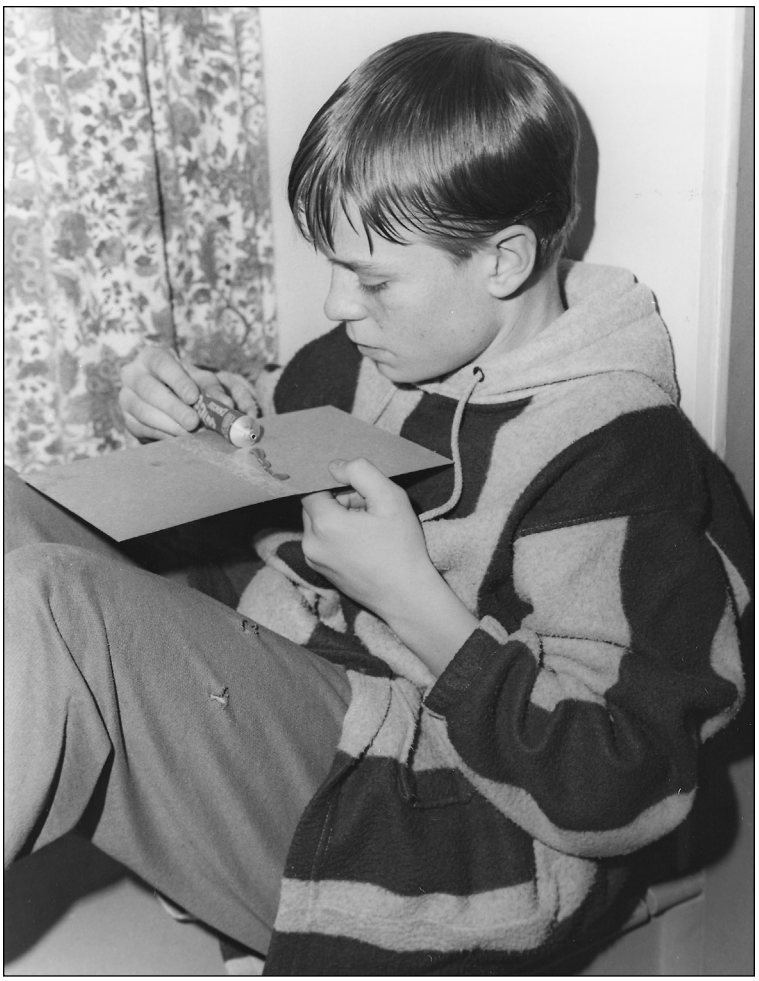
Nicotine

Nicotine is a chemical compound found naturally in the tobacco plant. Like caffeine and morphine, it is one of a family of compounds known as alkaloids that are usually derived from plants, are usually bitter tasting, and are potentially toxic. Nicotine is classified as a psychoactive substance, meaning "mind altering," because its effects on the nervous system include changes in mood and perception. Thus, it is regulated by the government as a drug. Although a person ingesting nicotine by smoking a cigarette for the first time

might experience only dizziness or nausea, most teen smokers say they smoke to help relax themselves. "Twenty-five years ago, we thought the main reason kids smoked was because of peer pressure," says researcher Edwin Fisher. "We now understand that the effects of nicotine raising mood and lowering anxiety are important for teens as well as for adults."[26]

How nicotine is used

There are basically three ways of taking nicotine into the body: inhaling, absorbing through the skin or nasal membranes, and ingesting orally. The drug is delivered via



Many teenagers become addicted to chemicals commonly found in the home. Here, a boy prepares to sniff glue.

Cigarettes remain the most popular tobacco product among teenagers. The nicotine in cigarettes is a very powerful drug.

cigarettes, cigars, pipes, chewing tobacco, nicotine gum, patches, nasal sprays, or inhalers. Its effect is astonishingly rapid. The body transmits nicotine directly to the brain only seven to ten seconds after inhaling cigarette smoke.

Cigarettes are the most popular tobacco products among teens of both sexes and all races and ethnicities. Cigar use among young people, however, has been on the rise in recent years. Usually filterless and larger than cigarettes, cigars deliver a more potent dose of nicotine and other chemicals to the lungs and brain.

In the mistaken impression that nicotine is less dangerous if it is not inhaled into the lungs via smoke, some teens have turned to smokeless tobacco, also known as chew. Users place a wad of the compacted tobacco between the lower lip and gum, where tobacco juices are released. Nicotine is then absorbed through the thin tissue in the mouth. The effect is somewhat more gradual than that of

cigarettes, and the risk of cancer of the mouth and throat is sharply increased.

In recent years a number of prescription and restricted (purchasers must be at least eighteen years old) nicotine products, such as the Nicotrol inhaler and nicotine gum, have been marketed as aids to quit smoking. There is some concern that as these products become more widely available, they, too, will be abused by children and teens, becoming the next gateway drug.

Nicotine addiction

In 1988 the U.S. surgeon general's office designated nicotine as "highly addictive."[27] Smoking, with its rapid absorption through the lungs, is more difficult to give up than other forms of nicotine use. Because the effect of nicotine on the user is rather short-lived, it must be used much more frequently than other addictive drugs. Consider that a person who smokes one pack of cigarettes a day needs to inhale about two hundred times a day to satisfy his or her craving.

The surgeon general reports that

> several studies have found nicotine to be as addictive as heroin, cocaine, or alcohol. Moreover, because the typical pattern of tobacco use entails daily and repeated doses of nicotine, addiction is more common among all users than is true of other drug use, which tends to occur on a far less frequent basis. For example, only about 10 to 15 percent of current alcohol drinkers are considered problem drinkers, but approximately 85 to 90 percent of cigarette smokers smoke at least five cigarettes every day.[28]

Teen addiction

The statistics of teen nicotine addiction are easy to remember—just think of it as "one in three." At least one out of every three teens who experiments with tobacco becomes an addicted smoker. One-third of these will eventually die of a tobacco-related illness, including lung cancer and emphysema.

More than 1 million teens per year become regular smokers, which does not even include the millions of mostly boys using smokeless tobacco. Seventy percent of students try

smoking, 40 percent before high school. Just as many girls smoke as boys.

The signs of nicotine addiction

Teens who smoke regularly develop physical signs associated with nicotine use and addiction. Their clothes and hair become permeated with the smell of tobacco smoke, their teeth and fingers become yellow-stained, and they experience decreased senses of smell and taste. Bad breath, coughing, wheezing, and colds plague frequent smokers. Teens addicted to chewing tobacco develop mouth sores, calluses, and bleeding gums.

But there are more serious signs that a teen has progressed from a frequent user to a nicotine addict. Craving nicotine first thing in the morning is a strong indicator that the body has become physically dependent. So is feeling the need to have a cigarette during the day, even if it is inconvenient, in order to reduce a growing sense of irritability or nervousness. Addicts need to use nicotine to feel normal. Finally, dependent teens think nothing of spending a lot of money to keep nicotine products available.

The consequences of nicotine addiction in teens

Nicotine is the cornerstone of multiple high-risk problems and addictions. Teens who use nicotine tend to be associated with many other negative behaviors, including fighting, weapons possession, risky sex, and binge drinking. They are four times as likely to suffer from depression and suicidal thoughts. "Teenage smokers have higher absenteeism and drop-out rates,"[29] concludes a government report quoted by researcher Eric Wagner. Teens who become addicted to nicotine are much more likely to become addicted to other drugs as well.

Nicotine is this country's number-one health threat, both short and long term. Teens who smoke are more likely to be out of shape and have lung infections, asthma, and heart problems. The high rate of smoking among pregnant teens increases the risk of complications during pregnancy and the death of the fetus or infant. In the long run, addicted teen

smokers become hard-core adult smokers with the highest rates of lung cancer and premature death.

Using despite the consequences

Almost all teen drug and alcohol addicts also use nicotine, and they find quitting cigarettes as hard or harder than quitting other drugs or alcohol. In the few studies involving teen smokers, only 3 to 6.8 percent are able to successfully quit, and the average smoker who takes up the habit as a teenager smokes for twenty years.

People trying to quit cigarettes experience significant withdrawal symptoms: irritability, anxiety, sleep problems, headaches, nausea, and intense cravings. The most common withdrawal symptoms reported by high school students are cravings and nervous and tense feelings. With most smokers starting up again soon after trying to quit, nicotine is also said to have the highest relapse rate.

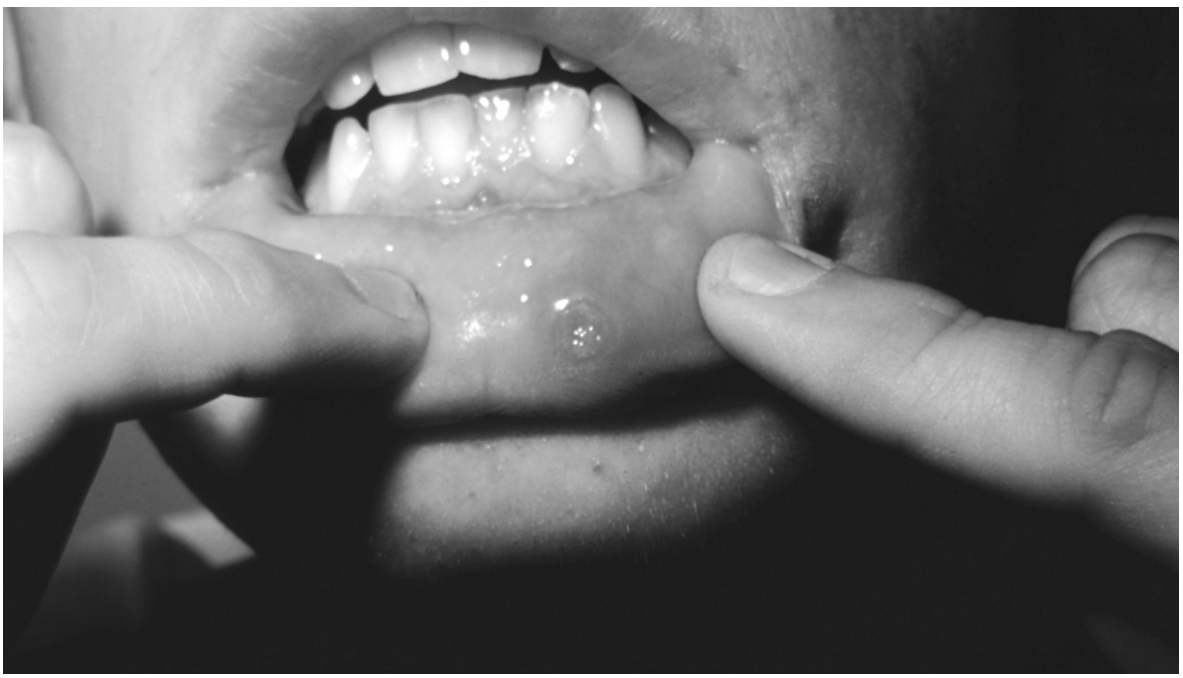
Many teens find quitting cigarettes to be more difficult than quitting other drugs or alcohol.

Why do so many teens become smokers when the harmful effects of nicotine addiction are so well known? When children or teens smoke their first cigarette, they do not plan on a lifelong addiction. Most see it as a temporary solution to a social need or a stressful time. Because nicotine depresses the appetite, girls may be motivated to smoke in order to lose weight.

Teen smoker stories

Kristin is a popular high school student who also takes college courses at night and works as a waitress. "You start smoking to be cool, and then you get addicted," she says. Kristin plans to quit. "I definitely don't plan on being one of those yucky mommies you see rolling their kid in a stroller while they're sucking on some nasty cigarette."[30] But so far, she has not been able to quit smoking.

Tom Bissell began using chewing tobacco when he was twelve, and he was a nicotine addict at eighteen: "I do think about the possibility of cancer, of having my tongue amputated, or losing my jaw."[31] After his second surgery during



Lip ulcers are a common side effect of chewing tobacco.

his twenties—to remove chew-related growths from his gums—he finally got help. But after September 11, 2001, he says anxiety provoked by the terrorist attacks drove him to start again, and he realizes that he turns to chewing tobacco to relieve stress and must guard against future relapses.

Alcohol abuse

Teen abuse of alcoholic beverages, including beer, wine, and distilled liquor, is so great that in 2002 the National Center on Addiction and Substance Abuse (CASA) at Columbia University reported, "By any public health standard, America has an epidemic of underage drinking that germinates in elementary and middle schools with children 9 to 13 years old and erupts on college campuses where 44 percent of students binge drink and alcohol is the number one substance of abuse."[32]

When a young person drinks, the alcohol enters the stomach and bloodstream and spreads throughout the body. When it reaches the brain, chemicals that affect the way a person feels, thinks, and moves—like dopamine, serotonin, and glutamate—are disturbed. The effect depends on the blood alcohol concentration.

Alcohol is considered a depressant, but its effect on mood is unpredictable. Some teens become passive or depressed, but others become more silly, outgoing, reckless, or aggressive. A teen who drinks too much alcohol will become intoxicated—experiencing poor judgment, slurred speech, blurred vision, loss of coordination, coma, or even death from alcohol poisoning.

Teen alcoholism

Alcohol addicts are more commonly referred to as alcoholics. Although we know more about the physical effects of alcohol than the mechanisms of other drugs, it is still not completely clear what produces alcohol addiction. Children of alcoholics are two to four times as likely to become addicted themselves. But one in nine people who drink eventually shows signs of alcohol addiction—the

need for more (tolerance), cravings, withdrawal, and out-of-control use. According to CASA, "Teen drinking is the number one source of adult alcoholism."[33] Eighty percent of adults who drink alcohol had their first drink before age twenty-one.

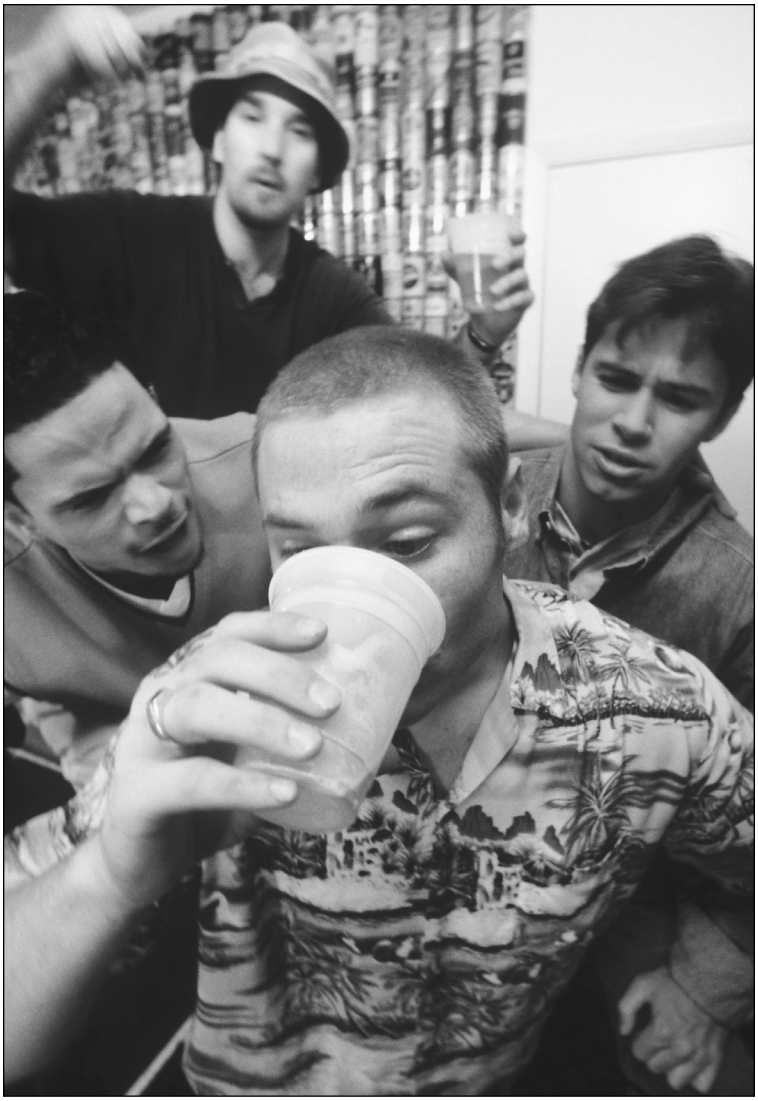
The statistics of teen drinking are disturbing. By eighth grade, 52 percent of teens have tried alcohol. Eighty percent have tried drinking by the end of high school. A third are binge drinking—five or more drinks on one occasion—at least once a month. And 4 to 10 percent of teens are full-blown alcoholics.

Alcohol use is rising markedly among nine- to fifteen-year-olds. And drinking among girls during their early teens has escalated so much in recent years that they are considered two times as likely as boys to become alcoholics. Older teens in college, especially girls, are binge drinking at alarming rates. One female college student at Syracuse University told *Time* magazine, "You don't want to be that dumb girly girl who looks wasted and can't hold her liquor. I know it's juvenile, but I've had boys comment how impressed they are at the amount of liquor I've consumed. To be able to drink like a guy is kind of a badge of honor. For me, it's a feminism thing."[34]

Industry and societal pressures

Researchers John Brick and Carlton K. Erickson call alcohol the "socially accepted addictive beverage."[35] The moderate use of alcohol is overwhelmingly accepted in our society. As common as tobacco use is, even adults realize it is unhealthy and discourage its use. But when adults hear about the abuse of alcohol among teens, a common attitude is, "At least they're not on drugs."

But according to CASA, "Alcohol is far and away the top drug of abuse by America's teens. Children under the age of 21 drink 25 percent of the alcohol (usually beer) consumed in the U.S."[36] That is why teens are, as with tobacco products, targeted as consumers by beer companies. Reviews of even G-rated films have found cultural messages about alcohol. According to the same CASA report, in "34 percent of

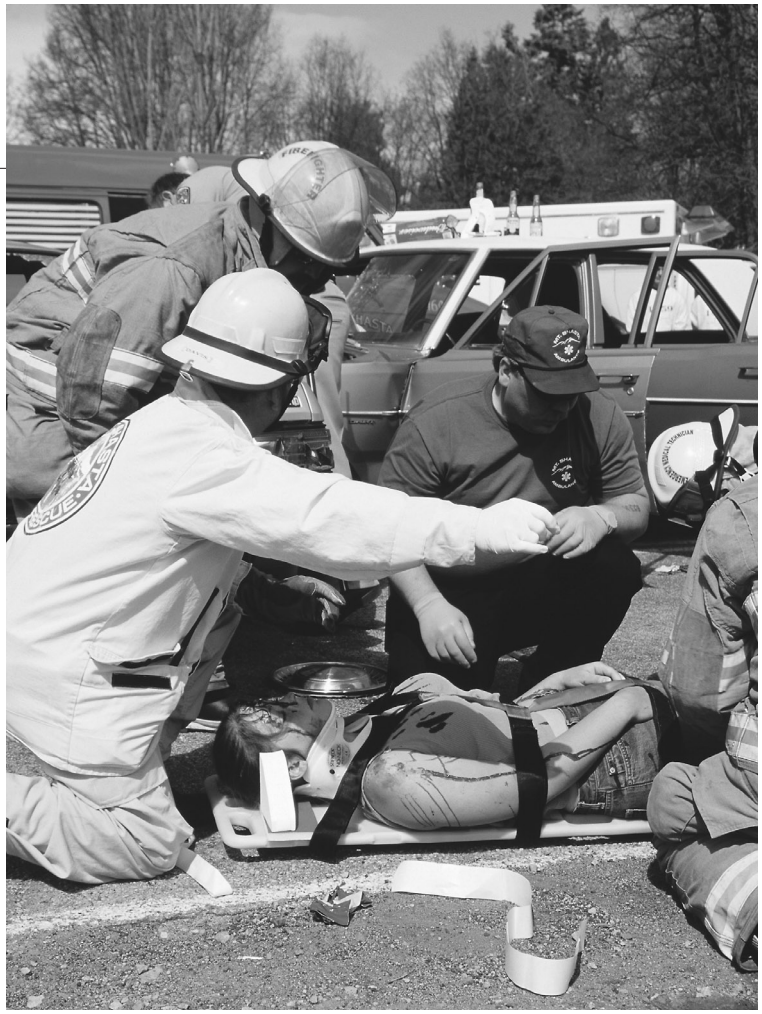


Binge drinking is common on college campuses. Statistics report that nearly half of all college students engage in such drinking.

them alcohol was associated with wealth or luxury, and 19 percent linked alcohol with sexual activity."[37]

The consequences of alcohol addiction in teens

Alcohol costs this country more than all illegal drugs combined. It is implicated in the top three causes of death among teens: accidents (driving and drowning), suicides, and homicides. As a 2001 CASA report noted, "Drinking is teen America's fatal attraction."[38]



Rescue workers attend to a victim of drunk driving. Drunk driving is one of the top three causes of death among teenagers.

Many health problems are also associated with prolonged alcohol use. Even recovering heroin addicts are said to suffer fewer long-term physical problems than alcoholics. Alcohol is toxic to every part of the body, but especially to the liver. Teen mothers with alcohol problems take the risk of passing on the harm to their babies during pregnancy. These babies can be born with fetal alcohol syndrome, forced to face a lifetime of physical and mental disabilities.

Sexual risks also increase when alcohol is involved, because impaired judgment under the influence of alcohol leads teens to ignore safe-sex precautions. A study at the Pittsburgh Adolescent Alcohol Research Center found that among alcohol-dependent high school students, one in five girls were infected with the herpes virus. There is a dramatic increase in unplanned sex, date rape, and sexual assault among binge drinkers. AIDS and other sexually transmitted diseases are also commonly contracted in this way.

Finally, legal problems plague the alcohol-addicted teen. In every state, you must be twenty-one in order to possess or purchase alcohol. An underaged drinking charge can result in a fine, mandatory community service, alcohol education classes, even loss of a driver's license. The cost of a driving-under-the-influence (DUI) charge is estimated to be $8,866 for a young person.

Inhalants

Inhalants are a wide-ranging group of chemicals sold legally—from common household products to medical compounds—that affect the brain when their fumes are inhaled, or "huffed." The most commonly used inhalants are aerosol air fresheners, glue, markers, correction fluid, paint, nail polish remover, and gasoline. The chemicals may be sniffed or inhaled from a soaked rag or plastic bag. Some inhalants with medical uses, such as nitrous oxide ("laughing gas"), amyl nitrite, and buytl nitrate ("poppers"), have become popular street or club drugs.

When teens experiment with inhalants, they may experience a brief "high" but quickly feel irritable and suffer headaches. Because most of these products are so easily obtained—and are technically legal—teens tend to think of inhalants as harmless and underestimate their addictive potential.

But the active chemicals in inhalants are toxic. They can cause brain damage, liver and kidney problems, paralysis of the lungs, irregular or racing heartbeat, and sudden death from heart failure or asphyxiation. Many are also highly flammable. Inhalants claim the lives of more than one thousand children each year. As with other gateway drugs, inhalant addicts are more likely to use illegal drugs and become addicted to them.

Inhalant addiction

Inhalants are highly addictive. One addiction counselor comments that inhalant addiction is so dangerous, and so difficult to treat, that sometimes the only hope is that the user will move on to alcohol or other drugs:

> I always keep this haunting photo on hand, of a paint addict in Asia. He is so brain damaged, and so addicted, all his family can do for him is make a cage out of bamboo and padlock him in there. I tell the kid [addicted to inhalants]—I'm putting you in rehab because I care about you. I give you maybe a year if you don't go.[39]

Inhalants are the third most abused substance among twelve- to fourteen-year-olds, after alcohol and tobacco. About 8 percent of youths are "huffing," according to a national survey. Inhalant use peaks among eighth graders, 21 percent of whom report having tried them. Girls are more likely to use inhalants than boys.

The signs of inhalant addiction

Teens who have become addicted to inhalants will have a drunk appearance—with slurred speech, unsteady walk, and bloodshot eyes—immediately after using. They may have a chemical odor on their breath or clothing, perhaps even paint stains on their faces. Because the effects of most inhalants are short-lived, inhalant addicts soon become irritable and moody. They lose interest in activities that were once very important to them, and they instead organize their day and activities around frequent inhalant use and obtaining inhalants.

Teen stories

James began huffing gasoline with a friend. His clothes and breath often had a chemical smell, but he would blame this on mowing lawns or tinkering with his dirt bike. James actually kept little bottles of gasoline under his bed. When a nearby apartment exploded while teens were huffing, James's mother thought to look in his room and found the gasoline. James reluctantly agreed to go to a treatment center for help.

In 1999 a fourteen-year-old teen died suddenly after inhaling air freshener after her eighth-grade prom. Her best friend, Lynn, was guilt ridden:

> For about a month, getting high with bathroom spray was all she talked about. She even had a certain kind she had to have. But she always had such good grades, and played basketball,

Teenagers who use inhalants put themselves at risk for brain damage, lung paralysis, and other medical problems.

so I thought she'd get over it. But then one night her little sister called me up, freaked out, and I went over there and saw that her room was filled with these aerosol cans.

The fact is that I loved her very much and would have done anything for her, but I didn't save her life when I had the chance.[40]

Prescription drugs

Countless medical drug prescriptions are written by doctors every day, from diet pills to sedatives and painkillers. Many of these same medications, intended to help patients, end up being regularly abused by teens. Some are stimulants, some depressants, others narcotics, but all have mood-altering properties that attract teen drug users.

Prescription drugs are often cheaper than other drugs and give the illusion of being safe because they come from a doctor. "Some people tell themselves they aren't using something old Joe cooked up in a garage somewhere," says Scott Walker, program director at a substance abuse center. "They may figure a legitimate manufacturer made this, so what could be the harm?"[41] The problem with unauthorized prescription drug use is that the drugs are rarely used as intended. Doses may not be appropriate for teens, and drugs may be used improperly, ground up, or mixed with other drugs or alcohol. Finally, many prescription drugs have a high potential for addiction.

Some teens use prescription drugs under the mistaken belief that such substances are safe. In reality, they can be highly addictive.

Because prescription drugs are so varied in chemical properties and effects, teens addicted to medications may show a wide range of symptoms. Young people who abuse medications for attention deficit/hyperactivity disorder may exhibit signs of stimulant addiction without the paraphernalia associated with methamphetamine use. Teens who are addicted to OxyContin, a narcotic-based painkiller, have many of the symptoms of heroin dependency. The effect of many prescription depressants is often described as drunkenness without the aroma of alcohol.

The negative consequences of prescription drug addiction include accidents due to intoxication, damage to body organs, heart failure, and fatal overdose. Vicodin, a popular painkiller abused by 10 percent of high school seniors in 2002, is highly addictive and has caused permanent hearing loss.

Prescription drugs, along with the other so-called legal drugs in our society—nicotine, alcohol, and inhalants—serve to initiate young people into substance use. Unfortunately, some teens will become dependent on one or more of these four substances. It is possible they may become ensnared in the world of illegal drugs as well.

4

Teen Addicts and Illegal Drugs

MARIJUANA, COCAINE, METHAMPHETAMINE, and heroin are the four most common illegal drugs to which teens become addicted. All have serious health risks and are associated with high rates of violence, medical and psychiatric problems, arrest and imprisonment, and overdose.

Marijuana

Marijuana (weed, bud, pot, herb, and reefer) consists of the dried hemp plant *Cannabis sativa.* The active ingredient in marijuana is called THC, with mild mood-altering and disorienting effects. The most common way teens use marijuana is by smoking a small hand-rolled cigarette, called a joint, but the drug is also smoked in the form of cigars hollowed out and packed with marijuana, in pipes, and can be mixed into food and eaten.

According to the National Institute on Drug Abuse, the effects of marijuana are mostly pleasurable:

> It's common for marijuana users to become engrossed with ordinary sights, sounds, or tastes, and trivial events may seem extremely interesting or funny. Time seems to pass very slowly, so minutes feel like hours. Sometimes the drug causes users to feel thirsty and very hungry—an effect called "the munchies."[42]

Some marijuana users have a negative experience, however. Anxiety, paranoia, and uncomfortable physical sensations have all been reported as effects of smoking marijuana.

Marijuana Addiction

The addictiveness of marijuana has been a point of debate for decades. It is a common belief that marijuana is not physically addictive but that users may become psychologically dependent.

Recent research, however, has concluded that some users do become physically addicted. In interviews, teen addicts say they crave marijuana, often commenting on how hard it is to quit smoking it. One study found that troubled teenagers were particularly likely to become dependent on this drug. They would progress from their first use to regular use just as quickly as cigarette use and faster than alcohol abuse. Other evidence of addiction includes tolerance, or the need for more frequent and increased amounts of marijuana. Teens who have been heavy users and suddenly stop experience withdrawal. They may be irritable, restless, have trouble sleeping, lose their appetite, and feel shaky.

Smoking hand-rolled cigarettes called joints is the most common way teens use marijuana.

Marijuana and teens

Marijuana is the most popular illegal drug among teens and also tends to be the first illegal drug used by them. The average age of initiation is fourteen. About 20 percent of eighth graders say they have tried marijuana at least once. By senior year of high school, nearly 50 percent say they have tried it; one in five use currently.

Despite the fact that, according to a 1999 CASA report "more teens age 19 and younger entered treatment for marijuana abuse and dependence than for any other drug including alcohol,"[43] marijuana is perceived as low risk. But motivational speaker Delbert Boone likes to tell prisoners doing time for drug offenses, "Everybody says marijuana's O.K., it doesn't do anything. If marijuana didn't do anything, you wouldn't smoke it!"[44]

There is evidence that marijuana has become much more potent than it was when popularized during the 1960s and 1970s. In fact, indoor cultivation may have increased the content of THC in marijuana by as much as twenty-five times.

Marijuana plants grow under a greenhouse light. Marijuana is the most widely used illegal drug among teenagers.

The signs of marijuana addiction

Teens who are dependent on marijuana, either psychologically or physically, have certain traits in common. After using marijuana, they often have bloodshot eyes and clothes or hair that smells of the drug. They may act silly at inappropriate times or paranoid. Smoking pot becomes a primary activity for them, to the exclusion of their previous interests and school. Teen addicts often have a hard time remembering things that just happened, misplace belongings, and seem unfocused, lethargic, or unmotivated.

The consequences of marijuana addiction

According to some researchers, marijuana is not as immediately toxic to the body as other drugs. Although it may be that marijuana is no more a serious health risk than either alcohol or nicotine, both legal for adults, it is equally true that smoking marijuana combines the risks of both. Smoking one unfiltered joint fills the lungs with three to four times the cancer-causing agents of one filtered cigarette, made worse because the smoke is held in. All the same health risks apply: asthma, lung cancer, and heart problems. It is believed that the reproductive and immune systems are also affected by long-term use. And marijuana, like alcohol, negatively affects judgment, which increases a teen's likelihood of engaging in unprotected sex threefold. Also, studies of young drivers have indicated that marijuana use affects complex driving decisions and is implicated in driving accidents.

Legal penalties for marijuana use tend to be more serious than for underage alcohol use. Applications for college, financial aid, and the military all may be denied because of illegal drug convictions. In an era of drug testing at school and on the job, marijuana remains detectable weeks after its use.

Finally, marijuana has been implicated in a number of psychological and mental issues. Memory loss and learning problems have been documented in frequent users. They are two times more likely to commit suicide. The stereotype of the casual "pothead" made famous by comedians Cheech and Chong has given rise to "amotivational syndrome"—a phenomenon reported by many psychologists working with

marijuana addicts who seem unmotivated and unable to show up on time for work and finish projects.

Amanda, a teen addict

At fourteen, Amanda Medina was an A student who had never been in trouble: "But then my parents divorced, and my mom and I moved to a city pretty far from where I'd always lived. My first month in the strange place was completely miserable." After that lonely time, another girl finally started talking to her and offered her a cigarette. To Amanda, it seemed that "smoking solidified my place in her [the friend's] group." Shortly after, a guy she started dating passed her a joint: "I liked the feeling it gave me—out of it and spacey, like an escape, like I didn't have any problems."[45]

But her problems were only beginning. Amanda used marijuana throughout each day, cutting school, failing. Eventually her need for more and more marijuana and other drugs drove her to rob a house with friends. The turning point for Amanda came as she sat in court, handcuffed, watching tears stream down her parents' faces. "I knew I had to quit drugs."[46] Amanda has been sober for more than a year now.

Stimulants

Whereas marijuana is used by teens because of its mellowing effect, stimulants are taken for euphoric highs and false energy. Despite their widespread use, teens tend to be poorly educated about this category of drugs. Stimulants (uppers, speed) include a broad range of drugs that excite the central nervous system—caffeine, diet pills, ephedrine, prescription medications such as Ritalin, amphetamines, methamphetamine, and cocaine.

Methamphetamine (crank, crystal meth, ice) is a synthetic stimulant manufactured from toxic ingredients, including drain cleaner, road flares, and lye, in "meth labs." The most prevalent controlled substance in the United States, it can be injected, snorted, or smoked.

Meth is a "powerfully addictive stimulant,"[47] according to the National Institute on Drug Abuse. Addicts are called tweakers or speed freaks. They go on "runs" of several days,

then "crash." Tolerance builds quickly, so that larger amounts of the drug, or mixed drugs, must be taken to avoid crashing.

Teens and meth addiction

Meth appears to be the most widely abused stimulant among teens today, especially in the West and in rural areas. There has been a dramatic increase in use among twelve- to seventeen-year-olds. According to one study, 6.7 percent of those admitted to treatment for methamphetamine addiction in California were under eighteen.

The trademark cycle of meth addiction involves days without eating or sleeping and then sudden crashing with fatigue and depression. Addicts tend to exhibit nervous activity—like scratching or repetitive behavior—and are distractible

A teenager prepares a pipe of crystal meth. Methamphetamine is a highly addictive, highly toxic synthetic stimulant.

and sensitive to noise. They lose weight and otherwise seem in poor physical shape—exhibiting skin ulcers, poor skin tone, and disheveled appearance.

But changes are more than skin-deep. Methamphetamine addicts go through noticeable personality changes, becoming paranoid, even psychotic. Their daily routines revolve around obtaining and using meth, with the tell-tale presence of paraphernalia used to smoke or inject the drug.

The consequences of addiction

The psychological harm of meth addiction is extreme. Addicts report an overpowering depression and suicidal feelings after crashing. Long-term use has resulted in actual hallucinations and paranoia similar to the mental illness of schizophrenia. Some experience a permanent state of "pleasurelessness," which can lead to more drug use.

Medical issues that face the addict range from skin ulcers and increased risk of HIV/AIDS from needle use, to heart attacks and strokes from the combined revving up of heart rate and blood pressure. According to the National Clearinghouse for Alcohol and Drug Information, "Creating a false sense of energy, these drugs push the body faster and further than it's meant to go,"[48] sometimes resulting in sudden death. Likewise, the manufacture of meth often exposes everyone in a building and its surrounding area to toxic chemicals, fire, and explosions.

Teen addicts who attempt to manufacture or sell meth seriously risk felony charges and possible imprisonment. Young people often do not realize that illegal drug use and sale can result in federal charges, being charged as an adult, and other legal consequences that alter a teen's life forever.

Angel struggled for two years with addiction to crystal meth. She went without eating or sleeping for several days at a time. "My mom could see I only weighed about a hundred pounds," said Angel. "My skin was greenish-yellow; I had dark rings under my eyes. She was so worried, she did not know what was wrong but she'd make me sit down and drink some orange juice."[49]

In 2002 Oprah Winfrey allowed viewers to follow as

Faren, a sixteen-year-old Amish teen left home to experience the outside world. Free from his sheltered lifestyle, Faren began using crystal meth. Soon he was spending his whole paycheck—one hundred dollars a day—on drugs. The police eventually arrested him for selling meth to support his addiction. He was in jail at the time of the broadcast.

Teen cocaine addiction

Cocaine is a natural stimulant. Coca leaves are processed into the white, odorless powder that is known on the streets as coke, blow, or snow. Users arrange cocaine in thin lines on glass and snort it through a tube or inject it as a liquid. A low-cost crystal form is called crack cocaine, named for the crackling sound it makes when smoked.

Cocaine, in both its forms, is considered extremely addictive. Part of the reason for its addictive effect on humans is the almost immediate delivery of the drug to the brain by snorting or smoking. More than any other drug, scientists believe that cocaine produces an intense high by directly stimulating the "pleasure pathway" in the brain.

Surveys indicate that in 2002 about 8 percent of high school seniors had used cocaine at least once, and 1 to 5 percent are regular users. Of teens who enter treatment, 3 percent are seeking help for cocaine addiction. Teens who have used crack cocaine describe an intense rush of euphoria that is so powerful and short-lived that it can cause immediate craving and addiction after only a few uses. "When I was addicted to crack cocaine," says one girl, "I would be on my way to my dealer, and I would be jonesing [craving] for it so bad I would start throwing up."[50]

The signs of cocaine addiction

The physical signs of cocaine abuse and addiction include bloodshot eyes, sore throat, and the distinctive symptoms of snorting the drug—a runny nose, habitual sniffing, or nosebleeds. As with other stimulant use, the teen user may seem too happy or alert at times, then later withdrawn, tired, and depressed. The cocaine user may be careless about personal appearance and lose interest in school, family, or activities

Teens addicted to cocaine often lose interest in friends, are careless about their appearance, and steal to pay for their habit.

he or she used to enjoy. A teen who frequently needs a lot of money or seems responsible for the loss of household cash or valuables may be struggling to support a cocaine habit. Finally, noticeable personality changes, including paranoia, afflict long-term users.

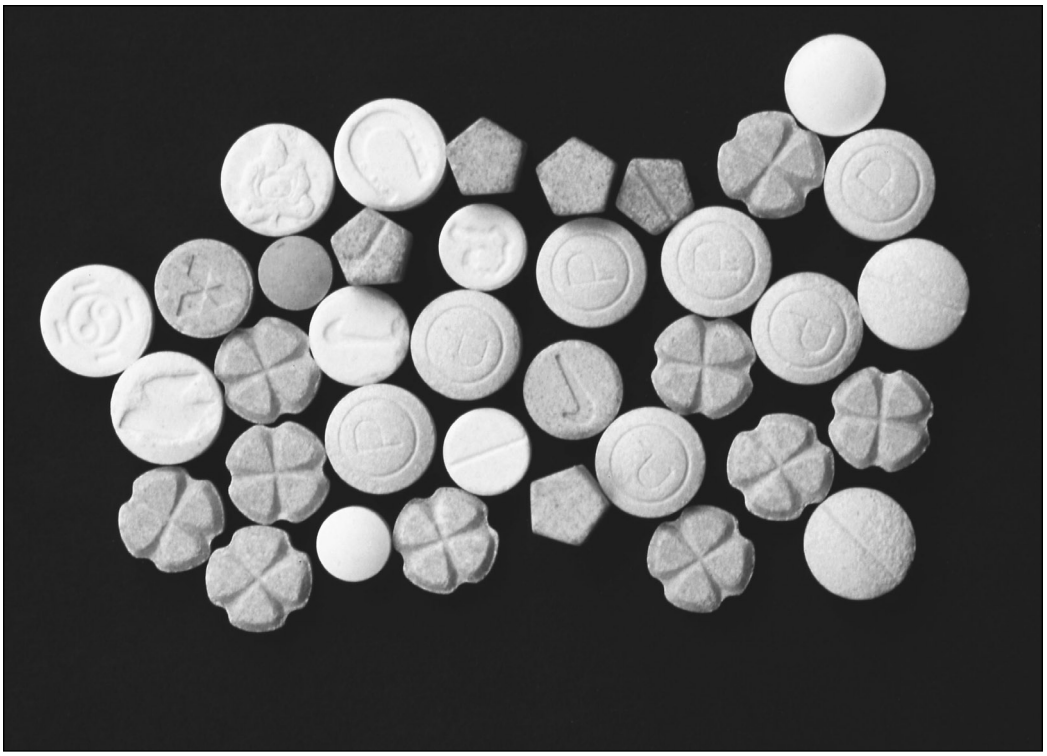
Distinctive psychological problems are a direct result of cocaine addiction. Users report frightening sensations of insects, called "coke bugs," crawling on their bodies. After the euphoric high, addicts "crash" and experience a severe depression that makes it seem impossible to ever enjoy life again. A paranoid illness similar to schizophrenia, much like that experienced by meth addicts, can develop after long-term use. Others compulsively rearrange furniture or personal items.

There are three medical issues most commonly associated with cocaine addiction. Babies of teen addicts are born addicted to the drug and suffer a painful withdrawal and disability. Extended use of cocaine injures nasal passages, resulting in a perforated septum. One young man did not

think he was addicted until he woke up one morning—his head in a pool of blood streaming from his nose—and still wanted to use the drug. Finally, because cocaine stimulates the body abnormally, heart attacks, seizures, and strokes are possible, sometimes with fatal results.

Club drugs

Club drugs, also called designer drugs, are chemical compounds made in illegal labs and sold without testing in pill or capsule form on the street. Many are stimulants in demand at parties and dance clubs where teens are likely to gather. The most often abused drug in this category is ecstasy, or MDMA, which is taken orally as a tablet. Ecstasy is made from a stimulant but also has some hallucinogenic properties. It appears that, because of its relationship to amphetamines, ecstasy can be addictive; users do develop tolerance. About 2 percent of teens are believed to use it regularly and are at risk of addiction.



The most commonly abused club drug is ecstasy, a stimulant sold in pill form.

The consequences of ecstasy use and addiction

The increased use of ecstasy among teens has suggested that what was once thought to be a harmless party drug may actually cause brain damage. Teens nearly always describe a deep depression following use. Frequent ecstasy users exhibit impaired memory. Teens in one rehab actually referred to ecstasy addicts as "E-tards," an unkind but descriptive nickname.

One of the dangers of ecstasy is that the teen user cannot be certain of the product. Ketamine and GHB, sold as "liquid ecstasy," are actually date rape drugs. Ecstasy users have died from overdose and deadly combinations pawned off as MDMA. In 2001 Brittney Chambers died on her sixteenth birthday after taking ecstasy at a rave. She fell into a coma while her friends drove around with her, afraid to seek help.

Narcotics: heroin

Narcotics (or opiates) are derived from the milky sap in poppy seed pods. All extremely addictive, this group includes several abused prescription painkillers, such as codeine and morphine, as well as heroin. Flourlike in appearance, heroin is usually prepared and injected or snorted. A young person who uses heroin will sometimes get sick and vomit on first use but then go into a dreamlike state called a "nod" or "stupor." Tolerance occurs quickly, so the drug soon is taken just to function and avoid withdrawal.

Heroin addiction is considered the classic model of drug dependence. Scientists believe heroin acts on the brain in much the same way the body's own endorphins produce the "runner's high."

Teens and heroin

Once associated with urban underground culture, heroin has become a young person's drug. By 1998 the average age of first use had decreased to age twenty-one. In 1999, 6 percent of teens tried heroin, and 1 percent used regularly or struggled with heroin addiction. About 2.3 percent of teens who enter rehab are seeking help for heroin dependence.

Many teens promise themselves they will never "shoot up." Needles and track marks deterred many young people from trying heroin in the past. But the drug no longer needs to be injected—more pure forms of heroin available today are inhaled or smoked.

Heroin use is characterized by euphoria and drowsiness, with slowed breathing and constricted pupils. Addicts seem sick, suffering nausea, sweating, and other uncomfortable symptoms between fixes. They lose weight and may have needle marks on their bodies and possess drug paraphernalia.

The consequences of heroin addiction

The medical consequences of heroin use are devastating. In the 1990s emergency room incidents involving teens and heroin increased four times. HIV/AIDS and hepatitis are spread by the shared needles of drug users. Finally, heroin

Poppy seedpods produce a milky sap that is used to make opiates like heroin.

has the highest rate of fatal overdose. One percent of heroin addicts die of drug overdose each year.

Heroin is a Schedule I drug—the legal category for the most addictive drugs. Addicts have such a difficult time recovering from heroin addiction that many treatment programs maintain patients on methadone, a substitute drug with similar effects but less danger. Teens involved with heroin face possible prison time and are more likely to commit crimes, such as theft and prostitution, to support their habit.

Teen heroin addicts

Teen use of heroin seems to occur in cycles or fads. Although the national rate of teen use of heroin was down overall in 2002, reports from rural states like Vermont and Colorado of visiting dealers passing out free samples may indicate a localized boom in heroin use. Teens who never considered doing heroin are enticed to try it "just once." And because heroin is so addictive, a passing interest by teens in a school or community results in a sudden increase in heroin addiction and tragedy.

A striking example occurred in an Orlando, Florida, high school. Lee Anna, who smoked marijuana and had tried LSD, cocaine, and ecstasy, became intrigued with heroin. She shared it with other teens—just something new to try. Soon a student named Jonathan Goodwin was dead from an overdose. During the next two years, seven more teens in the area died from heroin overdoses. Lee Anna dropped out of school and ran away. Her mom found her, emaciated, squatting next to a dumpster in an alley. At age fifteen, she found herself in rehab for drug addiction.

Hallucinogens

Hallucinogens are a category of illegal drugs that includes LSD (acid), psilocybin mushrooms (magic mushrooms, shrooms), and PCP (angel dust). Users of these drugs describe an altered state of mind and strange, distorted sensory perceptions and hallucinations.

In surveys of high school students, about 1 to 2 percent of teens claim regular use of hallucinogens. The National

Clearinghouse for Alcohol and Drug Information calls LSD "one of the most readily available drugs in our schools."[51] It is sold in sugar cubes, aspirin, candy, paper tattoos, and blotter paper.

The jury is out on whether hallucinogens are addictive. There is evidence that tolerance occurs; however, there are few, if any, reports of cravings. One theory is that these drugs do not act on the pleasure center in the brain. Instead, teens that abuse hallucinogens are looking for novelty and escape.

Negative consequences of use include "flashbacks" of the drug experience and accidents caused by hallucinations and impaired judgment.

Teens who are dependent on any illegal drugs face a challenge greater than those confronted by most young people. Not only must they admit addiction, but their drug use also carries heavy physical and social penalties and they risk serious legal consequences. To stop the addiction spiral they must be willing to ask for help and have the courage to commit to treatment.

5

Treatment and Recovery

TEENS ADDICTED TO nicotine, alcohol, or drugs can successfully kick their habits. Hundreds of thousands of teens enter treatment every year in order to begin their recovery from chemical dependence. Teen addicts can become "clean and sober" through a number of effective options, including intervention, self-help groups, medication, outpatient counseling, and inpatient treatment and aftercare.

Intervention

Intervention means actively influencing an addicted teen. When family and friends realize that a young person is losing control over the use of an addictive substance, it is time for intervention. There are two types of intervention: personal and formal group intervention.

In a personal intervention, someone who cares about the addicted teen watches for the right moment, when the teen seems open or remorseful, and tries to offer help in some way. The intervention may be as simple as saying, "I know you're worried about your drinking. I'm here for you if you need moral support in getting help."

Addiction counselors use a formal group process to confront an addict, also called an intervention. Those affected by the addict's behavior—family, friends, employers—are contacted and a group meeting is arranged. The counselor helps members of the group to understand that the addict is sick and needs help, not judgment. Treatment options are

prepared, and the counselor guiding the intervention instructs participants in a unified approach.

Addicts confronted in this setting may be defensive, angry, or frightened, and the intervention can be highly emotional. Indeed, the goal is to shock the addicted teen into realizing the pain others feel. The addict's friend might say, "Ever since you got that DUI and lost your driver's license, I feel like you only call me to drive you places. I care about you. I don't want to help you get beer or drugs or cover for you when you're high."

If the intervention goes well, the addicted teen will see his or her problem from many points of view. Addiction blurs

Family members and friends can stage interventions in which they offer support to help addicted teens confront their drug problem.

an addict's perception, and when others are "enabling" him or her it is even harder for the teen to realize how bad the problem has become. Hopefully, after an intervention, the addict will express a willingness to get help and agree to the treatment option offered.

Recovery and relapse

Many people do not have a realistic understanding of what treatment and recovery mean when it comes to addiction. For most addicts, recovery is a rocky road, with setbacks along the way. What most programs require—abstinence from all alcohol and drugs—is a tall order. It can be a lifelong struggle to remain free of the addictive substance. This is why many alcoholics who have been sober for years still call themselves "recovering" alcoholics.

A relapse is a setback in the recovery process, when the young addict resumes using the substance. A very brief relapse is called a "slip." Teen addicts will often share that each relapse taught them something important and made them more committed to a sober life. It is now considered the norm to make several attempts at sobriety, with relapses part of the road to recovery.

Teens tend to relapse for a number of reasons. After being sober for a time, a young addict may come to believe that he or she was never really addicted, that using the drug occasionally would be all right now. Sometimes a traumatic emotional event or memory will precipitate a relapse. And the most common reason for relapse is that the teen addict chooses to associate with users again.

Treatment for teens

It is important for teens to receive the right kind of treatment. Some addictions—inhalants, for one—require close supervision at first to make sure the addict is in fact chemical-free. But some studies suggest that many teen addicts can be treated at home, where both teens and parents can be helped to cope with the situation. There are essentially three treatment options for teens who remain in their own homes and community.

Self-help groups

The oldest, most well-known approach for outpatient treatment is the self-help group. Almost every community has Alcoholics Anonymous (AA) and Narcotics Anonymous meetings, some with special meetings scheduled for young people. These groups are made up of active and recovering alcoholics and drug addicts who are committed to helping each other stay clean and sober.

These meetings are also known as 12-step groups because they are based on a series of twelve concepts through which the addict must work. This is called "working the program." At first the addicted teen works on accepting that he or she is powerless over the addiction. Fourth-step work asks the addict to be painfully honest in listing personal faults and ways others have been hurt. A turning point for many recovering addicts is when they "make amends" to people they have injured through their addiction.

Since AA was invented by and for adults, how has it worked for teens? Dr. Steven L. Jaffe has his teen patients do their 12-step work in workbooks, to write in great detail every way that drugs and alcohol negatively affected their lives:

> The tendency for recovering teenagers, over time, is to forget how bad and miserable their lives had become while they were using and to fall into a process of *euphoric recall* whereby they remember the good, high, and inebriated times. Rereading what they wrote about their lives at the first step helps them to continue to realize that they need to be abstinent one day at a time.[52]

Other examples of self-help might include joining smoking cessation course for teens, calling a state's Quitline (for smoking), or participating in online programs for recovery.

Counseling

Individual and family therapy can offer a great deal for certain teens with addiction problems. For example, teens who have emotional problems underlying their dependence on chemicals would do well to have the help of individual counseling. Young people who have experienced serious

Individual counseling sessions benefit teen addicts with underlying emotional problems.

traumas, such as child abuse, need to talk about and come to terms with what happened to them in a private setting. Teen addicts who never have the opportunity to do this are more likely to relapse again and again, becoming hard-core addicts into adulthood.

Family therapy is usually recommended in situations where other members of the family play a part in the teen's addiction. When one of the parents is also using drugs or if there are marital problems or a difficult blending of families, dealing with these tensions head-on as a family may give the teen addict support in recovery. A single parent who has not been giving consistent discipline or supervision may also be contributing to the teen's addiction. Finally, assistance with enabling behavior in the family can force the addict to face the consequences of his or her own behavior.

Legal leverage

Sometimes addicts are not ready to quit using or need extra motivation to make good choices. For many addicts, the turning point occurs when they break the law—anything

from shoplifting beer to dealing drugs—and face charges.

Several states have had promising results with so-called drug courts. Special judges and staff deal with offenders who are in the system because of addiction. The winning formula with many drug courts is constant monitoring of the addict, through random drug tests and frequent court appearances, balanced with real encouragement for the addict in getting his or her life on track. William, at age sixteen, had to wear a security bracelet to make sure he attended treatment on an outpatient basis. He graduated and still attends a support group. "It helps a lot to get together with people who have been where you were."[53]

Inpatient treatment

Sometimes addicted teens are not able to regain control over their lives without admission to an inpatient drug treatment program. There is convincing evidence that waiting for an addict to be ready for treatment is not necessary. The research shows that forcing an addict into a treatment program

Teens unable to overcome their addiction with other types of therapy often enter inpatient treatment programs like this one.

when the alternative is jail is at least as successful as voluntary participation.

Most inpatient programs are short-term treatments: a week in a hospital unit, twenty-one days at a private rehab facility, or a month to six weeks at most. Traditionally, treatment professionals have hesitated to remove teens for very long from their families. But some now question whether staying drug-free for a short time under lock and key is really very helpful for addicts.

The trend for serious addicts has been toward longer-term "therapeutic communities"—a year to eighteen months in a setting that gradually gives the teen more freedom but continues support. Studies are showing that the longer programs have a significantly higher rate of success. "In all recovery programs, the best predictor of success is the length of treatment," *Newsweek* reporter Jonathan Alter writes. "While relapse is common, those who remain at least a year are more than twice as likely to stay clean."[54]

Whether short- or long-term, the goals of treatment are basically the same. Initially, the young addict is given a safe place to detox—to withdraw safely from alcohol or drugs. A period of time under supervision forces the teen to abstain from substance abuse and work toward recovery. A second goal of inpatient treatment is usually to expose the teen to group and individual therapy and often to the 12-step principles. This gives the teen the confidence to look into these options in his or her own community when out of treatment. Jaffe likes to rehearse with a teenager attending AA for the first time "how to raise his or her hand and state that he or she is new to the program and needs help in working the program."[55]

A modern approach of inpatient treatment is to teach relapse prevention. The possibility of relapse is discussed openly with teens. Role-playing—practicing common scenarios that undermine a young person's sobriety—is an important technique. Also, counselors help teen addicts to identify their individual "triggers." These are things that make them feel vulnerable to drug use, such as anger, sadness, loneliness, old drug friends, the smell of marijuana, or seeing pipes or syringes.

The goal of longer treatment programs is also to help teens get a start on working out family issues, coping with negative experiences or feelings, like guilt and depression, and learning ways to relax and have fun without drugs and alcohol.

James, a young inhalant abuser, went into an eight-week treatment program at age thirteen. According to James, he felt

> shell-shocked. I was the youngest guy there by two or three years. The staff took away my headset and music so I couldn't shut them out. There it was, the beginning of summer. We'd go on a field trip to the park and I'd see all my old friends, but I wasn't allowed to talk with them. I was on the outside of my life, looking in. There was nothing I could do about it except do what I had to do. You had to say something for them to help you, so I did.[56]

Wilderness programs and boot camps

An approach that has been growing fast in recent years is the adventure or boot camp program. Based on the idea that teens learn better through experience, these are programs that take addicted teens on wilderness challenges or stress discipline to break down negative patterns and allow change. There are more than one hundred wilderness and boot camps in the United States.

Some of these programs are controversial. Disturbing situations have resulted in the tragic deaths of teens who were pushed beyond their limits or were subjected to abusive "discipline." Other programs have excellent reputations and claim positive results. These seem to have a good balance of caring, professional staff, physical challenge, therapy, and strict limits.

At fourteen, when Zoey returned home after a five-day drinking binge, her mother persuaded her to go to a wilderness program in Utah. "I can't say I liked it, but it did help me," she says, now seventeen. "The staff in the wilderness were cool. I used to always run from things. I learned I needed to take emotional risks. And I felt proud of myself for finishing something so hard."[57]

Although boot camp programs like this are controversial, they have become a popular treatment method in recent years.

Aftercare

Teens often find the adjustment from inpatient treatment centers to home difficult. They have been in a closed, safe environment with many other teens in the same situation. The staff knows their problems. In some ways, they are starting over again, and the future may seem scary.

This is where aftercare groups come in. Only teens who have been in treatment attend the meetings. A counselor and the group members provide support for abstinence on the outside. Many schools also have recovery support groups, which help students pick friends who will bolster their choice to be drug free.

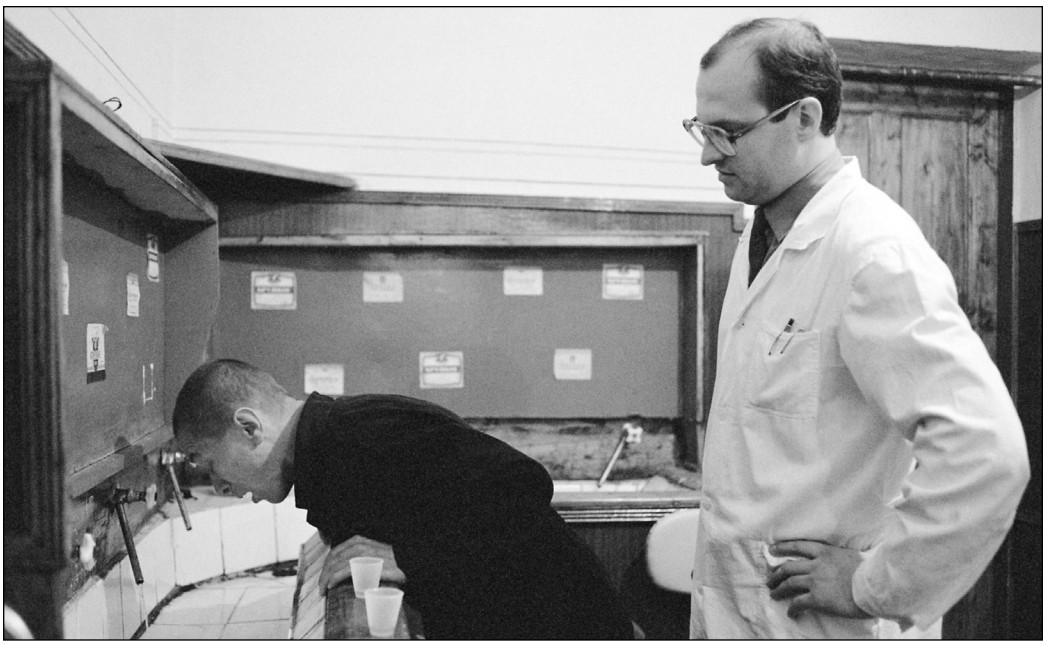
Parents are expected to play an important role in supporting a teen who has just returned home from rehab. They need to create a safe place, with no alcohol or drugs, and provide healthy choices for drink, food, and recreation. Parents should attend a support group of their own, such as Al-Anon, to understand the recovery process.

One young recovering addict asked her mother to run interference with old friends. She provided her mother with a list of positive friends and negative friends. For some time, the mother answered the phone and the door, screening visitors: "When one of the negative kids came to the door, I was supposed to say, 'My daughter would love to see you after you've been clean and sober for six months. Good Luck.'"[58]

Some teens choose not to go home after completing treatment. Instead, they arrange for a new environment that will not trigger old drug-use patterns. A teen may choose to live with the other parent if his or her parents are divorced, or another relative. Boarding schools are a common choice. Therapeutic schools provide a rather strict but supportive, sober environment.

Medical help

For some teen addicts, the medical help of a doctor or psychiatrist is invaluable in overcoming addiction. When one young addict returned home from treatment, a psychiatrist suggested that medication might help her focus better in school. Almost immediately, high school became easier to



Some medications help teens overcome their addictions. This teen takes a drug that makes him sick when it is combined with alcohol.

handle. But unexpectedly, she also felt less impulsive and less interested in drugs or alcohol. Her mother began to trust her again and finally allowed her to get a driver's license when she had been sober for six months.

Some addictive drugs have well-studied medical support available. Medications can block the effect of a drug, treat overdose, reduce cravings, deter use, or treat underlying emotional problems. The drug Zyban and the nicotine patch have been helpful for teen smokers. With medical supervision, young alcoholics can take Antabuse, which reacts with alcohol intake to make the user violently sick. Heroin addicts can be maintained on methadone or newer drugs. Cocaine is under intensive study, but thus far it has been unresponsive to medication treatment. Antidepressants, such as Prozac and Zoloft, are helpful for many recovering alcoholics and addicts.

Access to treatment

An important issue in the treatment of teen addiction is the high cost involved. Even a short program can cost thousands of dollars. Only a small percentage of teens who want treatment can afford the most effective programs.

One big problem is that there simply is not enough treatment to meet demand. Of the 1.1 million twelve- to seventeen-year-olds who needed treatment for illicit drug problems in 2000, only 11.4 percent received it. Experts have a good idea of what works; the challenge is to provide the proper treatment for teen addicts so that they do not become adult addicts.

6

Prevention of Teen Addiction

IT MAY BE that the most promising aspect of teen addiction is not treatment but rather prevention. Impressive successes in reducing use and addiction have provided useful models for prevention programs. Primarily, researchers now believe the key to preventing chemical addiction among teens and young adults is to delay use of nicotine, alcohol, and drugs. If use is delayed until adulthood, or at least age sixteen, the rates of addiction drop dramatically.

Delayed initiation and use are achieved with a number of successful strategies. First, factors that seem to protect teens from drug abuse can be encouraged. Second, effective education programs and creative media campaigns can help prepare young people to make wise choices for themselves about addictive substances. Parental and community support for positive choices and laws that make it easier for teens to avoid drugs are also highly effective.

Protective factors

Some teens are at lower risk for drug abuse and addiction. In the same way that there are distinct risk factors, like low self-esteem and emotional problems, distinct protective factors have been identified that counter negative influences.

The University of Washington's Social Development Resource Group has identified ten major protective factors. For example, teens who are given opportunities to participate meaningfully in school, community, and family, and

Teens who participate in school activities like sports are less likely to become drug users or addicts.

are recognized and regarded for their contributions, are more resistant to drug abuse. Other protective factors include good social skills with peers and solid moral or religious beliefs—knowing right from wrong. The absence of these factors—failure in school, feeling like an outsider—increase the risk of substance abuse.

Schools can assess themselves and their surrounding communities for the presence or absence of these factors. Then a plan can be devised that boosts weak areas. This is a project that students themselves can initiate and take part in. Instead of feeling powerless over the problem of addiction, teens can focus on one protective factor and invest in it.

In a typical high school, a student who begins to experience failure has nowhere to turn for help. In rare cases, where

the student is identified with a learning disability, special staffing and assistance are provided. Otherwise, the student is expected to deal with learning and motivation problems elsewhere.

Often, such a student begins to drift away from school interests, cutting class and accumulating tardies and detention slips. This teen soon becomes ineligible for school activities as well. Eventually, the school is forced to suspend the student, which means even more class time is missed and work cannot be made up. This student is at an increased risk for addiction.

Fairview High School in Boulder, Colorado, is a top-rated high school with high test scores. Fairview has been proactive in dealing with academic failure, making it a priority to assure the academic success of every student.

"At Fairview," according to one teacher, "there are many classes which help struggling students of all abilities. What's more, there is a special learning center, staffed at all times by tutors in all subjects, where students who have fallen behind can get the help they need. Students who miss school can turn things around and get their work done."[59]

Because academic success is linked with lower rates of drug abuse, schools like Fairview High are taking an important step in preventing teen addiction.

Education increases awareness

Teens who are less aware of the health risks of smoking, drinking, or using drugs are more likely to use them. There must be an ongoing, consistent effort to increase awareness among teens about the dangers of drug abuse and addiction. This can be done in a multitude of ways.

Awareness education can occur at school via Channel One, movies, assemblies, health class, poster contests, T-shirts, murals, CD-ROMs, and innovative plays. On one large college campus, where binge drinking has been particularly bad, sits a badly mangled car. A few years ago the sixteen-year-old girl who drove that car lost her life by drinking and driving. It serves as a wake-up call to young students, who can see firsthand the consequences of uncontrolled drinking.

A role of government and private agencies has been to create teen-friendly brochures and websites. The National Clearinghouse for Alcohol and Drug Information distributes brightly colored "Tips for Teens" on each drug, giving brief, honest facts in a format that is appealing to young people. To counteract the tendency of teens to overestimate the number of peers using drugs, these brochures always emphasize the overwhelming percentages of teens who *do not* use them.

The most important lesson regarding ongoing awareness campaigns is not to become complacent. In 1977, 40 percent of teens smoked cigarettes. By 1992 teen smoking had dropped to 26 percent. Drug education agencies considered this a success and turned their attention to other issues. Use shot back up to 35 percent in five years.

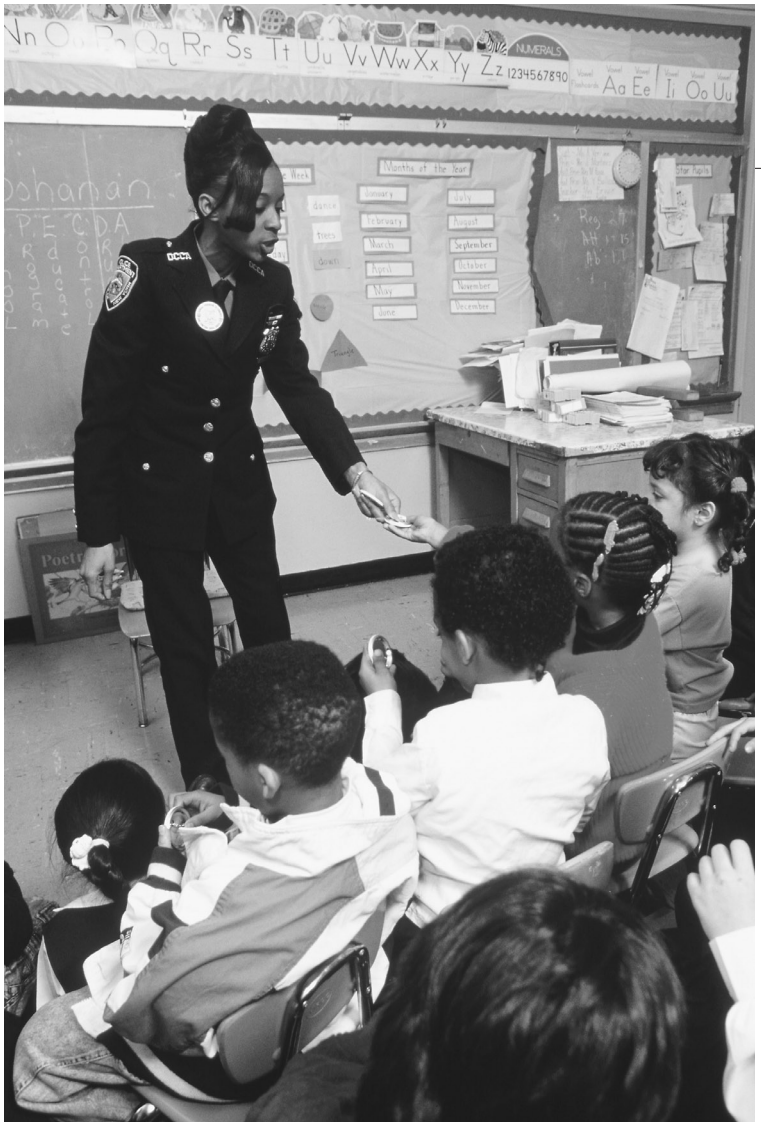
Education programs

The most common drug education approach has been to educate elementary school students through courses such as the Drug Abuse Resistance Education (DARE). Typically, fourth- or fifth-grade classes undergo antidrug instruction, taught by a police officer, for several weeks in a school setting.

Studies of the effectiveness of this type of approach have suggested three ways to dramatically improve it. First, it is important to realize that children change a great deal during their school years. At different ages, they have different needs and face different challenges regarding drugs. It is critical that information about drug abuse and addiction be reinforced at every school transition. That means that when students enter middle school and high school, they need to hear the information again in ways that address the problems they face at that time in their lives.

It is not enough to recite basic information to young people over and over again. Although the basic facts about drugs are important, it is necessary to teach the skills needed to resist drugs. This skills training should be interactive, allowing teens to learn by participating in discussions and role-playing.

Finally, drug education should include a parent compo-



A police officer visits an elementary school class to educate students about the dangers of drug use.

nent. This aspect is ignored in most programs. Where parents are also taught about drugs and their role in prevention, the education programs have been much more effective.

One other obvious shortcoming of school-based drug education programs is that they do not reach the teens who are most at risk—those who have dropped out of school.

Media campaigns

Media campaigns can serve to counter expensive company advertising for cigarettes and alcohol. They can also strengthen community expectations about drug use as well as balance the pro-drug message kids receive daily.

There have been a number of very successful antidrug messages. In the past, the campaign directing teens to "Just

Say No" was criticized for being too simplistic. However, cigarette smoking by teens dropped during that time. More recently, efforts by the Partnership for a Drug-Free America and the Truth Campaign have been remarkable in speaking to teens.

Minnesota tried a youth-initiated antismoking campaign in which teens were trained as activists. They were able to come up with effective ideas when it came to reaching their peers, including a "Kick Ash Bash," a website, and teens featured in antismoking ads. The campaign sponsored music

Media campaigns explaining the hazards of marijuana are often successful at discouraging drug use.

events and a snowboard series just like the tobacco companies do.

What makes some media approaches more effective than others? The Partnership for a Drug-Free America uses the talent of some of the best advertising firms in the country. That talent is put to work using the same effective techniques that sell nicotine, alcohol, and drugs to teens in the first place. "If we can sell a product, why can't we unsell one?"[60] quipped founding member Allen Rosenshine. It must be working—according to a 2001 report of the National Institute on Drug Abuse, a recent antimarijuana campaign cut teen use by 26.7 percent.

Teens respond especially well to creative, memorable messages, such as the image of a frying egg with the words "This is your brain on drugs." Another effective approach has been to appeal to young people's natural desire to be independent. By showing teens how they are being used and manipulated by big corporations, how illness and death are just "collateral damage" in the profits game, these ads are showing teens respect as intelligent consumers. Linking alcohol with date rape has been effective with girls.

What does not seem to work are ads that preach or patronize. "The typical 'Mr. Owl says it's not wise to smoke' approach wasn't going to work,"[61] says Ted Johnson, an ad executive who worked on the Minnesota project. Antismoking campaigns run by the tobacco companies themselves are also less effective.

Parents—the antidrug

In the 2001 National Survey of American Attitudes on Substance Abuse, teens ages twelve to seventeen indicated that the single most important protective factor in the fight against addiction is "hands-on" parenting—"parents, not pals."[62] The survey found that parents who took a clear position against drugs, such as "I would be extremely upset—," and knew or expected to be told where their kids were, had teens who were half as likely to abuse substances.

When one sixteen-year-old boy was caught by his parents smoking marijuana again, he was given one more chance:

stop using or lose his car. He did stop for a while, but when he smoked again, his parents "seized his car from the school parking lot, drove it to a used-car dealer and sold it."[63]

Ironically, although some teens may groan at the idea of "hands-on" parenting, most say they appreciate parents who are involved, set clear limits, and make it easier for them to say no to drug use. In interviews, teens report being closer to hands-on parents than to more permissive ones.

Restricting Availability

Teens use what is available. This is borne out in tragic ways in towns where the youngest teens are not only experimenting with cigarettes and inhalants but also marijuana, methamphetamine, LSD, or cocaine. When cigarettes became harder to buy and marijuana easier, teen use of these drugs changed according to availability.

Michael Massing, author of "The Fix," concludes that treatment should be provided for all addicts, but that the government should continue to try to reduce the amount of drugs available to them. He argues that when the law provides adequate treatment for all heroin addicts and police officers work to reduce available drugs, the rates of both crime and heroin addiction go down.

Another way in which some states are working to make legal drugs less available to minors is by increasing the price so much that teens are discouraged from regular use. In New York, California, and Arizona, large taxes imposed on cigarettes have had a tremendous effect on reducing teen use.

Stricter Laws

In Florida, where lawmakers were concerned about the rampant use of cigarettes and the possible health effects among teens, a radical step was taken. It was decided that there would be strict enforcement of teen smoking laws passed in 1997.

When Josh Randall, a high school senior, smoked a cigarette outside a Miami mall, four undercover police officers charged up from a black sedan and wrote him a ticket for possession of one cigarette. They took his mug shot on

Police officers arrest a young drug user. In recent years, many states have begun strictly enforcing anti-drug laws.

the spot. When he did not show up for court, his driver's license was suspended. "I don't know what works," the smoking court judge admitted to a *Time* reporter. "But I figure that for a teenager, losing your license is like the death penalty."[64]

Zero tolerance

The concept of zero tolerance for alcohol and drugs has also been a big trend, particularly in schools. Those in favor of zero tolerance point out that it is important to have clear messages about drug use, and that it is much more fair to enforce a black-and-white rule for everyone than to punish some teens and not others. However, a concerned school counselor had this to say:

President George W. Bush signs the Drug-Free Communities Act, a law that helps communities fight drug abuse.

> I've come to believe that zero tolerance means that teens aren't even allowed one mistake in life. We had a very talented athlete who had a drink on a school sports trip. Because of our zero tolerance policy, he was kicked off the team for the rest of the season. In fact, he never played again. He became a party boy, then a hard-core alcoholic—in and out of rehab. I often wonder: what if he had been made to sit out a game or two on the bench? What if his desire, to play the sport in which he was so gifted, had motivated him to give up alcohol before he became addicted?[65]

At Westtown, a Quaker boarding school, administrators changed their zero tolerance policy when students explained that they could not help their friends without getting them expelled. Now, first offenders are given the chance to complete a drug and alcohol counseling program.

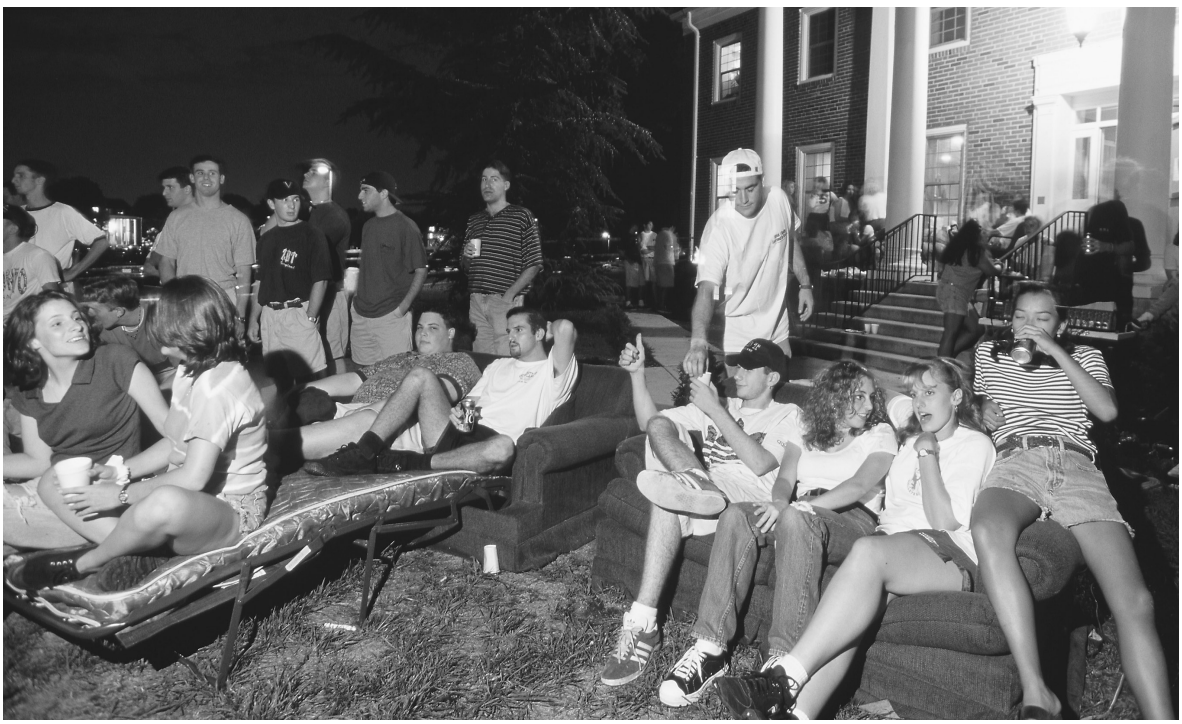
Drug testing in schools is also a controversial issue. Many teens feel it is a violation of their rights and makes the school environment oppressive. Nick Cornwall, a student at a military academy, supports random drug testing at his school because it makes it easier for students to turn down drugs.

After Crystal, fifteen, smoked marijuana on a snowboarding trip, her mother took her snowboard away. But when Crystal shared how important the sport was to her, Crystal's mom agreed to let her continue snowboarding on the condition she get monthly drug tests. Knowing she could lose her board again helped this teen stay drug free.

Supporting a drug-free life

Many activities provide teens an enjoyable outlet for their incredible energy. Not every young person is an accomplished student or athlete, the two activities that garner the most recognition. Every teen should be encouraged to find activities that give him or her personal satisfaction.

In many communities there have been exciting efforts by teens to organize drug-free events. In one small town a group of high school students formed a group called Youth 4 Change and set out to give teens an alternative to drinking and drugging on the weekends. Their first outdoor concert featured a "battle of the bands," a climbing wall, and a break-dancing contest. For the next event they appealed to the local Elks Club for use of a hall and put on a successful late-night drug- and alcohol-free dance.



Universities across the country have cracked down on parties like this one, and many offer substance-free dormitories.

For older teens, colleges have cracked down on drinking in fraternity and sorority houses. Many students appreciate the change and, if given the chance, will choose a sober dorm or house. Students tend to pick living situations that appeal to real interests rather than partying—houses that focus on the environment, eating vegetarian, studying together, or mountain biking.

Lynn, seventeen, chose to go away to boarding school after her best friend died from inhalant abuse:

> I had heard there was a drug and alcohol problem at boarding schools, so I was surprised when they offered me an alternative—Opportunity House. It was a stricter dorm where kids mostly came home after school and activities, and just hung out together. Some of the kids had to be there, but I chose it.[66]

More than ever, teens are being faced with potentially life-changing decisions about drugs and alcohol—from their first exposures to these substances as preteens to the culture of partying that pervades college campuses. The more effective and teen-friendly the education they receive on these important issues, the more prepared they will be to make sound decisions for themselves. But just as important, teens who make the sometimes difficult decision to go against the flow and remain substance free need to receive the continued support and confidence to stay the course. Those young people who have fallen victim to teen addiction need to hear society's invitation—loud and clear—that help is just a phone call away.

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Glossary

abstinence: Choosing to live without the use of a particular substance, such as alcohol; also used in reference to sexual activity.

addiction: A compulsive, uncontrolled use of a substance in spite of negative consequences.

Al-Anon: A support group for loved ones of alcoholics and addicts that involves a 12-step plan for personal recovery.

Alcoholics Anonymous: A self-help program for alcoholics that provides supportive meetings and a 12-step plan for recovery.

alcoholism: Addiction to alcohol, in which the alcoholic's use of alcohol is out of control.

anxiety: A feeling of worry or nervousness; an emotional disorder in which this feeling is excessive.

binge drinking: Drinking five or more drinks on a single occasion.

blackout: Often a sign of alcoholism, the drinker cannot remember what occurred while drinking.

blood alcohol content: The percentage of alcohol in a person's blood.

central nervous system: The parts of the body involving the function of the brain and spinal cord.

codependent: Describes an unhealthy relationship with an addicted person and behaviors, such as enabling, that protect the addicted person.

craving: A powerful, often uncontrollable urge to use drugs.

dependent: Addicted to a chemical substance; refers to the body depending on regular use of that substance, which, if stopped, will result in withdrawal symptoms.

depression: An emotional state or disorder in which a person feels sad or disinterested in life.

detoxification: Also referred to as detox; the process of cleansing the addict's body of a chemical substance.

dopamine: A neurotransmitter present in regions of the brain that regulate movement, emotion, motivation, and feelings of pleasure.

drug paraphernalia: Miscellaneous equipment associated with drug use, such as pipes and syringes.

enabling: Acting in such a way that it is easier for the addict to carry out addictive behaviors.

endorphin: A neurotransmitter that is related to natural feelings of euphoria and exhilaration.

epidemic: An excessive number of people engaging in or affected by a public health threat at the same time.

fetal alcohol syndrome: Impairments, such as mental retardation and physical defects, that may afflict a baby born to a mother who drinks alcohol.

gateway drug: A drug, such as tobacco, that appears to lead to the use of other drugs.

genetic: Referring to traits passed to offspring through the genes.

hallucinations: Imaginary images that appear real to the individual who experiences them.

hangover: Unpleasant symptoms, such as headache and nausea, experienced the day after drinking excessively.

hepatitis: A disease, fatal in some forms, affecting the liver.

hereditary: Physical or behavioral traits passed from a parent to child through the genes.

herpes: A sexually transmitted viral disease; can also refer to cold sores.

HIV/AIDS: The human immunodeficiency virus (HIV) is a sexually transmitted virus that can lead to the fatal disease of acquired immunodeficiency syndrome (AIDS).

illicit: Illegal.

initiation: The first time someone tries an addictive substance.

inpatient: Describes treatment that is received while staying in an overnight facility, such as a hospital unit.

intoxication: Showing symptoms of being drunk, such as loss of coordination and slurred speech.

Narcotics Anonymous: A self-help group for individuals addicted to drugs, based on the 12-step program of Alcoholics Anonymous.

neurotransmitters: Chemicals in the brain involved in the relaying of messages from one neuron, or brain cell, to another.

outpatient: Describes treatment that can be received without staying overnight at the facility, such as attending group therapy at a clinic.

pediatric: Pertaining to childhood.

peer pressure: The direct or subtle pressure felt from someone your own age to do something.

personality disorder: One of several mental disorders that is based on abnormal personality traits.

predisposition: The potential or tendency to have a certain trait or behavior.

psychoactive substance: A chemical that has a noticeable effect on the brain, mood, or perception.

recovery: The process of recovering from addiction.

rehabilitation: Also known as rehab; refers to being in recovery at a treatment center or the treatment center itself.

relapse: A setback for a person in recovery in which he or she begins using the addictive substance again.

schizophrenia: A mental illness characterized by delusions or hallucinations that impair the person's sense of reality.

seizure: A sudden disruption in the brain, usually causing shaking in the body or loss of consciousness.

serotonin: A neurotransmitter that has been linked to calm, stable, or pleasant moods.

sobriety: A state characterized by abstinence from drugs (usually alcohol), stability, and commitment to recovery.

sponsor: A more experienced member of a 12-step group who guides and supports another member.

tolerance: The body's decreased response to a drug after repeated use, causing it to need a higher dose to get the same effect.

withdrawal: The process the body of an addict undergoes when deprived of the addictive substance; may include unpleasant, painful, or life-threatening symptoms.

Organizations to Contact

Campaign for Tobacco-Free kids
1707 I St. NW, Suite 800
Washington, DC 20036
(202) 296-5469
(800) 284-KIDS
www.tobaccofreekids.org

A national initiative to engage youth in the fight against tobacco addiction. It offers a wealth of creative ideas and awareness events.

National Clearinghouse for Alcohol and Drug Information (NCADI)
PO Box 2345
Rockville, MD 20847-2345
(800) 729-6686
www.health.org

The NCADI is a government office that provides free educational materials on substance abuse and addiction. Its website contains the annual Monitoring the Future survey, which documents changes in teen substance use from year to year.

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment
5600 Fishers Ln. Suite 618
Rockville, MD 20857
(301) 443-5052
(800) 662-HELP (4357)
A government agency dedicated to the prevention of sub-

stance abuse and making treatment for addiction mental illness more available and effective. To locate the right treatment, go to http://findtreatment.samhsa.gov/facilitylocatordoc.htm or call 800-662-HELP (800-662-4357).

Suggestions for Further Reading

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Gary Ferguson, *Shouting at the Sky: Troubled Teens and the Promise of the Wild*. New York: St. Martin's, 1999. The author follows a group of addicted and troubled teens through an intense wilderness program in Utah. The book gives an intimate picture of what it feels like to be struggling through recovery.

Craig Konieczko, *Intervention: Confronting a Loved One Who Uses Drugs.* New York: Rosen, 2000. Using photos and readable text, the teen reader is taken through an intervention.

Miriam Smith Mclaughlin and Sandra Peyser Hazouri, *Addiction: The High That Brings You Down.* Berkeley Heights, NJ: Enslow, 1997. This book offers a good presentation for teen readers on all aspects of addiction, including having addicted family members.

D.D. Nelson and J.T. Nolan, *Young Winners' Way: A Twelve Step Guide for Teenagers.* Minneapolis: Comp Care, 1983. The 12-steps of Alcoholics Anonymous are adapted for young people.

Websites

Al-Anon and Alateen (www.Al-Anon-Alateen.org). Well-

known support organization for friends and family members of addicts and alcoholics. Provides local group directories and educational pages on addiction, treatment, family dynamics, and recovery.

Freevibe.com (www.freevibe.com). A busy, colorful website packed with the latest information for teens on substance abuse and anti-drug campaigns. Visitors can check out the latest celebrity anti-drug ads or participate by telling their own stories.

National Adolescent Health Information Center (http://youth.ucsf.edu/nahic). The overall goal of NAHIC is to improve the health of adolescents by serving as a national resource for adolescent health information and research and to assure the integration, syntheses, coordination, and dissemination of adolescent health-related informaion.

National Institute on Drug Abuse (NIDA) (www.nida.nih.gov). Excellent resource for school reports on drug and alcohol abuse and up-to-date information on teen use.

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Drew Barrymore with Todd Gold, *Little Girl Lost.* New York: Pocket Books/Simon & Schuster, 1990. Autobiographical account of Drew Barrymore's struggle with childhood and teen addiction.

John Brick and Carlton K. Erickson, *Drugs, the Brain, and Behavior: The Pharmacology of Abuse and Dependence.* Binghamton, NY: Haworth, 1998. Fascinating and very readable descriptions of major drug addictions and what is believed to occur at a neurochemical level in the brain. Presents a persuasive argument that addiction is a disease.

Steven L. Jaffe, ed., "Preventing Relapse," *Child and Adolescent Psychiatric Clinics.* Philadelphia: W.B. Saunders, 1996. One of several papers written by psychiatrists who work with teen addicts.

Lonny Shavelson, *Hooked: Five Addicts Challenge Our Misguided Drug Rehab System.* New York: New Press, 2001. Riveting account of five hard-core adult addicts who ask for help, and their progress and setbacks in treatment. Packed with information and policy arguments for improving the system.

Gail B. Stewart, *Teen Addicts.* San Diego: Lucent Books, 2000. Interviews with several teen addicts.

David A. Tomb, *Psychiatry.* 5th ed. New York: Williams & Wilkins, 1995. Handbook for diagnosis and information about mental disorders, including drug and alcohol dependence.

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About the Author

Linda Theresa Raczek is a freelance writer who has written three children's books about Native Americans. She has also written magazine stories about troubled teens who overcome drug and other problems. Ms. Raczek received a degree in ecology from the University of Wisconsin at Green Bay and a law degree from Franklin Pierce Law Center. A former children's attorney, she now lives in Colorado with her daughter, Autumn, and their pets, Honey, Moqui, Sasha, Big Mike, and Little Mike.