

Teen Drug Abuse

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Teen Drug Abuse

by Wendy Mass

TEEN ISSUES

LUCENT *Overview Series*

LUCENT *Overview Series*

*To Martin,
for love and
office space*

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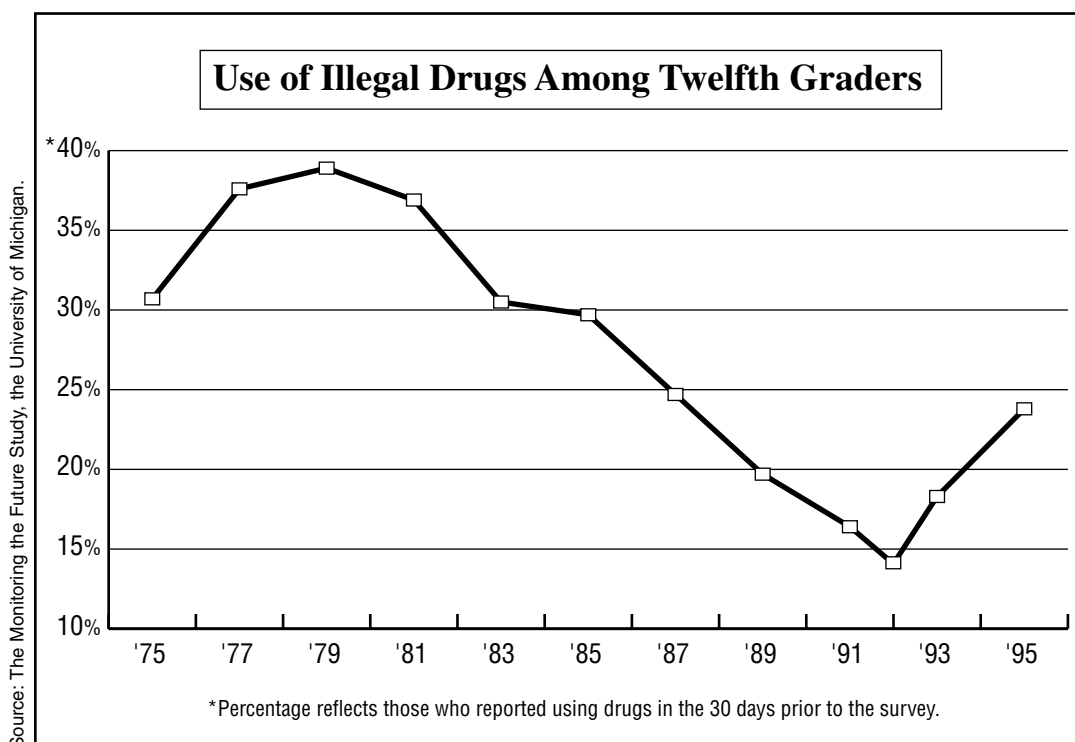
Introduction

IN 1996, THERE were approximately twenty-two million teenagers in the United States, and according to the National Household Survey on Drug Abuse, 13.3 percent of them used illicit drugs regularly. A study conducted by the National Parents' Resource Institute for Drug Education (PRIDE) puts the number of high school seniors who use illicit drugs on a weekly basis as high as 20 percent. The survey found that since 1992, teenage drug use has increased 105 percent, with a 33 percent jump between 1994 and 1995 alone. By the year 2000, if current rates continue, drug use among teens will match peak levels reached in 1979.

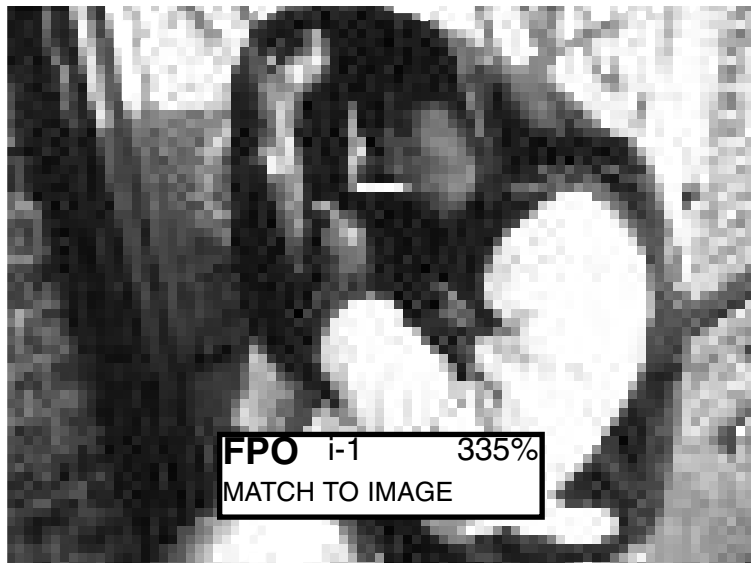
American teenagers abuse drugs more than teens in any other country in the world, and the federal government is currently under fire for allowing the problem to get so out of control. The strict antidrug laws adopted at the start of the "war on drugs" focused on cutting the supply of illegal drugs and called for harsher penalties for dealers and users. The results looked promising for a little while and the country thought it was winning the war. Media coverage of drugs dropped drastically—from 518 stories on the three major networks in 1989 to only 45 stories in 1992—and antidrug funding from corporations dropped 30 percent. Lee Brown, the former federal drug policy director, explains that drug abuse "was on the radar screen up until the [Persian] Gulf War. Then it never surfaced as an issue again." That is, until recently, when the number of teenage drug users soared and the availability of drugs on the

streets hit an all-time high. President Clinton responded to the recent statistics by promising to make the teen drug issue a priority of his second term in office. Early in 1996 he had already named retired army general Barry McCaffrey the official “drug czar” to head the Office of Drug Control and had set up sanctions against the countries known for smuggling drugs into the United States. Even though the number of people arrested for drug-law violations doubled from 1984 to 1994, the antidrug measures have not halted the drug trade.

Donna E. Shalala, secretary of the U.S. Department of Health and Human Services (HHS), describes drug, alcohol, and tobacco use by teenagers as “a poison in the well of our national future.” The HHS is attempting to set up a comprehensive strategy to “give our young people the clear and unambiguous message that drugs are illegal, dangerous and wrong.” The department has enlisted the aid of the Parent Teacher Association (PTA) to help



Smoking crack. Drug use among teens has steadily increased since 1992.



FPO i-1 335%
MATCH TO IMAGE

parents teach their children about the dangers of drugs; petitioned *Weekly Reader* and *Scholastic* magazines to get new antidrug materials into the classrooms; and asked the entertainment industry to stop glamorizing drug use.

Can society really get the message of the dangers of drugs across to the millions of teenagers who abuse their bodies, destroy their families, and bring unrest or violence to their communities?

1

Popular Drugs and Their Effects

DRUGS COME IN and out of style like clothing or music. It is hard to predict which drugs will be popular in the coming years and how long their popularity will last. Many factors account for a new drug trend: international suppliers may flood the market with a certain drug; talk of the drug in the news or in popular media can help spread its use; and a drop in price or an increase in potency always sparks a new phase of growth. More than any other decade, the 1990s have introduced a whole litany of new drugs to the teenage market—some that may be completely unfamiliar to parents and teachers. Even the well-known drugs such as cocaine, speed, heroin, and marijuana have mutated into other forms, increased in potency, or simply become more available to teenagers. Some of the new drugs aren't even illegal yet or are just getting government attention now.

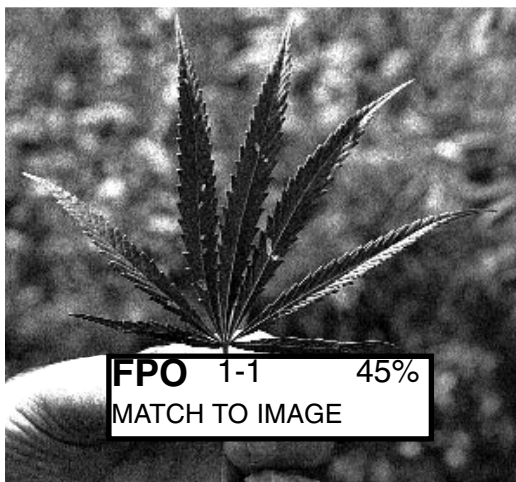
Gateway drugs

Tobacco, alcohol, and marijuana are considered gateway drugs because they are most often used before a person graduates to stronger drugs. They remain the most widely used drugs among teens, with alcohol taking the lead. Cigarette smoking among younger teens increased by as much as 50 percent between 1990 and 1997, with nearly one in three high school seniors identified as regular smokers. The Centers for Disease Control and Prevention estimate

that one million teenagers start smoking each year and that a third of them will die of tobacco-related diseases if they don't quit. Now that the law forbids selling cigarettes to anyone under eighteen, authorities are hoping to see this number drop substantially. A study by the National Institute on Drug Abuse (NIDA) reveals that young cigarette smokers are fourteen times more likely to abuse alcohol than nonsmokers. And since ten million teens drink regularly, the potential for future drug abuse has experts on the alert.

Psychologists explain that users move on to more powerful substances when the newness of the three gateway drugs wears off. Research from Columbia University suggests that young people aged twelve to seventeen who use all three gateway drugs are 266 times more likely to use hard drugs such as cocaine than young people who never used a gateway drug. Also, the younger children are when they first use a gateway drug, the greater the risk to their physical and mental development (an adult can take from five to fifteen years to become addicted to alcohol while it takes a teenager only six months to two years), and the higher the chance of them turning to other drugs when the appeal of the first three has worn off. Gateway drug users also have a greater chance of being exposed to people who are using or selling stronger drugs.

A section of leaves from a marijuana plant. Marijuana is considered a gateway drug to more powerful substances.



Marijuana

Marijuana—a plant in the cannabis family—is the link between the gateway drugs and harder drugs. Next to alcohol, it is the drug most regularly abused by teenagers. This has been the pattern since the 1960s when marijuana first became widely available. Today, marijuana (commonly referred to as pot, weed, grass, or reefer) is even more accessible to teens. According to a survey released in 1996 by the Department of Health



A girl smokes a blunt—marijuana rolled in a cigar casing. Next to alcohol, marijuana is the drug most often used by teenagers.

and Human Services, its use among teenagers age twelve to seventeen rose 105 percent from 1992 to 1995.

The 1996 Monitoring the Future study—an annual report on teenage drug use released by the University of Michigan—found that in 1995, 33 percent of high school seniors, 25 percent of high school sophomores, and 13 percent of eighth graders reported smoking marijuana regularly. When a reporter from *Reader's Digest* magazine asked how many students at one high school smoked pot, one boy laughed and said, "I couldn't count, it's so many. And it's like that at all the other high schools around here." Another boy answered, "There isn't a day that I'm not stoned. Weed is as common as school lunch."

One of the attractions of marijuana for teens is that it is inexpensive—one joint (marijuana leaves rolled up in cigarette paper) or blunt (emptied-out cigar casings filled with marijuana and often other drugs) might cost only two to three dollars on the street. The effects of the drug include relaxation, a sense of detachment and well-being, a distorted sense of time, sharper senses, and increased hunger.

Marijuana is reportedly not physically addictive, although doctors are still divided on this point. According to Dr. Alan I. Leshner, director of NIDA, about one hundred thousand teenagers each year seek help with

marijuana dependence. The dangers of the drug are clear. Ten years ago, marijuana contained about 2 percent THC (the ingredient that provides the high), whereas today's marijuana contains an average of 12 percent, and it could even be as high as 30 percent. Marijuana has four times as much tar as cigarettes, and contains over four hundred compounds that are possibly carcinogenic (cancer-causing). It speeds up the heartbeat, causes short-term memory loss and difficulty in concentration, can cause panic attacks, and increased lethargy.

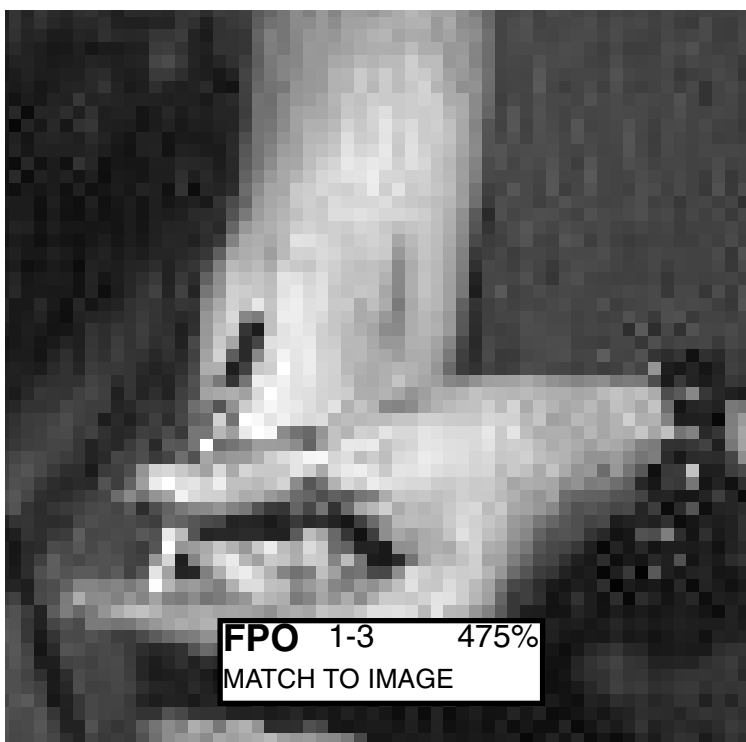
Cocaine and crack

Studies show that if drug users are going to progress into harder drugs after marijuana, they commonly try cocaine next. Eighty-nine percent of teenagers who use cocaine have previously used all three gateway drugs—tobacco, alcohol, and marijuana—and 99.9 percent previously used at least one of them. One of the world's most addictive drugs, cocaine is derived from the coca leaf and is usually snorted through the nose in the form of crystalline white powder. It is a stimulant that produces euphoria, alertness, and temporary increases in physical energy. The effects wear off quickly—if snorted they last between fifteen and thirty minutes, if smoked, only five to ten minutes—and the user is left depressed and listless, craving more. One recovering teen explains her addiction: “I couldn't even get out of bed in the morning without having cocaine first. My body just wouldn't move. I lived for it and my life revolved around it.”

Over the last ten years, cocaine, chemically altered into the form of crack, has become easily available to young people. Crack cocaine is sold in chunks or rocks for as little as five dollars for a small vial full. It is a smokable, less expensive, and more potent form of cocaine. Its effects reach the brain in just a few seconds. Crack has been called “the worst drug ever” by homicide commander Wayne McCarthy of Dade County, Florida, who has been fighting crack since it first invaded America in 1984. “There is no such thing as a recreational crack cocaine

user,” he says. “They are all terribly addicted.” It is said that once crack is used two or three times, it is almost impossible to stop. The user feels like crack is as vital to survival as air, food, and water. Between 1994 and 1995 cocaine/crack use among teenagers increased 166 percent with 7.1 percent of high school seniors and 6.5 percent of sophomores using it. According to information from the Cocaine Hotline, 44 percent of adolescent cocaine/crack users have sold drugs to support their habit, 31 percent have stolen from friends and family, and 14 percent have attempted suicide.

Both forms of the drug increase blood pressure, heart rate, breathing rate, and body temperature, and can cause respiratory failure, permanent damage to liver and lungs, collapse of the nasal septum (if snorted), hallucinations, paranoia, violent mood swings, the sensation of bugs crawling on the skin (known as coke bugs), and brain seizures. Cocaine destroys the brain’s ability to regulate



FPO 1-3 475%
MATCH TO IMAGE

In addition to being snorted and smoked, cocaine can also be injected (pictured). Cocaine produces a brief, intense high followed by depression and an urge for more of the drug.

mood and emotions, and brain scans have revealed holes the size of golf balls in the frontal lobes of occasional (recreational) users. Since the drugs affect the heart and blood vessels in such drastic ways, even a healthy teenager can suffer a heart attack or stroke the first time he or she uses cocaine or crack.

Amphetamines and methamphetamines

Other powerful stimulants are amphetamines and their close cousin methamphetamines, better known by their current street names: speed, crank, crystal, meth, or ice. These stimulants are more popular with teens than ever, with 11.9 percent of high school seniors using them regularly in 1996. Amphetamines stimulate the nervous system; they create feelings of alertness, elation, restlessness and talkativeness, appetite suppression, and self-confidence while increasing the heart and breathing rates. Amphetamines and methamphetamines are easily swallowed in pill form or smoked, snorted, or injected in powder or rock crystal form. The effects can last for up to ten hours and the drug can stay in the body for up to four days. Tolerance builds up quickly, so that a long-term user may need up to twenty times the initial dose to achieve the same effect.

Even though amphetamines in their various forms have been available for decades, drug experts say that they are now cheaper (sometimes costing only two dollars for a line or three dollars for a pill), easier to get, and more powerful than ever. The strongest rise in amphetamine and methamphetamine use is with suburban middle-class teenagers, especially among young girls who take the drug to lose weight. In California, which saw the first invasion of a particularly potent form of methamphetamine from Hawaii called Ice, use has reportedly reached epidemic proportions.

Prolonged use can cause extreme paranoia which sometimes results in homicidal or suicidal thoughts, hallucinations and psychosis, insomnia, manic energy, heart and blood vessel toxicity, and severe malnutrition. Many people complain of unpleasant physical sensations that feel like bugs crawling on them (similar to coke bugs). An

emergency room doctor in California says that “when kids come in jittery, picking at their skin, you don’t have to ask—it’s meth.”

Hallucinogens

Hallucinogens make the user see, hear, or otherwise experience things that aren’t there. The drugs that bring about this state include lysergic acid diethylamide (LSD or acid), mescaline and peyote, phencyclidine (commonly known as PCP or angel dust), and psilocybin, a type of mushroom. Hallucinogenic drugs are found in the form of thin gelatin squares, tablets, capsules, or liquid, and are often added to the backs of stamps or blotter paper to make acid tabs that the user licks, chews, or swallows. In the case of mushrooms, the user can sprinkle chopped up pieces onto food or boil them and drink the water. The effects of hallucinogens include disorientation and altered perceptions of time, space, and of the color, detail, and size of objects. Users may also experience imaginary conversations, or distortions in sound, odors, or taste. Hallucinogens can produce erratic, unpredictable, and sometimes violent behavior, and a “bad trip” can occur when the user experiences frightening delusions, paranoia, and panic. The effects could last as long as twelve hours and the user could have a flashback (unexpected and unwanted recurrences of hallucinogenic effects) even years later. Experts say that the mind-scrambling effects of LSD are so strong that even well-adjusted teens can become violent or suicidal under its influences.

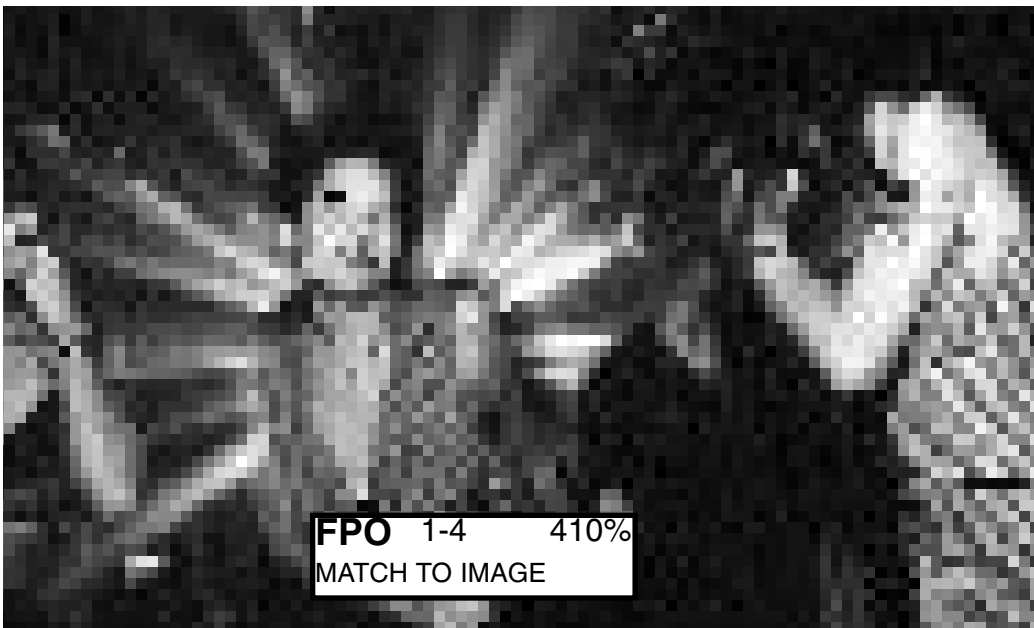
With the renewed interest in the culture of the sixties, LSD use is at its highest level in ten years. According to the HHS the use of LSD and other hallucinogens among teenagers rose 183 percent between 1992 and 1995, and 54 percent in 1995 alone. Nearly seven percent of high school seniors reported using LSD, the highest level since 1975. Dr. Lloyd Johnston, the director of the University of Michigan survey, says that “LSD is a good example of generational forgetting. Today’s young people were not around to witness the devastating effects of LSD—the bad

trips, flashbacks, accidents, and so on.” *Reader’s Digest* reports that “part of the reason for acid’s new infiltration is public relations. Cocaine and crack caused so much visible destruction in the ’80s that the two eclipsed the news on acid. LSD was dropped from the standard high-school-counselor speech, and the government eased off.”

Designer drugs

Designer drugs are specially crafted imitations of existing drugs and were originally designed to mimic stimulants along with added hallucinogenic or other powerful effects that would escape legal identification. The drugs are created in laboratories or by underground chemists working in their own basements or kitchens. The most popular designer drug nationwide is MDMA, also known as Ecstasy or X. Ecstasy is considered the ultimate social drug and is known as “the hug drug” because it gives users a feeling of empathy and togetherness coupled with an up-all-night amphetamine rush. Scientists don’t know the full range of damage that Ecstasy and other designer drugs can cause. Research so far indicates that designer drugs such

An Ecstasy party at a dance club. Ecstasy, known as the “hug drug,” is commonly used at clubs and raves (all-night dance parties).



as Ecstasy kill brain cells, can cause Parkinson's disease, increase heart and blood pressure, and affect the fluid in the spinal column. By 1996, 6 percent of high school seniors, 5.6 percent of sophomores, and 3.4 percent of eighth graders had used it.

The designer drugs come in the form of pills or powder and can cost between five dollars and twenty-five dollars for a single dose. Depending on the part of the country, some of the other popular designer drugs are Special K, GHB, DMT, Nexus, Cat, Star, and D Meth. These drugs can create intense disorientation and out-of-body hallucinations, and, in the case of DMT, can cause total physical collapse.



Ketamine, also known as Special K, causes hallucinations and disorientation.

Herbal stimulants

Herbal stimulants are pills that have been processed using natural herbs such as ephedra (or the synthetic version, ephedrine), epitonin, and *ma huang*. They are marketed to young people as a natural alternative to speed and Ecstasy. These herbs are found in diet and exercise products and in dance clubs, health food stores, and convenience stores under names like Ultimate Xphoria, Cloud 9, and Herbal Ecstasy, which spells *ecstasy* wrong on purpose. The owner of one organic herb shop worries that young people who want to stay away from hard-core drugs may turn to and abuse herbal stimulants. "They feel like it's safer, but guess what they're going to do?" she asks. "Take enough to hurt themselves and kill them."

The brightly colored boxes promise euphoria, heightened sexual feeling, tingly sensations, and a happy buzz without the side effects associated with the illegal versions of speed or Ecstasy. What they don't say is that too much *ma huang* or ephedra can cause irregular heartbeat, heart attack, stroke, seizures, psychosis, and even death. In fact, the U.S. Food and Drug Administration (FDA) says nearly

six hundred adverse reactions occurred between 1993 and November 1996, including seventeen deaths. Many of these incidents occurred when the user was following the recommended dosages on the boxes.

The companies that make these products are boldly marketing them as legal highs, since a 1994 law excluded most dietary supplements and herbs from regulation as drugs. An Internet advertisement for Herbal Ecstasy, which sold over fifteen million packets between 1991 and 1996, says the product is “a thoroughly tested organic alternative to actual MDMA or Ecstasy that is 100% legal and F.D.A. approved.” The FDA, however, has never tested or approved any of these herbal compounds. There are also doctors’ testimonials to the drug’s safety printed right on the box. However, as *Details* magazine recently reported, one of the “doctors” quoted isn’t a real doctor at all. He isn’t even human. He is actually a dog.

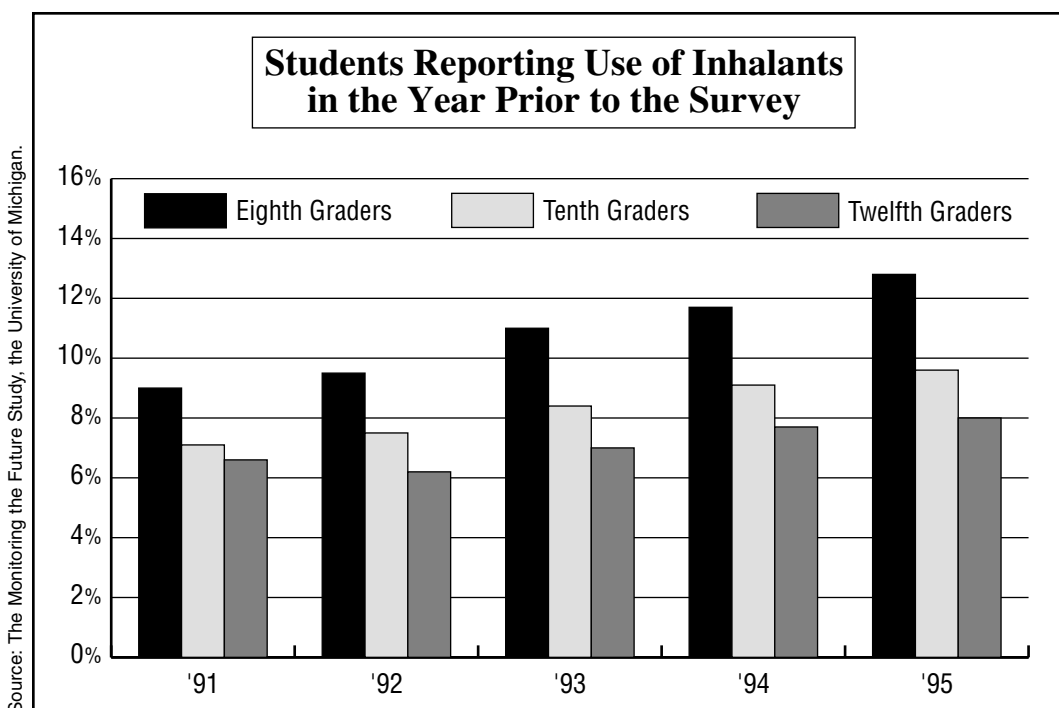
Ephedra has been getting a lot of attention lately due to the large number of deaths that have been traced to it, and many states are now regulating its sale. The *New York Times* reported that at least one company, Global World Media Corporation, says it will stop using ephedra in Herbal Ecstasy and will instead use *kavakava*, an herb their spokesman called “much stronger” and “a lot more euphoric.”

Inhalants

Teens also have easy access to inhalants. These toxic chemicals found in everyday household products can be readily purchased in grocery, hardware, and convenience stores or found around the house. About fourteen hundred ordinary products contain chemical vapors that young people can inhale or sniff, an act known as huffing. Huffing causes a quick, intense high that usually lasts only a few minutes and can be accompanied by a feeling of intoxication, well-being, and a lowering of inhibitions. The vapors are found in solvents such as glue, paint, paint thinner, gasoline, kerosene, lighter fluid, nail polish remover, varnishes, and cleaning fluids. They are also found

in art or office supplies such as correction fluids and felt tip markers. Inhalants in the form of gases are found in whipping cream aerosols, coolants, cooking sprays, spray paint, chloroform, and nitrous oxide.

In the 1950s and 1960s the use of inhalants became widespread and then died down considerably. In the past few years, however, the use of inhalants has increased. Steve Dnistrian, vice president of the Partnership for a Drug-Free America, says that “among drugs teenagers report having used at least once, inhalants rank second to marijuana.” Use is highest in the middle schools and junior highs, where the appeal is the ease of obtaining the products. In 1993, 11 percent of eighth graders reported using an inhalant, and by 1995 that number rose to 13 percent. As the children get older they either lose interest or move on to stronger drugs, and by senior year only 8 percent had used inhalants in the past year. According to Dr. Herb Kleber, vice president and medical director of Columbia University’s Center on Addiction and Substance Abuse



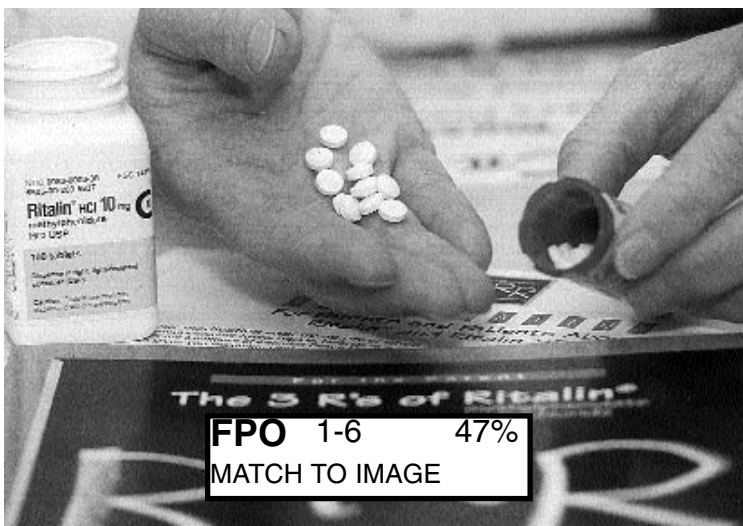
(CASA), studies show that a thirteen-year-old who uses inhalants to get high is more likely to grow into a chronic abuser of illicit drugs by the time he or she reaches fifteen.

Depending on the chemicals inhaled, users can be left with headaches, nausea, dizziness, loss of concentration, blindness, hearing loss, brain damage, lead poisoning, and even cancer from sniffing chemicals like the benzene found in rubber cement. Since these products aren't meant to be used as drugs, many people don't think of them as such, and young people will often try them as an alternative to a "real drug" without knowing the dangers. At least seventy-six young people died from huffing in 1991 alone. The chemicals in aerosol sprays or solvents can throw the body into cardiac arrest by causing the heart to beat very fast and erratically, then suddenly stop beating, causing death. Or the inhalant can starve the body of oxygen by forcing the air out of the lungs and central nervous system. In that scenario, the user instantly stops breathing and dies.

Ritalin

Another fairly easy and legal (with a prescription) drug to obtain is Ritalin. For years Ritalin (which is the brand name for methylphenidate, a stimulant) has been prescribed to children and teenagers with attention deficit/hyperactive disorder. According to the U.S. Drug Enforcement Administration (DEA), between 1990 and 1995 the drug was prescribed six times more often than before to kids aged five to eighteen. That growth has brought with it a new rise in recreational use by high school and college students. As one teen reports in *Newsweek*, "It makes you really hyperactive. Anything you want to read, you want to read it right then. Anything you want to do, you want to do it right then—organize your room, organize your life." She says that students take the drug to study, to write papers, or "just for the buzz" and describes the effects as an extreme high with a bad headache afterwards.

The tablets, which can be crushed and snorted like cocaine, are easy to get because so many young people have prescriptions that they either share or sell. The drug is ad-



The use of Ritalin, a stimulant designed to treat attention deficit/hyperactive disorder, is on the rise due to the increasing numbers of young people who are prescribed the drug and, in turn, share or sell it.

dictive and can cause strokes, high fever, or hypertension. Dr. Herbert Nieburg, a substance abuse expert in New York, states, "You have now unlocked the secret door of the 1990s—the abuse of Ritalin."

Heroin

According to Dr. Robert Millman, director of drug treatment at New York Hospital–Cornell Medical Center, heroin accounts for a large part of the increase in drug abuse by young Americans. From 1992 to 1995 heroin-related emergency room visits rose 58 percent. Dr. Millman believes this is due to the surge in the supply of heroin and the purity, now ten times more potent than just a few years ago. "Heroin had gotten a bad name because you had to shoot it [inject it with a needle, usually in the arm or buttocks]," he points out. "But now it's so potent kids can sniff it or smoke it and get high. There's going to be a lot more overdose deaths, we feel sure."

Instantly addictive, heroin is a narcotic derived from morphine. It depresses the central nervous system causing an intense rush followed by euphoria, feelings of peacefulness, and drowsiness. Pulse and respiration slow down, and the effects last for two to four hours. Initial euphoria is often followed by nausea, vomiting, clammy skin, and



Traditionally taken intravenously, heroin can now be snorted (pictured) and smoked. Experts feel that the variety of its forms will increase heroin use among teens.

convulsions. Users can become malnourished and develop vascular problems from too many injections. Serious diseases such as AIDS and hepatitis can result from sharing infected needles. Comas and even death are common reactions to overdoses of heroin or to a mixture of heroin with other dangerous drugs. Withdrawal begins within four to six hours after the last dose and brings extremely severe reactions that include intense cramps, shaking, vomiting, delirium, fever, anxiety, chills, and even life-threatening seizures. Heroin is considered the most difficult drug to stop using because it is so addictive.

Anabolic steroids

Another drug that won't go away, according to sociologists, is steroids. *Maclean's* magazine reports, "Steroids, once exclusive to elite athletes and hard-core bodybuilders, are now the elixirs of young males' vanity. The muscle-building substances, generally used by veterinarians on animals, are widely available to high school students through networks of other athletes or at gyms." Steroids give teenage boys the kinds of muscle that a developing body couldn't get on its own. Joe, a teenage steroid user, says, "You see anyone in high school who is big—has ripped mass, the curl in the biceps, the veins—and you know he's on it. He's juiced."

Steroids are expensive; a five-week cycle could cost anywhere from five hundred to one thousand dollars. They are also illegal when used for nonmedical purposes. Nevertheless, the HHS estimates that up to 11 percent of high school and college athletes have tried them. Some people look for other performance-enhancing substances that are not as strictly regulated as anabolic steroids. These include GHB, HGH (Human Growth Hormone), and EPO. Athletes claim these substances help build more muscle or greater endurance but they can also cause serious damage

and even death. One police officer warns that “like any street drug, steroids get cut every time they change hands. A lot of these kids are injecting themselves with chemicals that are even worse than the steroids.”

Steroid use can cause severe outbreaks of acne on the upper back, baldness, shrunken testicles, heavy beards, a puffy face, and depression. Extended use can lead to the growth of tumors, and can cause liver and heart disorders and damage to the endocrine system. It also changes boys’ personalities. According to Joe, “You go from an intelligent, normal guy to someone who resorts to beating people up if they don’t agree with you. It’s a totally physical mentality, and very aggressive.”

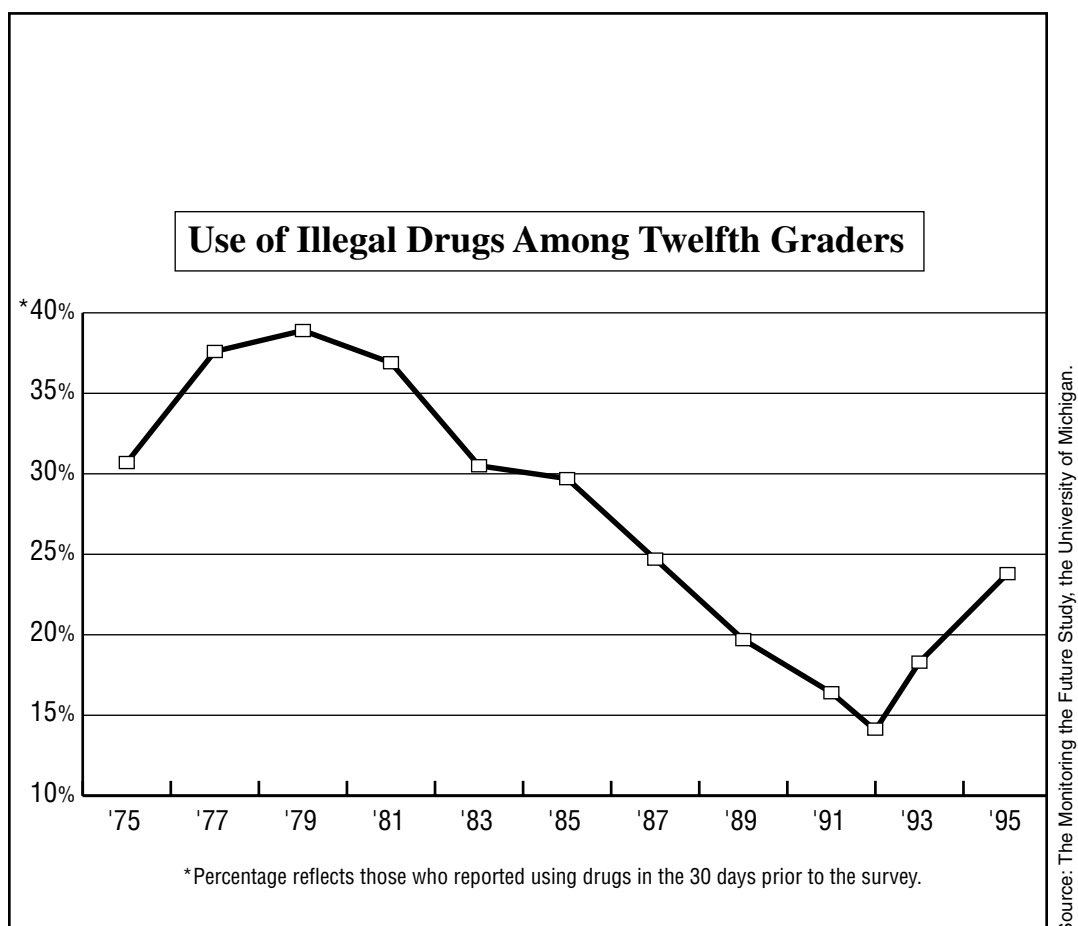
Rohypnol

The newest drug to appear on the teenage scene is Rohypnol, a prescription sedative that is ten times stronger than Valium, another commonly used sedative. A two-milligram pill has more intoxicating power than a six-pack of beer, and adding Rohypnol to alcohol is what sent singer Kurt Cobain into a coma in Italy a few months before his death. The drug is manufactured by the Hoffmann-La Roche Company and was never legally prescribed in America. This powerful sedative can cause dizziness, disorientation, nausea, difficulty in speaking and moving, followed by memory loss. It has been used in Europe and South America since the 1970s as a means to relax patients before surgery and as a treatment for insomnia, and is now available in more than sixty countries. In October 1996, the federal government established a fifteen-year sentence for possessing or using the drug in America.

The street names for Rohypnol are roofies, roach, ribs, or rope, and the addictive drug has turned up in nearly every state in the country. According to *Texas Monthly*, the drug appeals to teens because “it makes them feel drunk, but doesn’t make them throw up, doesn’t show up in the most common urine tests, and is dirt cheap at only \$1-\$5.” *Newsweek* reports that the drug has also caught on with gangs and the rave crowd. In 1996 a DEA representative

reported to congress that “middle school, high school or college students either use Rohypnol alone or more commonly in combination with alcohol or marijuana. Those who attend rave parties often take amphetamines to stay awake throughout the night and may take Rohypnol tablets to ease the effects of the amphetamine use.”

The most severe side effect of the drug is short-term amnesia, where the user temporarily experiences a complete loss of memory. This accounts for Rohypnol’s newest names, the Forget Pill and the Date Rape Drug. The Partnership for a Drug-Free America reports that young women may become unknowing victims if men slip the tiny tasteless, odorless, and colorless pill into their drinks.



Losing the war against drugs

Over 100 billion dollars have been spent on the war on drugs since 1980, but drugs are as available and inexpensive as ever. They can be found in every city and town, regardless of proximity to the major drug distribution centers. Drug networks are so well established that no drug is too difficult for teenagers to locate. In the case of inhalants and herbal stimulants, they are as easy to get as toothpaste. Teens are drawn to certain types of drugs not only because of nationwide trends but also because the effect of the drug appeals to them. They risk the real danger of death to be stimulated by drugs such as cocaine or speed or to be calmed by marijuana or Rohypnol. Sociologists are currently studying what motivates the teenager to use drugs to achieve these altered states in the first place.

2

Why Teens Take Drugs

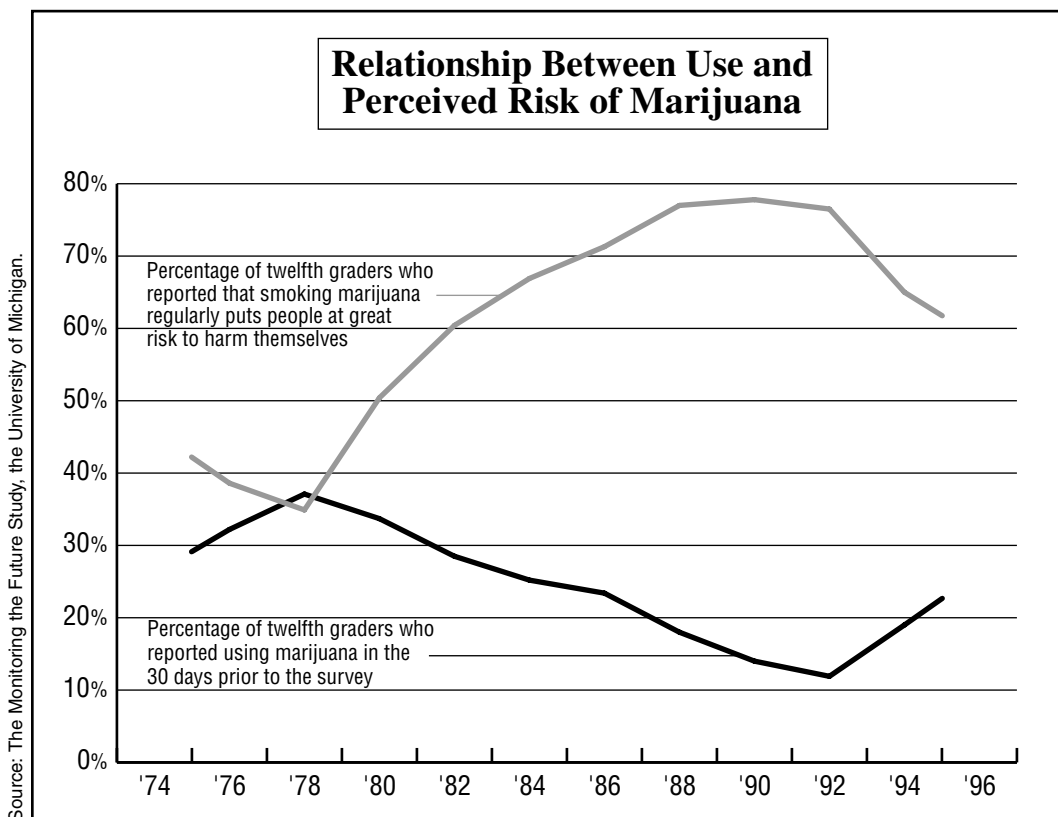
BY THE TIME a teenager turns nineteen there is a 98 percent chance that he or she has tried at least one drug (including alcohol). It's hard to say why teenagers try drugs. Sometimes they don't even know why they do it. If a person asked ten teenagers at a party why they were getting high, that person would probably get ten different explanations. A lot of the time teenagers don't even recognize the paths that led them to drug abuse. Drug abuse is usually the result of a problem, an outside influence, or the combination of these. There are many reasons why teenagers decide to use drugs, but there are specific influences that appear time and again.

Experimentation

Part of being a teenager is experiencing new things, taking risks, and rebelling against authority. According to Dr. Mitchell S. Rosenthal, president of a large drug treatment program called Phoenix House, teens are seeking adventure and they often find it by experimenting with drugs. A middle school guidance counselor told *Newsweek* that when she talks to students about drugs she asks them to go to a certain section of the classroom if they consider themselves big risk takers. The result no longer surprises her. "They push each other out of the way to get there first," she reports. The attitude that nothing can hurt them, that they can handle anything, makes teenagers vulnerable to the lure of drugs.

According to *USA Today*, drug use among teenagers is increasing at an alarming rate, while the perceived risk is decreasing. Amy, sixteen, considers herself a “recreational” drug user, meaning she only uses drugs occasionally and doesn’t think drugs are dangerous in moderation. “Every year at school there would be a new drug to conquer,” she explains. “You just wanted to see what it would do to you, you know, would it be cooler than the last thing. It’s no big deal if you don’t take it too seriously.” For many teens who are bored, taking drugs is something to pass the time. Tom, sixteen, says, “There’s seriously nothing to do where I live. Getting high is like the major activity. If I didn’t get stoned, I’d be bored out of my mind.”

The denial by teens of the dangers involved with even occasional drug use has drug educators frustrated. They

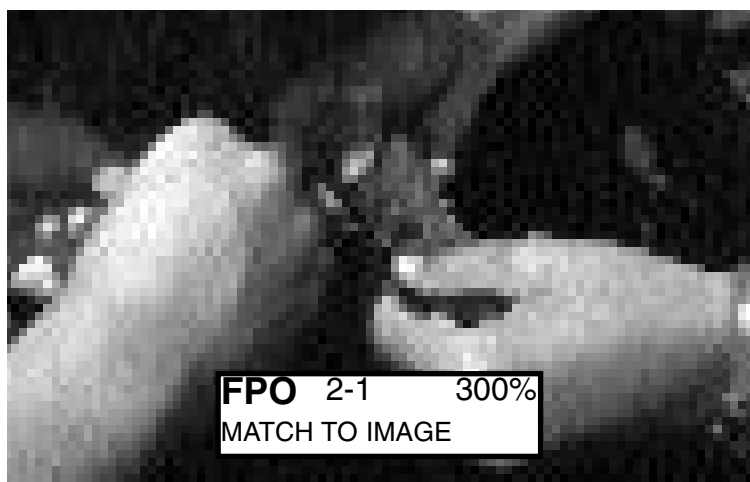


feel that teens have to learn that experimenting with drugs isn't like experimenting with a new hairstyle or way of dressing. Barbara C. Thornton, a high school principal recognized by President Clinton for working with teens who have drug problems, sees experimentation and recreational use as a huge problem that only secures drugs a firmer place in teen culture. "I think it's gone beyond experimentation," she says. "It's become a part of what young people do." She believes that taking drugs has replaced the harmless activities of past generations such as bowling or skating.

A route of escape

Life today often presents young people with situations that they are not emotionally and psychologically equipped to handle, and many troubled teens turn to drugs as a way to escape from the pain around them. According to Peter Provet, the director of adolescent programs at Phoenix House, "Our most vulnerable kids have experienced and witnessed tragedy to a greater degree than they did even five years ago [in 1990]. We're seeing kids totally unmotivated, who don't care about living or dying. They are increasingly coming from single parent neighborhoods where violence or AIDS has claimed relatives and friends."

Girls roll a blunt. Teen drug use has soared and the risk teens associate with drugs has concurrently dwindled.



Some teens feel that they're trapped in a community that encourages drug use. Rosalyn, seventeen, lives in a town where poverty, joblessness, crime, and drugs all mix. "Sometimes I feel like I live in this very weird place, like a planet that nobody else but us knows about." She explains that kids in her town use drugs so they don't have to think about how bad their lives are. Drugs give them the illusion that everything's all right.

Dr. Allison Dubner, a school psychologist in Long Island, New York, explains that teens are often under a lot of stress at home, with one out of two marriages today ending in divorce. Next to a parent's death, a divorce is the single highest cause of stress in a young person's life. Even if these teens had managed to stay away from drugs before, a divorce might lead them to use drugs as a way to escape their problems or as a bid for their parents' attention.

For Jodi, sixteen, it was sexual abuse that led to drugs. "I used to be afraid to go to sleep at night because I would have such terrible nightmares. Then I discovered speed, and just kept taking it and taking it. That way, if I couldn't sleep, I couldn't have bad dreams." Dr. Dubner believes that "abuse like this has far reaching implications and can do an incredible amount of damage to a young person. It destroys their self esteem, their trust, and their hope for the future." Since children often keep physical or sexual abuse a secret, the sudden use of drugs might be the first time an adult notices that something is wrong.

Sometimes teens want to escape from more typical adolescent problems such as low self-image. "I think I started taking drugs," says Julie, fifteen, "to hide from myself. I don't think I liked myself very much back then. When I was high I could pretend to be someone else—someone who wasn't so shy and awkward."

Peer pressure

The explanation teenagers give most often as to why they started using drugs was that their friends or older siblings used them. Dr. Barbara Staggers, an expert on drug-

abusing adolescents, explains that “to a teen, the honest answer to the question, ‘If everybody else jumped off a cliff, would you too?’ is ‘yes.’ It’s really, really important that we understand this. For the teen at that moment, being down at the bottom together feels better than being on the edge of a cliff alone.” The need to feel like part of the group can be overwhelming. For Kim, fifteen, middle school started out as a very lonely place. “I didn’t know that many people, and I’d just walk through the halls alone, watching everyone else joking around. Then some kids invited me to hang out with them. I partied with them a few times and suddenly I was one of them—I was part of a group. I held my head up higher when I walked through the halls.”

The need for peer acceptance is strong among teenagers. Part of being accepted often means engaging in the same behavior as the rest of the crowd, and if the crowd is doing drugs many teens would rather go along than go alone.

Messages from family

Robert, fifteen, says he places half of the blame for his drug use on his parents’ lack of supervision. “Hey,” he says, “I know they have to work for a living. But I’m no saint. I have the whole house to myself after school and it’s pretty much become the local hangout. Sure we’re gonna get stoned.” A recent study of more than five thousand teenagers revealed that latchkey kids—young people who are left alone after school without adult supervision—are much more likely than other young people to regularly use drugs and alcohol. The study shows that teens who hang out in unsupervised areas hidden to the public rather than at organized activities are at the greatest risk of being involved in drug use.

Parents are teenagers’ primary role models. Children grow up watching and imitating their parents. If a child’s parents use drugs, and drugs are a visible part of the household life, that child will likely grow up believing that using drugs is an acceptable behavior. The Center for Sub-



stance Abuse Prevention reveals that “being the child of an alcoholic or drug abuser or having a family history of alcohol or drug abuse places a child at serious risk of alcohol and drug use.”

Sometimes parents contribute to a child’s drug habit by ignoring behavior rather than confronting it. This is called “enabling,” because it enables or permits the problem to continue. For example, Julie, quoted in *Drugs and the Family*, used so many drugs that she was sick all the time, yet her mother never questioned Julie’s behavior.

Once, I was on the floor throwing up. My mother came into my room with aspirin and asked me if I was feeling better. She didn’t yell; she didn’t punish me; she didn’t say anything. I don’t know if she didn’t know, didn’t care, or didn’t want to know. I think she may have suspected, but I also think she was afraid that if she did say anything, she would lose me. So she chose to look the other way.

Most parents try to send the right messages, but if they used drugs when they were younger, their children might

have a hard time believing their warnings. “It’s kind of embarrassing,” says Amy, fourteen, “but my parents were hippies in the ’60s. I know they smoked pot and my dad even took a hit of acid once. Even though they beg me not to do it, nothing’s wrong with them now, so it’s hard for me to swallow all the stuff about drugs ruining your life.” This is becoming a generational issue, faced by many teenagers today who are the first generation to grow up with parents who experimented with drugs when they were teenagers in the 1960s. According to *USA Today*, “Baby boomers who used drugs now have children using them, and the boomer parents are finding it hard to argue with their children about behavior that they themselves engaged in.”

The perceived glamour of drugs

The advertising and entertainment industries are often accused of making drug use seem glamorous and seductive. The federal government, educators, and concerned parents have long blamed the film and television industry for promoting harmful behavior. In order to sell a product (promote a band, movie, clothing, and so on), the media is accused of sending the wrong messages to impressionable young people. In a survey by CASA, 76 percent of teens said they believe that the entertainment industry encourages illegal drug use. According to sociologists, the media is feeding on young people’s fascination with the forbidden. When people they admire become associated with drugs, teens may link drug use with exciting and successful lifestyles.

The music industry

Vincent Marino runs a large drug rehabilitation center and firmly believes that the popular music scene and many of the song lyrics themselves encourage teenagers to use drugs. He recently told the *New York Post* that “the typical teenager does not believe that what happened to Kurt Cobain is going to happen to them.” There is no doubt that teenagers of every generation have held a fascination for musicians. With the advent of MTV in the mid-eighties,

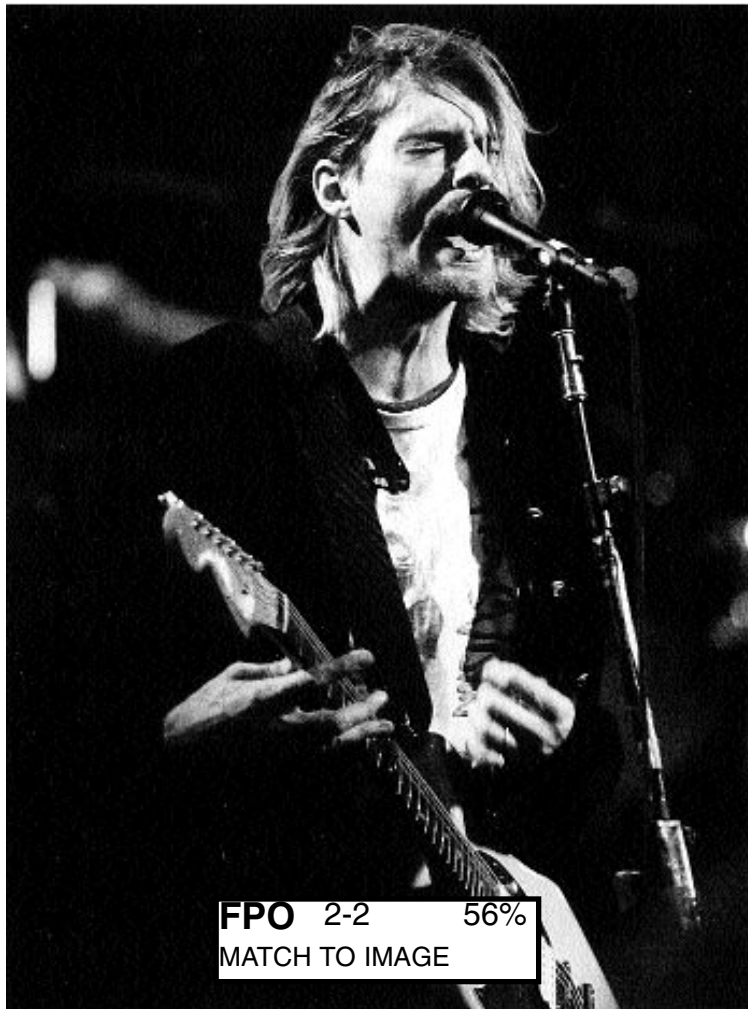
young people have much more access to the bands than ever before and rock stars have taken on a new type of celebrity. *Newsweek* magazine reports that “the most revered bands carry out the message [take drugs if you want to] in their lives as well as their songs. Since kids emulate musicians, they are liable to emulate their drug use.”

Many musicians don’t bother to hide their drug use, and others flaunt it. It immediately becomes public knowledge when a band member is hospitalized or dies due to a drug overdose, and the news has actually led young people to abuse the culprit drug even more. *Entertainment Weekly*, for example, reported that the demand by young people for a brand of heroin with the street name Red Rum increased after Jonathan Melvoin of Smashing Pumpkins died after using it. *Newsweek* points out that the streets of Seattle “are cluttered with kids who have moved there to do heroin, just because [Kurt] Cobain did.”

The critics feel that as role models for young people, musicians are sending the wrong message. Even after the death of so many gifted musicians, bands are showing little signs of disassociating themselves from drugs. Sixteen-year-old Drew believes that some musicians need drugs in order to create their music. He told *Time* magazine that recovery “holds back” creative people. “Just look at groups like Aerosmith or the Red Hot Chili Peppers,” he says. “They got sober, and they started to suck.” Besides a band’s personal drug involvement or drug-infused song lyrics, drug messages surround the music industry in other ways. Music videos are filled with blatant drug images and some bands even put emblems of marijuana leaves on their merchandise. To promote his new album entitled *Lethal Injection*, rapper Ice Cube sent out over ten thousand ball-point pens that resembled hypodermic needles.

Musicians may argue that it is not their job to protect young people, but the message that they are heralding is that drug use is acceptable. Says one father of a drug-addicted teen: “There are legions of parents who won’t miss Jerry Garcia (of the Grateful Dead). He didn’t give our kids drugs, but he provided one hell of a venue.” Seventeen-

Kurt Cobain, lead singer of the band Nirvana. Cobain, who was a known heroin user, committed suicide in 1994.



FPO 2-2 56%
MATCH TO IMAGE

year-old Kyle tells *USA Today* that “marijuana as a drug is being promoted a lot more in music and music videos. You see it so much that you don’t think it’s illegal. I listen to a lot of rappers brag about it.” When asked if he believed popular music promoted drug use, sixteen-year-old Steve said, “All I know is that almost every song you listen to says something about it. It puts it in your mind constantly.”

The film and television industries

Dr. Robert Millman, director of drug treatment at New York Hospital–Cornell Medical Center blames the surge

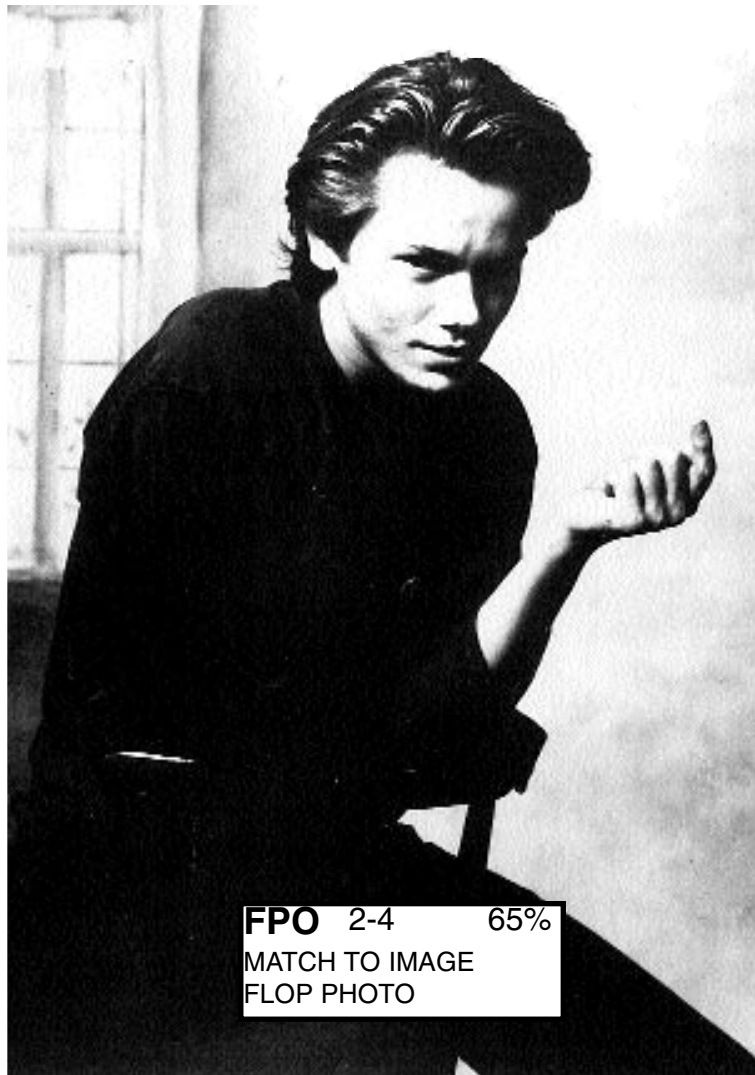
in teen drug use partly on images in movies such as *Kids* and *Trainspotting*, in which young people are shown using drugs but often not paying the consequences. Sociologists worry that some movies even influence teens to copy the dangerous behavior they see on the screen. The copycat effect also holds true for teens and the actors that they idolize. Sixteen-year-old Phil admits to *Reader's Digest* magazine that "when you see celebrities doing [drugs], it makes it seem okay." When the initial cause of death for River Phoenix, one of Hollywood's brightest young stars, was linked with a new designer drug called GHB, police in New York City reported "all the kids were running around trying to find it for the next few weeks." Some worry that young people are becoming hardened by Hollywood's tragedies. Outside a Los Angeles club after Phoenix's death, one young clubgoer summed up her

Critics argue that the personal histories of drug abuse and the drug-related lyrics of musicians, including the Red Hot Chili Peppers (pictured), encourage teen drug use.



feelings very clearly. "Every night people are going to carry on. You know, he's dead and we're alive. Only the glamorous survive!"

A *Weekly Reader* survey revealed that next to the influence of their peers, television and movies had the greatest influence in making substance abuse attractive to teenagers. Fourth graders ranked the influence of television and movies number one. Television has become a primary source of information about the world for millions



In 1993 River Phoenix collapsed outside of a club in West Hollywood, California, and died soon after in a hospital. The cause of the young actor's death was reportedly drug-related.

of kids. They spend more of their free time in front of the television than engaging in any other activity. Whenever a drug situation is presented on a drama or sitcom the story-line is usually wrapped up in thirty to sixty minutes and only loosely based on reality. On a popular teenage show like *Beverly Hills 90210*, where underage drinking is the norm, nearly every character has had a drug or alcohol problem that he or she overcame within a few episodes. Experts feel that this can give young people the false impression that such serious problems can be neatly resolved before the next commercial.

The fashion industry

The drug lifestyle has also seeped into the fashion industry, where impressionable teens see drugs glamorized in print ads in magazines and on billboards. Critics loudly voice their disgust with the way young models are being portrayed to the public as drug addicts. Model Zoe Fleischauer, now twenty-one, says the modeling community wants models that look like junkies. *Vogue* magazine declares, "In the 1980's, models were photographed running and jumping and smiling and laughing, now they're wilting and collapsing and frowning and sulking." Part of the model's act is to stumble down the runway, looking dazed and confused. Dr. Millman sees this behavior as adding to the media's positive perception of drugs. "With high-fashion designers, the models look like they're stoned," he says. The *New York Post* has reported that Calvin Klein appears to promote drug abuse in an advertising campaign for the new cK perfume. The ads feature photos of "ghostly pale, tattooed, greasy-haired grungers," one of whom even looks like he has tracks on his arms.

Psychotherapist Linda Cohen says that many young girls worship supermodels featured in teen magazines. She says, "Advertising is all about manipulating the public into buying a product. The message from a lot of the fashion world seems to be, 'do drugs, buy these clothes or wear this perfume, look like me.'" To add to the problem,

teenagers are aware that the fashion industry and the models themselves have used drugs. When model Kate Moss—a favorite among teens polled in *Sassy* magazine—was asked if she smoked pot, her reply was, “Yeah, who’s going to say *no, I don’t*, now? Nobody hides it anymore, it’s not like a drug.” With media celebrities making comments like this, educators fear that their antidrug message will continue to fall on deaf ears.

To enhance their physical appearance

Young girls compare themselves to their peers as well as to supermodels and actresses. “At Franklin High, all the girls have perfect bodies except me,” swears Jodi from California. “They all look like models or like they’re on *Baywatch* or something.” Jodi decided she was going to do something about her looks and started with over-the-counter diet pills. But that wasn’t enough for Heather, seventeen, also from California, who wanted something that made her much more energetic. She quickly moved on to coke and then various forms of speed. “I was always self-conscious about my weight. I would look in the mirror



JUNIOR SAYS IT'S THE BREAKFAST OF CHAMPIONS...

Mike Peters. Reprinted by special permission of United Features Syndicate.

and go *'Oh God.'* But when I was on crank and lost 40 pounds, I thought I looked beautiful. I liked never being hungry."

For boys wanting to build bigger muscles and gain greater endurance, the drugs of choice are anabolic steroids. As many as 7 percent of high school boys admit to having used steroids and a study from the HHS places the number closer to 11 percent. According to Bobby, sixteen, a lot of boys think that without steroids they'll lose a chance to make the football team. "Half the team was shooting up, and the coach knew what was going on. He just looked the other way," Bobby said. More than 80 percent of the boys in the HHS study said that steroids made them bigger and more popular and 87 percent said they would use steroids again.

Whatever the reason that brought them to drugs in the first place, some teens will stop after their first experience but many more won't. As long as society continues to send mixed messages and as long as teenagers' self-esteem remains so low, drug abuse will persist in the youth culture. And while this abuse affects millions of teens and their families, the effects on society as a whole are equally troubling.

3

Consequences of Teen Drug Abuse

A TEENAGER'S DECISION to use drugs has far-reaching implications, both for the individual and for society at large. Alcohol and other drug use impairs judgment, exposing users to the risks of sexual assault, sexually transmitted diseases, and pregnancy. Approximately half of all fatal accidents, homicides, and suicides are linked with alcohol or other drug use. Since these are the three leading causes of death in young people, *Current Health* magazine argues that "alcohol and other drug abuse may actually be the number one killer of youth in America."

Health and emotional growth

A growing teenage body is not prepared to process the toxic chemicals that drugs inflict upon it. The developing systems in a teenager's body can be damaged, thereby stunting the person's physical, and even sexual, development. Drug use at such an early age can bring users a whole host of ailments that they may suffer for their entire adult lives. Depending on which substances are taken, drugs can weaken the immune system and make it harder to fight off infection; make learning and concentration more difficult by killing off brain cells; genetically predispose unborn children to various health risks; and irreversibly harm the lungs, heart, brain, liver, and nearly every other organ. Hospital emergency room staffs often

see young people who have become unconscious when their bodies simply couldn't tolerate the demands made upon them. Seizures in teen drug users are not uncommon, nor are strokes, comas, or even death.

By chemically altering the user's consciousness, moods, and needs, drugs can leave a lasting impression on a young person's evolving personality. Because of the drug, they feel emotions and sensations that they would otherwise not feel at that moment, confusing or altering the way their mind processes information. According to Dr. David Smith, the medical director and founder of the Haight-Ashbury Free Clinics in San Francisco, "The exposure [of marijuana] to the young mind during its developmental cycle may produce a psychiatric disorder that might never have manifested itself if it wasn't for potent exposure."

By depressing the areas of the brain that control social behavior, the teenager's moral, ethical, and emotional maturation can also be impaired. Studies have shown that when young people use drugs, they lose the ability to learn through trial and error. The errors just don't register, and the teenager doesn't learn. If a seventeen-year-old has been using drugs since age thirteen, he or she may now be left with the emotional make-up of a thirteen-year-old.

Family structure

When teenagers are involved with drugs, their connection to family unravels. The teens will almost always pull away from family members, both physically and emotionally. They will either spend more time alone or with

Drug use is particularly harmful to an adolescent body; it damages nearly every organ, stunts sexual and emotional development, and causes comas, seizures, strokes, and death.

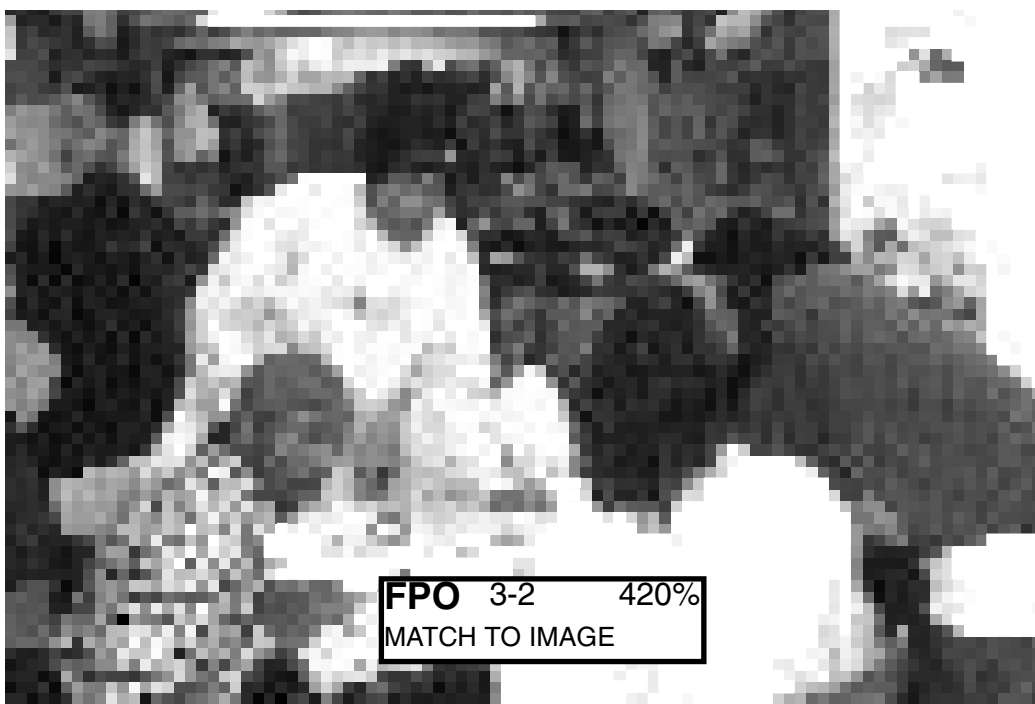


friends who share their interest in drugs. They may even start stealing money from their parents and siblings to buy drugs. As one distraught mother said, "Sandi and I were always so close when she was little. Now she won't even talk to me and totally ignores her brothers who used to adore her." A normally peaceful and functioning household can suddenly break down when a teenage drug user becomes argumentative, irritable, moody, secretive, and destructive. "I had never really lied to my parents before," said eighteen-year-old Bonnie, now in recovery. "But when I started using [coke] I was lying all the time. I'm still trying to win back their trust."

A group of students at a last chance, alternative public high school. Teens who use drugs often drop out or are expelled from their regular high schools.

School

Outside of the home, one of the first things that suffers when teenagers start using drugs is schoolwork. Young drug users may cut classes or skip school altogether as securing and using drugs becomes a more important part of their life. Their grades fall and teachers notice a lack



of motivation. These students may find themselves getting in trouble more often as they become less concerned with the school's rules and how others perceive them. Adam, fifteen, was a straight-A student and was involved in many school activities before he started using crack. Now he gets Cs and Ds, when he bothers to go to school at all. Many students with serious drug problems can no longer function in school and are either expelled or drop out.

Teen pregnancy

Most pregnant teens leave school permanently, especially in low-income communities. Nearly one million teenagers become pregnant each year and 40 percent of these pregnancies end in abortion. A national study found that almost half of the young women had been drinking and/or using drugs at the time of the unplanned pregnancy, and 17 percent of those who carried their babies to term continued to drink and/or use drugs while they were pregnant. This leads to a high incidence of Fetal Alcohol Syndrome, a pattern of physical, mental, and behavioral defects which appears in children of mothers who drink during pregnancy.

Hospitals report delivering nearly four hundred thousand drug-dependent babies each year. Drug-exposed babies, if they live, often have serious disabilities, both physical and emotional. When the mother uses crack, for instance, the supply of oxygen to the fetus's brain is cut off, causing varying degrees of brain damage. The resulting children are often fearful and suspicious of people and have trouble learning even simple tasks.

Drugs and sexual assault

The term *date rape* is used to describe a situation where a girl willingly spent time with a boy, but was pressured into sex with him against her will. Jenny, fifteen, had never heard the term before it happened to her. She said that she never would have had sex with her classmate Mark if she was sober, but then "I was at a

party one night—I guess I was pretty wasted—and Mark kept hitting on me. The next thing I knew he was on top of me in someone’s backyard and I was screaming for him to stop. I was really terrified when I realized what was happening.” Jenny knows that Mark took advantage of her condition but she still blames herself for not being in control.

The date-rape controversy is getting a lot of attention lately, largely because of a new drug circulating among young people called Rohypnol. Rohypnol causes the user to totally lose his or her inhibitions and then not remember anything afterwards. It has been nicknamed the date-rape pill because boys are slipping it into girls’ drinks and then having sex with them when they are so sedated they don’t realize what’s happening. Then when they awaken, they don’t remember anything. In Florida one man was arrested after bragging that he had used the drug to rape at least a dozen young women. At Penn State University, one of the first to become aware of Rohypnol’s presence on campus, there were ten suspected cases within the first week and a half of the 1996–1997 term. School nurses and guidance counselors are now warning teens not to drink anything if their glass has been out of their sight.

Teenage prostitution

UNICEF and the HHS report that there are approximately three hundred thousand teenage prostitutes in America (mostly girls but some boys too), but some estimates place the number between five hundred thousand and a million. Claire Sterk Elifson, a Georgia State University professor who researches the connections between prostitution, drugs, and AIDS, says that the driving force for the majority of young prostitutes is drug use.

While young men may resort to crime for drug money, young women more often migrate to prostitution. “At the point in a girl’s life where drugs are more important than anything else,” says psychotherapist Linda Cohen, “she tells herself that selling her body for money is an accept-

able price to pay for more heroin or whatever she's hooked on." A young teen who turned to prostitution to support a crack addiction tells *Seventeen* magazine about a friendship she began with Trina, another teenage prostitute. "We met through drugs," she explains. "We talk about how we feel being out here. But sometimes we just bug out. I wouldn't be out here if it weren't for the crack."

Lisa, an honor student in a suburb of New Haven, Connecticut, became an unlikely victim of the streets. She was feeling too much pressure at home so she ran away and met a man who introduced her to cocaine. Once she was hooked, he forced her into prostitution. When she tried to get help a year later, she turned up dead with, as *Reader's Digest* put it, "enough coke in her veins to kill a dozen men." Each year more than 5 percent of all prostitutes die, most commonly from drug overdoses, murder during drug deals gone bad, or AIDS.

Drugs and AIDS

According to the Centers for Disease Control and Prevention (CDC), the two largest growing segments of the population who are being infected with HIV are teenagers and heterosexual intravenous drug users. The use of alcohol and other drugs can affect judgment in terms of physically protecting oneself against AIDS and other sexually transmitted diseases (STDs). Every year thousands more young people are diagnosed with AIDS (the number rose 43 percent between 1992 and 1994) and nearly three million teenagers—one out of every six—are infected with an STD that could lead to serious illness or sterility, which would leave them unable to have children in the future.



FPO 3-3 60%
MATCH TO IMAGE
FLOP PHOTO

Young women are sometimes driven to prostitution to support their drug habits. Drug overdose is one of the leading causes of death among prostitutes.



Intravenous drug users have one of the fastest growing rates of HIV infection. AIDS cases resulting from shared needles are mostly attributed to heroin, shown here being injected into the ankle, and steroids.

Anyone who shares a needle is also at risk of contracting AIDS by the exchange of blood with an infected user, no matter what their age or history of drug use. Approximately one-third of AIDS cases have been traced to intravenous drug use—usually of heroin and anabolic steroids, but crank and cocaine can also be injected. Based on a questionnaire by the CDC, almost one quarter of the teenagers who use steroids also share needles.

Teenage suicide

The National Center for Health Statistics has found that an average of fourteen teenagers kill themselves in America every day. The number of teens who attempt suicide but don't succeed is much higher at 8.3 percent of high school students nationwide. According to the CDC, 70 percent of suicidal teenagers are substance abusers, and half of them had drugs in their bodies when they died. Since drug and alcohol abuse appears so often in teenagers who have attempted suicide, sociologists now list substance abuse as one of the major warning signs of a potential suicide attempt. Experts have determined that substance abuse in combination with severe, clinical depression almost always leads to thoughts of suicide. Young people who are severely depressed don't have the same perspective on difficult events as adults, who have lived longer. The teens live more in the moment and don't have the experience to realize that things can get better.

Some teenagers choose to get more and more involved with drugs as a way to kill themselves by slowly destroying their bodies. Others use drugs to help them overcome the fear associated with more immediate forms of suicide. For instance, a teenage boy was brought to the hospital for injuries he received in an automobile crash, and the doctors, who smelled alcohol on his breath, assumed he was

in a drunk driving accident. It turned out he had crashed into the wall on purpose and he had done it many times before in an attempt to kill himself.

Accidents

As measured by the National Council on Alcoholism and Drug Dependence, drinking and driving accidents are the number one killer of teenagers. Teenage drivers with impaired blood alcohol content are fifty-four times more likely to be killed in single vehicle crashes than their sober counterparts. Fifty-three percent of falls, 38 percent of drownings, and 64 percent of fires and burns are alcohol and drug related.

When fourteen-year-old Robert slipped onto the New York City subway tracks, he was high on speed. When fifteen-year-old Heather fell out of a twelfth-story window she had been drinking and smoking pot. These accidents happened because Robert and Heather both had a distorted sense of distance and balance. Many accidents are caused when teenagers, high on drugs, believe they are invincible and try to prove it, or are just so confused that they can't comprehend danger. No matter how careful people are when they are sober, drugs or alcohol can cloud their judgment and turn simple acts like crossing the street into life-threatening situations.

Crime

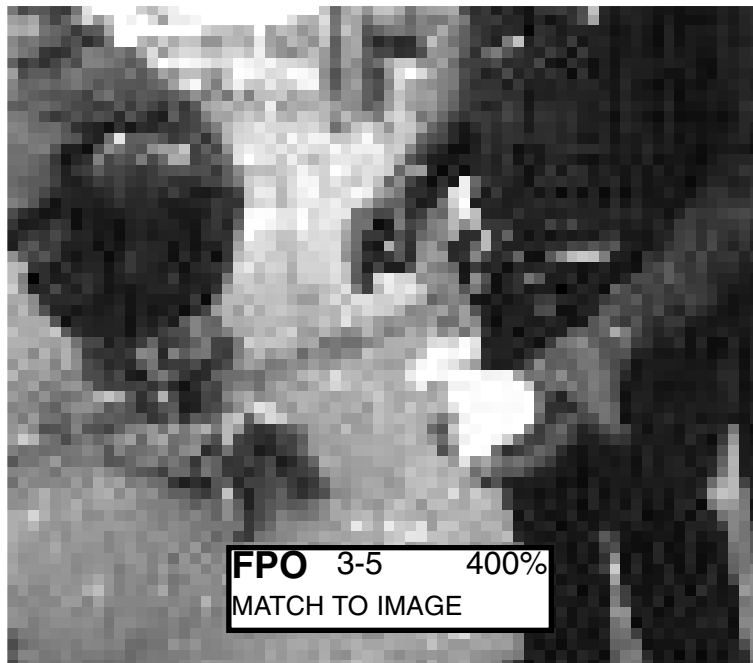
The head of the Citizens Crime Commission in New York City says, "It's long been believed that a great deal of crime is fueled by drugs—particularly youth crime." The *Washington Post* reported at the end of 1996 that the number of juveniles charged with drug-related crime has more than doubled since the beginning of the decade, even though the nation's overall crime rate continues to fall.

Since most of the jobs young people can get can't pay for their drug habit, the money for drugs often comes from illegal activity. Teenagers will usually start stealing from family members before moving on to more drastic means of securing the money they need. Seventeen-year-old Bob

says that to support his crack habit he started out small—stealing from girls' pocketbooks at school—and then moved on to pickpocketing, mugging, and was finally arrested for armed robbery. In some inner-city neighborhoods, the drug dealers are the wealthiest people around, and many of the kids will get jobs selling drugs or running guns for them in order to get a tiny cut of the profits.

The statistics linking teen drug users and crime are extensive and well documented. In New York City 92 percent of those arrested for robbery tested positive for drugs. A 1994 Washington, D.C., study of marijuana use among arrested teenagers found that 52 percent of them tested positive. The U.S. Department of Justice reports that 51 percent of youths arrested nationwide tested positive for cocaine and that they committed four times as many crimes as youths who tested negative. More than 60 percent of teenagers now serving time in jail or in juvenile detention centers used drugs regularly, and almost half of them were high at the time they committed the crime. The FBI reports that the number of teenagers who are being ar-

Narcotics police arrest a suspected crack dealer. Much of juvenile crime is drug-related; the majority of arrested teens are drug users themselves.



rested for possessing, manufacturing, or selling illegal drugs grew from 64,740 in 1990 to 147,107 by 1995, resulting in a new wave of drug-related violence.

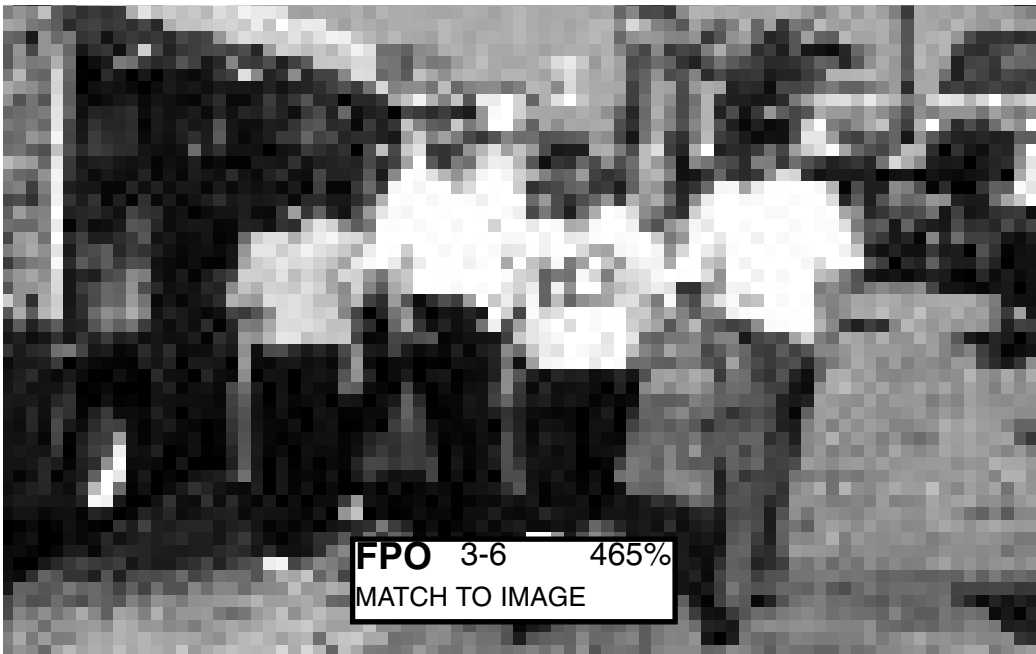
Violence and gangs

According to Dr. Barbara Staggars, “you put alcohol and firearms together and you account for 50 to 75 percent of all adolescent deaths.” Records show that 19,346 teenagers were murdered in America in the 1980s. A lot of these deaths can be traced back to the drug trade, especially when gangs are involved. Rosalyn, a high school senior in one of the East Coast’s most gang- and drug-ridden towns, has buried forty friends since freshman year. She watched her close friend Oliver get shot after he stood up to a gang member. “This boy—he was all crazy with drugs—just came out of the woods and shot Oliver [while he was playing basketball]. I just felt like I died, right there on the court.” When Rosalyn was preparing to tell her story to *Seventeen* magazine, she got a warning call from the so-called media director of one of the gangs in town warning her to watch what she said. He advised her to say that “gangs are cultural organizations opposed to drug use.” Rosalyn’s reply was, “Right! They’re devoted to drugs and gettin’ *respect!*”

Newsweek reports: “The days when rival gangs fought each other only over turf and colors are fading fast. Gang conflicts have become a form of urban-guerrilla warfare over drug trafficking.” Different gangs usually specialize in different drugs, and gangs will kill to protect their sales turf. Drive-by shootings are a nightly occurrence in many major cities and they are often over drug deals. In one year in Los Angeles alone, there were 5,000 gang-related violent crimes, including 328 murders. The authorities place the blame for most of the violence on youth gangs that make millions of dollars a year selling crack.

Speaking out against the violence

For teens like Rosalyn, whose lives are surrounded by drugs and gangs, the future is shaky. But Rosalyn knows



Los Angeles gang members. Gang activities revolve around the drug trade, resulting in devastating violence in gang-infested communities.

what she wants her future to be like and she explained it to *Seventeen*. "I just want to have a nice house and when I go out there will be kids playing and the parks will be clean, the drugs gone, and all around there will be old people. Yeah, it'll be a place where people get very old." Many residents of areas with drug violence are fed up with the situation in their communities and are speaking out about it. In April 1996, hundreds of teenagers from cities across the country stormed Capitol Hill to get the government to help stop the violence in their neighborhoods. For four days they told the stories of the drugs and the gangs and the destruction raging around them in an attempt to get Congress to reinstate crime and drug prevention programs. They feel that if kids didn't see drugs every time they turned around, if kids couldn't get any drug they wanted within twenty yards of their school, their lives would be much safer.

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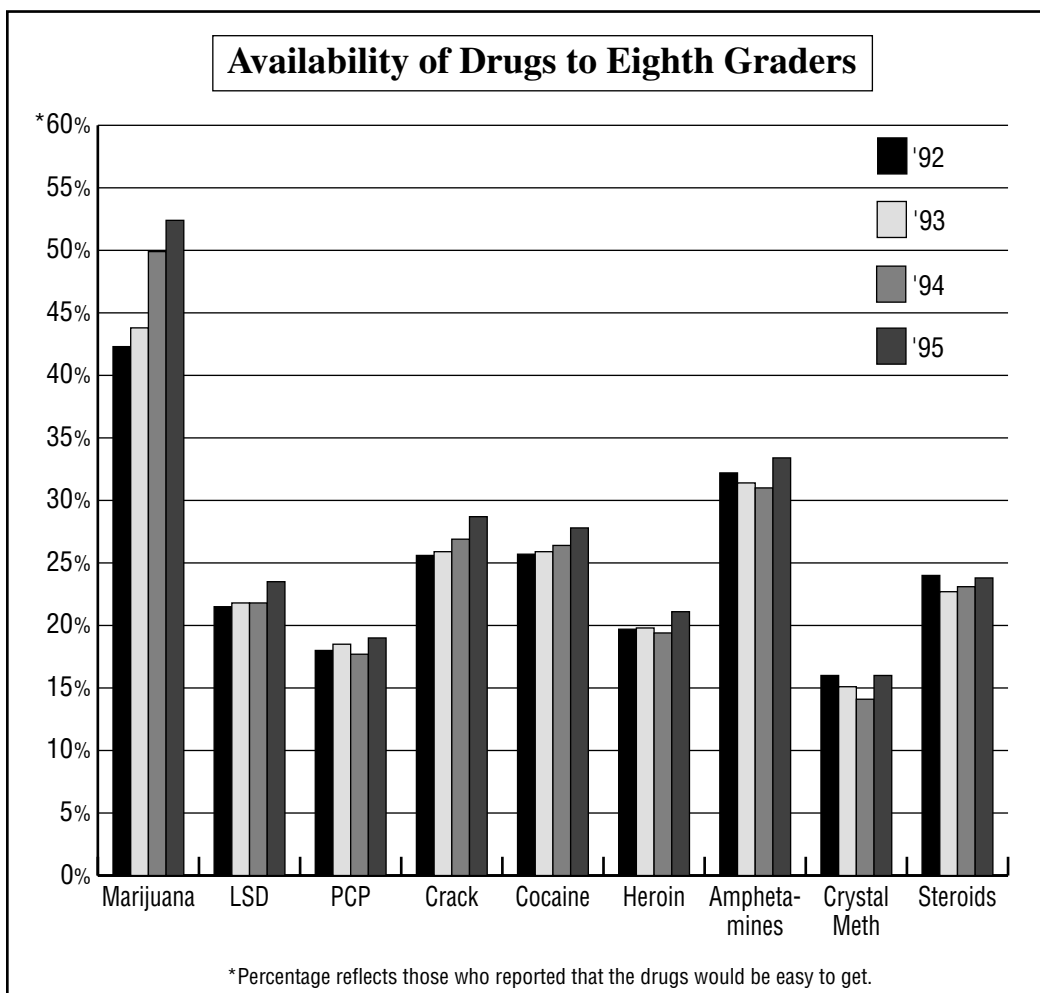
Drugs in School

THE ISSUE OF drugs in schools is as vital today as it was in 1986 when President Ronald Reagan signed the Drug-Free Schools and Communities Act, now called the Safe and Drug-Free Schools and Communities Act. This act provides federal funds to schools to institute antidrug programs. When drugs invade a community, they quickly trickle down to the teenagers and into the schools. According to CASA, 72 percent of teens ages fifteen to seventeen say their high schools are most certainly not drug-free. This means that they believe that students keep, use, or sell drugs on school grounds. Joseph A. Califano Jr., CASA chairman and president and former U.S. secretary of Health, Education and Welfare, speaks out against the high incidence of drugs in schools across the country. "With drugs so widely available in our nation's schools, it's not surprising that marijuana and other drug use among teens is surging. This should sound an alarm for every parent of teenagers and every high school principal and teacher in the nation."

High school and college administrators face the problem of how to deal with drugs on campus. They must balance student rights with their own responsibilities as administrators. The constitutionality of drug searches and drug testing is constantly being questioned as young people fight to protect their rights while adults try to protect them from the danger that surrounds them.

Availability

The first time fifteen-year-old Paige tried cocaine was in the bathroom at her public high school. "These girls had set up lines on the counter space right under the mirror. No teacher would ever come into the student bathrooms so no one worried that we'd get caught." According to a study by the U.S. Department of Justice, 70 percent of public school students think drugs are easy to get at school. Fifty-two percent of private school students surveyed believed drugs were available in their schools. Justin, a fifteen-year-old private school student, said that if





A "Drug Free School Zone" sign does not ring true with statistics claiming that most students think drugs are present and easily available in their schools.

you get the word out in homeroom that you're looking for a specific drug, by lunchtime you can get it delivered to your table. Adult or college-age dealers often set up student networks to extend their drug territory into the high schools and middle schools. One thirty-year-old dealer bragged that he bought a new BMW with suburban Chicago high school students' lunch money.

Jennifer, seventeen, says marijuana use during the school day is common. "There are people who smoke a joint in a car outside school, and when they come in, you can just smell it on them. There are a lot of people doing it." Drugs are passed unseen between students in the crowded hallways, slipped into lockers, exchanged in the cafeteria during lunch, in the locker rooms in gym class, in cars in the parking lot, behind the bleachers, and in the bathrooms. Many teenage drug dealers carry beepers so they can be reached at any time. Several schools across the country have now banned beepers, claiming they are being used to facilitate the drug trade. According to the statistics, there are a lot more drugs in the schools than there are students who are caught using or selling them, due both to the administration's ignorance and to students' loyalties to each other.

Violence in school

Fifty-seven percent of all illicit drugs are sold on school grounds, and with drug sales often comes violence.

Rob Lugo, a youth counselor in Indiana, believes the effects of drugs are often seen in the schoolyard even when drugs are used outside of school. "Even if the students have the skills to resolve conflict, as they drink, or smoke, or sniff, it impairs their judgment," he explains. He says that a fight may erupt in school over something that occurred off school grounds. Arguments between rival drug dealers, between buyers and dealers, and between rival gangs can turn violent in the hallways of schools. Commonly such disturbances on school grounds end tragically because one or more of the parties involved possesses a gun or knife.

In 1994, Congress passed the Improving America's Schools Act, which added violence prevention to the program's original agenda of drug abuse education. But no more money was added, and according to an antidrug group called Drug Strategies, "The practical effect in some schools is that funds that would have supported drug education are now used to buy metal detectors." More and more schools are installing metal detectors by the main entrances to detect concealed weapons, or they hire professional hall safety monitors to patrol the halls during and between classes.

School regulations and punishments

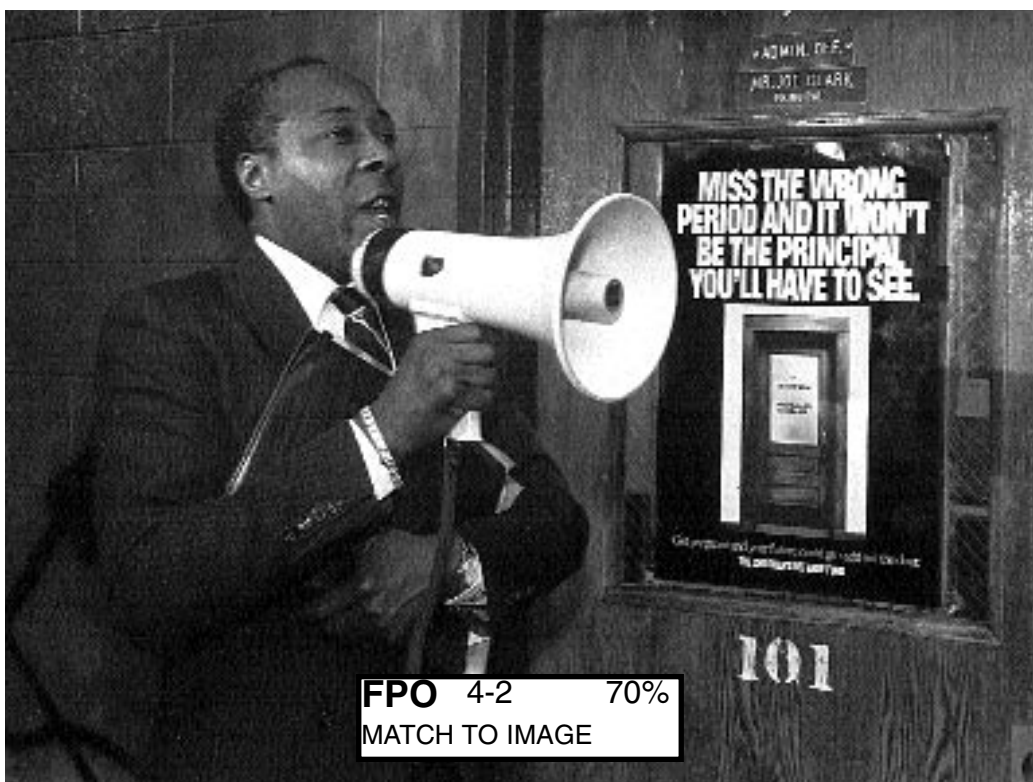
The White House Conference for a Drug-Free America determined that "schools and local boards of education must establish and enforce policies and procedures for students, teachers, administrators, and staff that clearly forbid the sale, distribution, possession or use of all illicit drugs and alcohol on school property, or at school sponsored functions." The administration must first realize that a problem exists, which helps explain why so many kids get away with using drugs at school. Fourteen-year-old Michael says he's seen kids passing drugs back and forth in class while the teacher's back is turned.

Many schools have established standard responses to the use or sale of drugs, and others treat it on a case-by-case basis. Some handle drug abuse problems internally,

never involving outside law enforcement. Punishment may be as lenient as a warning. One school guidance counselor believes that her school administrators are embarrassed about the students' drug use, thinking it reflects badly on them. "They'd rather deal with it themselves," she explains, "with detention or suspension, rather than let the community know what's going on."

In one study, students reported that police involvement would keep them from using the drugs that are readily available in their school. Accordingly, the schools that have been most effective at solving their drug problems are the ones that have instituted the strictest measures, including help from outside law enforcement, suspension, expulsion, and even forcing the student caught selling drugs to serve time at a corrective institution. Advocates of police intervention cite the success of Principal Joe Clark in transforming Eastside High School in New

A 1987 photo of Principal Joe Clark outside of his office. Clark is credited with turning around the once drug-ridden Eastside High School in New Jersey.



FPO 4-2 70%
MATCH TO IMAGE

Jersey (where in 1982 drugs were being sold openly in classrooms) into an orderly institution of learning with high academic achievement. Police intervention in combination with counseling and parental involvement also turned the once drug-laden Northside High in Atlanta, Georgia, into a virtually drug-free school.

Searches and stings

To combat drug use some schools have resorted to posting security guards outside bathrooms, holding hall-sweeps where drug searches are conducted while the exits are guarded, using trained dogs for sniff-searches, and holding random locker searches.

Many students complain that their schools go too far in efforts to enforce a strict zero-tolerance antidrug policy, and that innocent students are becoming scapegoats in undercover stings currently employed at both public and private schools. Typically, young-looking undercover police or narcotic agents pretend to be students so they can learn about the school drug scene. They then pretend to be interested in buying some drugs and set up the dealers to reveal themselves. A controversial case in Los Angeles County involved two undercover sheriff's deputies who attended one high school for the fall term of 1995. At the end of that time, seventeen students were arrested and all of them were expelled, even though only two were actually found to have drugs in their possession. According to the students arrested, the deputies had approached them for weeks, hounding them to sell them drugs even though they weren't dealers. One boy, who had never sold drugs before, said a deputy asked him to sell him marijuana "nearly every day, over and over again. He harassed students on a daily basis." In one case, a deputy placed a twenty dollar bill on the table in front of one girl and when she didn't give it back to him, she was arrested for intent to sell drugs. She was never found in possession of drugs and tested negative for drug use. She was expelled anyway. The students felt like they were tricked and taken advantage of, misrepresented by both the community and

Gary Varvel/The Indianapolis Star. Reprinted with permission.



the press, who praised the deputies. When the trials went to court only one student was actually criminally charged with selling drugs.

Drug testing in schools

In addition to stings and searches, there is a raging controversy across America about a school's right to test students for drugs. The issues revolve around the question of the students' rights versus the administration's responsibilities. School officials are faced with the real dangers of student drug use, and feel that testing the students for drugs (either randomly or at their annual school physical) would weed out the abusers and curb the problem. However, they must also consider the negative effects of invading a young person's privacy.

Dr. Robert DuPont, former director of the National Institute on Drug Abuse (NIDA), says, "Schools have not only a right, but a responsibility to insure that the classroom environment is drug-free." Supporters of student drug testing believe that since the government requires

children to go to school, it must also ensure they have a healthy and safe place to learn. If the only option to end student drug use is to test the students and then punish those found positive, then they say that is what must be done.

A violation of rights?

Opponents of drug testing in schools argue that it goes against the basic tenant of the Fourth Amendment of the Constitution. The amendment defends the right of the people against unreasonable searches and seizures. In 1966, the U.S. Supreme Court ruled that compulsory blood tests (and, accordingly, tests on other bodily fluids) should be considered bodily searches, so the students should be protected by the Fourth Amendment. However, the ruling goes on to say that the tests may be permitted if there is reasonable cause to think that evidence will be found. Supporters argue that because high school students as a group are known to use drugs, reasonable cause for testing already exists. But others say that this represents “suspicion by association,” and that it is not justified and would not hold up in court.

The courts have given school administrators some special rights involving what constitutes a reasonable search. In a 1985 New Jersey case, a principal was found within his rights to search a student’s purse because she had violated the school’s smoking rules. When he opened the purse he found evidence of drug use and drug dealing. The court upheld that he “had reasonable grounds to believe that the student had violated or is violating either the law or the rules of the school.” School principals, unlike the police, do not need to produce a search warrant if they have reasonable grounds. This illustrates how schools differ from other organizations, and how students differ from the general public. For instance, an exception to the Fourth Amendment is the right to an administrative search. This gives the right to specific entities—for example, border stations, airports, and courthouses—to conduct searches without reasonable cause. The courts have re-

jected grouping schools into this category saying that the permitted searches are taking place in voluntary situations. Someone entering an airport or crossing a border can choose to leave instead of yielding to a search. Young people, however, have no choice but to be at school, so the voluntary choice is missing. The only involuntary blanket searches that the Supreme Court sanctions are of prisons, which was handed down in *Storms v. Couglin* in 1984, saying that “the constitutional rights of prisoners gives way when in conflict with prison security needs.” And as Supreme Court Justice Byron White said, “We are not yet ready to hold that the schools and the prisons need be equated for purposes of the Fourth Amendment.”

When school officials at a New Jersey high school tried to add drug testing to the students’ routine medical exams they used the argument that drug abuse is a disease and that students should be screened for drug abuse just as they are screened for other medical conditions. The American Civil Liberties Union (ACLU) opposed those “who would permit urine searches to creep into our schools on the coattails of forced medical examinations.” The ACLU believes that blanket testing is against the American ideology that everyone is considered innocent until they are proven guilty. They argue that by testing all the students, the school is really saying, “Prove that you are innocent, prove that you don’t use drugs.”

A Supreme Court decision

In June 1995, the Supreme Court handed down the most definitive ruling on school drug testing so far. The case revolved around a seventh grader in Veronia, Oregon, who refused to submit to his school’s mandatory drug testing for athletes. The school argued that student drug use was becoming an epidemic, and the teachers said “how appalled and helpless they felt as students increasingly expressed their attraction to, and vocal defense of, the use of drugs.” The school district brought in speakers with anti-drug messages, held special classes, and even brought in trained dogs to sniff for drugs but the problems persisted.

Two teenage boys at their high school. Many teens feel that mandatory drug testing in schools is a violation of student rights; the Supreme Court disagreed in a 1995 ruling.



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MATCH TO IMAGE

Administrators felt that the students' drug use was being fueled by the athletes who were supposed to be role models, so they targeted the drug tests at them. Every athlete must submit to a urinalysis test (conducted in private, in the locker room) at the beginning of the season, and then each week 10 percent of the athletes would be randomly retested. In the fall of 1991, James Acton refused to sign the consent form, claiming it violated the Fourth Amendment, and was denied the chance to play football. A federal district court disagreed with Acton's claims, but then on appeal the Ninth Circuit reversed the decision, holding that the policy violated the young man's rights. On June 26, 1995, the U.S. Supreme Court, in a six to three decision, reversed that judgment, ruling that the Vernonia School District's student-athlete drug-testing policy was constitutional and could continue. The justices based their decision on three factors: 1) that children in schools already have less privacy than the general public due to the degree of supervision, and that the privacy factor is even lower for school athletes who share a locker room any-

way; 2) the relative unobtrusiveness of the actual testing; and 3) the severity of the need. Justice Antonin Scalia cited “the special vulnerability of children to the addictive effects of drugs” along with the special context of public schools, and the added risks of drugs for athletes as factors in the Court’s decision.

An open attitude

Young people face a whole different drug scene in college than in high school. They are on their own, usually for the first time, and have a lot more freedom. Parents usually aren’t around to notice when their children come home drunk or high, and the typical school day has much less structure than in high school. Students have more access to funds, and less need to account for how they spend their money or their time. In 1995, a reporter for *Rolling Stone* magazine traveled to six colleges across the country and it never took him more than two hours to find students who would sell him any drug he wanted. Sometimes even the first person he met could help him. The drug culture in

College students living on their own enjoy increased freedom, which often translates to increased drinking and drug use.



many colleges is so open that many students claim it's easy to forget that drugs are illegal, even though the stakes are higher now since they are no longer minors and if caught with drugs could be tried in court as adults. Says one college student, "A friend of mine got so used to things being accepted here, that she went traveling in Europe and India with joints in her pocket, and never thought twice about it until she was arrested."

Colleges and drug use

According to *Rolling Stone*, nearly half of college students nationwide have tried at least one drug (a student survey at Georgetown University put the number at 73 percent), and daily use of marijuana is at its highest level since 1989. Cocaine use is down, and LSD is on the rise, with as many as one in ten students using it. Some schools have earned the reputation of being party schools, where drinking and taking drugs is known to be a large part of the social activities. According to two sorority girls at the University of California, Berkeley, the drugs get stronger each year of college just like the classes get harder. They describe freshman year as "mastering elementary substances like pot and alcohol." Then in sophomore year come the light hallucinogens like mushrooms, followed by amphetamines and acid in junior year and heroin in senior year. For many students marijuana is even easier to get than alcohol, for which you need to show proof of legal drinking age. Abbie, a college sophomore, says, "I'm friends with a lot of older kids who are legal already. But since I'm not, it's easier to just get stoned and then hang out with them, then I don't have to worry about some campus police guy finding me drunk."

According to Dr. Lloyd Johnston, the principal author of the University of Michigan's teenage drug-use study, the increase in college drug use can be traced back to one place—high school. He believes the students bring their high school drug behaviors with them to college. In fact, many college dealers say they get their drugs from connections at the local high schools. One dealer explains that

it's less risky for high school students to hold large quantities of drugs than for college students. He says, "If you're 15 or 16 years old, they'll slap you on the wrist, say 'don't do it again.' Big deal." A student's behavior toward drugs doesn't always start in high school though. One college freshman told *Rolling Stone* that he had never used drugs before he got to college (he graduated fourth in his high school class), and now "gave himself carte blanche." He discovered that if he withdrew from classes by the end of the fifth week, he could get his student loan in cash. He then used the money to buy Ecstasy until he realized that heroin was a lot cheaper. Some students say that the information they learned in high school actually led them to try drugs in college because the bad things that they learned would happen never did.

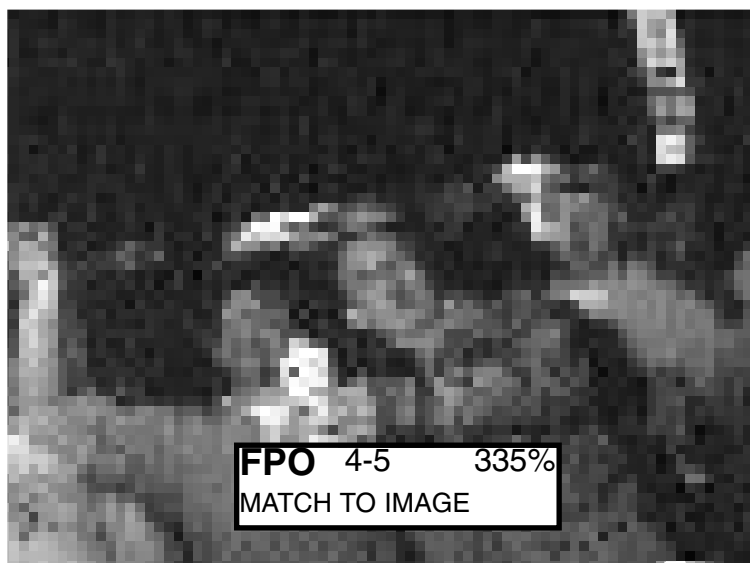
Fraternity members have an especially hard time staying away from alcohol and drugs, since most of their social activities involve hosting parties. The hazing period when new members are being initiated often includes drinking or partying to excess. A University of Virginia fraternity president admits that "every [fraternity] house has something going on. It's just a matter of degree."

Arrests and reported drug violations on campus

The *Chronicle of Higher Education* surveyed eight hundred colleges in 1993 and found that drug violations had risen 34 percent between 1992 and 1993, even though the percentage of college students who smoked marijuana during that time reportedly only rose 2 percent. An administrator at the State University of New York at Albany doesn't believe that the reported violations translate into a great increase in student drug use. "For the statistics to go up 34%," he says, "would mean that the Medellin cartel [a huge international drug ring] was operating on college campuses."

A few factors may account for this incredible increase in reported drug incidents. First, universities must now comply with two recent federal laws involving student

Exposure of campus partying and drug use has caused colleges to crack down on offenders. Reported drug violations rose 34 percent from 1992 to 1993, according to one survey.



drug use. Amendments made to the Drug-Free Schools and Communities Act in 1989 said that each institute of higher learning would have to “certify that it has adopted and implemented a program to prevent the unlawful possession, use or distribution of illicit drugs by students.” The schools would have to issue clear warnings to students that they were subject to “sanctions up to and including expulsion and referral for prosecution.” Any university found not adhering to this policy would no longer receive federal aid, which could mean losses in the millions for a large university. As one college administrator said, this new law sent colleges “scrambling.” In addition, the Student Right-to-Know and Campus Security Act of 1990 forced colleges to report any drug cases even if they were handled internally. One school attributed the rise in reported drug violations to the increase of tips from other students who are “fed up with marijuana-smoking hall-mates.”

There is still a lot of confusion about exactly how the drug violations should be compiled, and schools are trying to find a balance between complying with the law without making their numbers too high and getting a bad reputation. Yet colleges are getting tougher on drug users all

across America. For instance, in 1992 when a student was first caught with marijuana at Colorado State University, he or she would get a warning and their drugs would be confiscated. By 1995, that student would be arrested on a misdemeanor possession charge. At the University of Georgia, drug arrests rose when university police started patrolling on bicycles. They were able to glide up to students who were using drugs in places that police cars couldn't fit. The arrests rose from 12 in 1991 to 60 in 1994. Until 1990 the University of Michigan had a \$25 fine for smoking a joint. By 1995 smokers were subject to a \$1,000 fine and up to a year in jail. Drug arrests there rose from 20 in 1989 to 181 in 1994.

Former U.S. education secretary William J. Bennett claims that "schools are uniquely situated to mobilize the community against the drug problem." He recognizes that the schools can't do the job alone, but they can make great progress when helped by educators, parents, students, law enforcement officials, and community groups. In the most basic terms, if teenagers didn't start taking drugs in the first place, there wouldn't be a teenage drug problem and there wouldn't be drugs in schools.

5

Drug Prevention

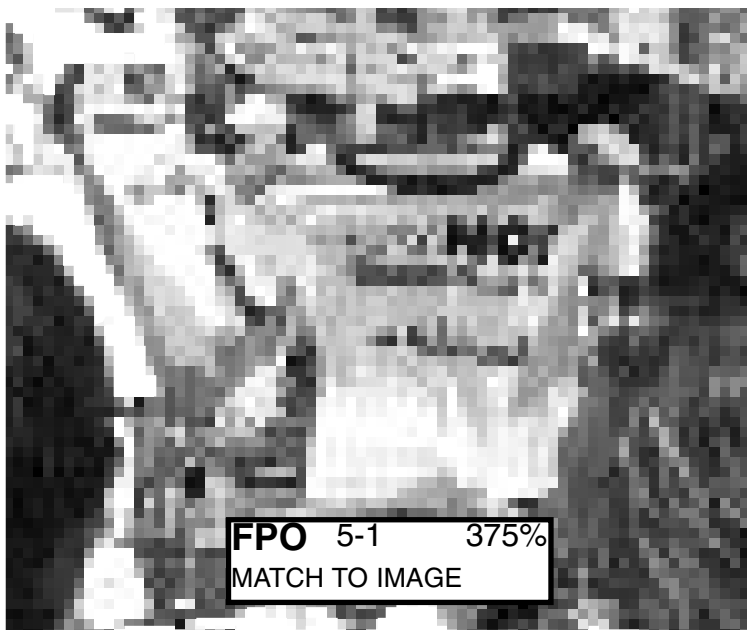
“IF WE CAN’T shut off the supply,” said *Newsweek* magazine back in 1986, “maybe we can shrink the demand—by somehow persuading drug users to turn off, or never to turn on in the first place.” In the spirit of that suggestion former first lady Nancy Reagan urged young people to “just say no” to drugs. This simple, straightforward message, now familiar to every student in America, can’t do the job alone. According to Robert Schwebel, a clinical psychologist in Arizona and vice chairman of the School Chemical Abuse Prevention Committee, “Saying no is not enough. Children need to be empowered. Young children need an opportunity to learn positive attitudes and basic life skills. Teenagers need dialogue and discussion with their parents. ‘Just Say No’ is not very helpful advice considering that rebelliousness is a major correlate of drug use by teenagers.” For drug prevention messages to have any effect, they must be consistent and they must come from school, community, and family.

School prevention and education programs

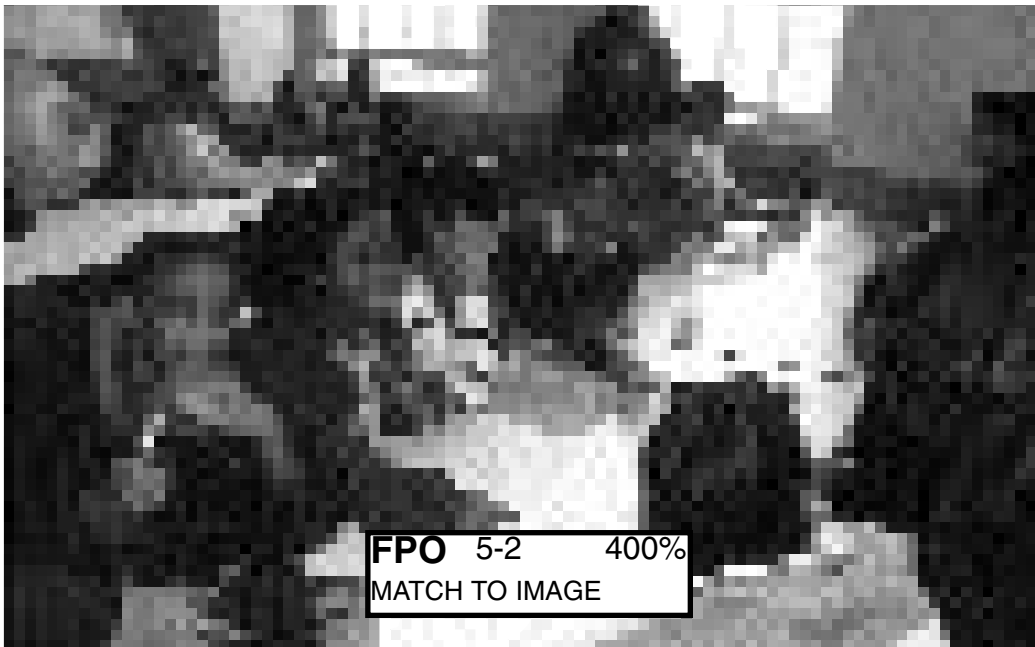
In the past ten years 91 percent of public schools across the country have established some sort of drug prevention and education program. No one knows if these programs work, however. According to Larry Seitz, director of research on school-based programs for NIDA, “The Department of Education spends several hundred million dollars a year in the nation’s schools on substance-abuse programs, but they don’t know if that makes kids less inter-

ested in using drugs or more interested.” Bill Zeliff, chairman of the House Subcommittee on National Security, International Affairs, and Criminal Justice, contends that some school districts use federal antidrug funds for purposes other than drug prevention. “Drug prevention,” he declared, “seems to have become, in some places, only a way to pick the federal pocket.”

Public education and health experts have determined that school drug prevention programs need to focus on many different aspects of the drug issue and “they have to start early, before peer pressure sets in,” says one junior high school social worker. “By high school we’ve already lost them.” Experts say that the curriculum should focus on factual information on alcohol, tobacco, and drugs and the consequences of use; promoting self-awareness and self-esteem; assessment of risks and decision-making skills; the media and peer influences that encourage substance use; techniques for resisting peer pressure and positive alternatives to substance use. Even relevant displays in school hallways can reach kids with an antidrug message. Yvonne, a high school student, says in *CQ Researcher*:



Paraphernalia at a 1987 antidrug parade. Educators have expanded on the “Just Say No” motto of the 1980s, presenting a broad curriculum on drugs and starting programs for younger children.



Most schools have a drug education curriculum, but the success rates of these prevention programs are not known. Some critics also claim that federal antidrug funds are not actually spent on these programs.

Every time I wanted to smoke, I'd remember that disgusting display on how your lungs look after you smoke. It was in the hallway right outside the school office, and I saw it every day for seven years of elementary school. I once went with a guy who said drinking beer couldn't turn you into an alcoholic, and when I tried to argue with him, he said, "don't confuse me with the facts." But the facts have kept me from smoking, and my lungs will never be used as a bad example outside somebody's school office.

Life skills training program

The results of a six-year study conducted by the Institute for Prevention Research at Cornell University Medical College showed the effectiveness of one school drug prevention program called Life Skills Training. The fifteen-session program began in the seventh grade and was taught by the students' regular teachers. There were then additional intervention sessions (ten in the eighth grade and five in the ninth) because previous studies showed that booster sessions can help sustain and even heighten the effects of the initial prevention program. The classes were designed to teach students "cognitive behav-

ioral skills for building self-esteem, resisting advertising pressure, managing anxiety, developing personal relationships and asserting rights, and communicating effectively along with teaching skills specifically designed to resisting social influences to use tobacco, alcohol or other drugs.” The Life Skills program veered from traditional prevention methods which try to scare young people away from drugs through discussion of the long-term health problems they cause. The Life Skills program focused instead on the immediate negative consequences of using drugs, such as yellow teeth, bad breath, and nicotine stains caused by smoking or a sickly appearance caused by drug use. The program’s creators believe that immediate effects such as these will be of greater concern to teenagers than those that emerge in later life.

When the study surveyed the participating students upon their high school graduation six years later, they found 44 percent fewer seniors smoking cigarettes or marijuana or drinking alcohol than in the schools that had traditional prevention programs, and 66 percent fewer seniors used all three substances weekly. While this success rate is arguably higher than other programs in America, only about 100 to 150 schools currently use the Life Skills curriculum.

D.A.R.E.

The most popular school drug prevention program is known as D.A.R.E. (Drug Abuse Resistance Education) and is followed in all fifty states and in over half of the public school districts. Uniformed police officers are specially trained to teach young children (usually fifth and sixth graders) about the harms and risks of taking drugs. Some schools end the seventeen-session program with assemblies where the children make commitments not to take drugs. Booster sessions can follow in seventh grade if the school systems deem them necessary. A three-year, three-hundred-thousand-dollar study commissioned by the National Institute of Justice concluded in 1993 that D.A.R.E.’s influence on young people’s drug use was

As he speaks to children in the D.A.R.E. program a police officer leans against a Corvette confiscated from a drug dealer. D.A.R.E., however, has come under fire for not significantly lowering participants' drug use.

insignificant and that school resources “might be better spent on longer-term, more interactive programs.” Defenders of D.A.R.E. say the study was unfair because it focused only on fifth and sixth graders and not on older kids who had also gone through the program. Earlier studies, they said, showed that seventh graders who had completed the D.A.R.E. program in elementary school had better work habits, higher self-esteem, and more positive attitudes than those who didn’t take part in D.A.R.E. But in the case of eighteen-year-old Ray, who went through the D.A.R.E. program as a child in Los Angeles, the positive effects have worn off. “Mostly everyone I know who was in D.A.R.E. back with me are doing the same thing I’m doing and more,” he says. “Everybody I know gets high. I don’t think it worked. Not for me.”

Social psychologist William B. Hansen, who has been studying drug prevention programs for twenty years, believes that “one of the main problems with [a program like] D.A.R.E. is that the timing is off. Fifth-graders love you,” he says. “They’re bouncy and cuddly. They’re not



suspicious when you walk in with a uniform.” He says that once the students get to junior high, that changes. “Once they get into that society, everything you’ve taught them in fifth grade is out the window.”

Prevention for high-risk teens

Experts such as Jonathan Shedler, a professor of psychology at Adelphi University in New York, believe schools should pay more attention to identifying children who are at a high risk of developing a drug problem in adolescence. Once identified, special prevention efforts can be directed at them at an earlier age than other students. A program run by CASA called Children at Risk (CAR) aims to prevent some of the most vulnerable children in six cities from getting involved with drugs. Young people are considered at high risk if they live in an area where drugs, drug violence, and drug trafficking are rampant; if drug abuse already exists in the home; if they exhibit aggressive or rebellious behavior at school or home at an early age; or if they have a lack of parental guidance or support at home. CAR helps the selected children to develop strong alternate interests and goals. Case workers are assigned to each family and the child has daily tutoring and his or her performance at school is closely monitored. One woman whose son is in the program says her son has gained a new sense of confidence along with improving grades and a better outlook on life. “He would keep things in before and wouldn’t talk,” she says. “Now, he says ‘Mama, guess what happened?’ He got into the program and he’s really blossoming.” So far there have been 33 percent fewer arrests of the kids in the program than of kids the same age who are not enrolled.

The role of parents in prevention

In its annual survey of over ten thousand teenagers, the Partnership for a Drug-Free America reports that “the number one risk teens see in drugs is not dying or going to jail or getting thrown out of school. The number one risk for kids—and this has been consistent for years—is

in disappointing their mothers and fathers.” Parents often don’t realize how much influence they have on their children. But, according to *U.S. News & World Report*,

Parents cannot teach their children safe passage in a world awash in booze and crack until they learn how to navigate it for themselves. They can read drug-abuse pamphlets; they can get involved in school programs; they can confront their own use of alcohol and other drugs; they can seek family therapy. Once parents recognize the risks, they can get serious about prevention.

In the *Journal of Pediatrics*, Dr. Deborah Cohen reported the findings of a two-year study that found a strong link between positive parent-child relationships and low alcohol and drug use by adolescents. “The best way to keep children away from cigarettes, alcohol, and other drugs isn’t to order them around like a drill sergeant,” she says, “but to spend more time with them and communicate with them more frequently.” Dr. Cohen goes on to say that “children whose parents listen to them with empathy are less likely to exhibit disruptive behavior or choose friends who might be considered ‘bad influences.’” A survey by the National Parents’ Resource Institute for Drug Education found that when parents warn their kids about drugs, usage is lower. “Among students who said they never hear from their parents about drugs, 36% reported using an illicit drug in the past year. The number fell to 27% for those whose parents spoke about drugs often.”

In *Time* magazine, author Anne Roiphe tells other parents “[We must] instill a great deal of joy and confidence in our children before they get to be teenagers in order to protect them through those hard years.” Besides being good role models by not using drugs themselves, they need to let their kids know they trust them. Parents should give their children a strong understanding of right and wrong so that the children will make the right decisions when the time comes. The rules against drugs and the reasoning behind the rules should be made clear. Parents must also be aware of messages coming from others in-



A young person smokes from a pipe made out of a bottle. Experts feel that parents should emphasize the danger of smoking marijuana when talking to their children about the drug.

cluding babysitters, relatives, and friends to ensure that the antidrug message is not being contradicted.

Statistics show that between 49 percent and 57 percent of parents who grew up during the 1960s have smoked marijuana, and the time will come when their kids will ask them about it. Alan I. Leshner, director of NIDA, advises parents to shift the conversation away from themselves. "You have to turn it around from 'I did it and I lived, so therefore you can do it and live' to 'My friend Sally didn't live.'" Joseph A. Califano Jr., president of CASA, suggests that parents tell their kids that a lot more is known today about marijuana than was known twenty-five years ago. That doesn't excuse the parent's decision to smoke back then, but at least it puts it into perspective for the child.

The parents' crusade

Some parents feel so strongly about spreading the message that kids shouldn't take drugs that they personally campaign against it. This is an effort not only to get the word out to the children, but to educate other parents on the dangers their kids face. When Grace Jones's fifteen-year-old daughter Jennifer died from inhaling the coolant Freon, she decided to channel her grief by publicly discussing the dangers of inhalants. This included



Signe Wilkinson/ Cartoonists & Writers Syndicate. Reprinted with permission.

holding press conferences, networking with other parents, and speaking at school assemblies. Harvey Weiss, the executive director of the National Inhalant Prevention Coalition, credits Jones's determination with spreading the message about the dangers of inhalants. "When you lose a child, part of you dies," Jones says. "I'm not the same person I was before. But by doing this work, I keep Jennifer's spirit alive. She's not forgotten." National organizations such as PRIDE (Parents' Resource Institute for Drug Education) also give parents a way to be more involved in helping their children stay away from drugs. Gail Amato is the president of the Bowling Green Parents for Drug-free Youth, an organization that has raised over thirty-five thousand dollars toward student drug prevention. Amato says, "People often ask me why I think parents are the answer, and I think it's because we have the most to lose. Schools can help, churches can help, law enforcement can help, but no one can replace the family."

While no one can guarantee that parents' actions will keep their kids off drugs, there is one certainty, says Lee Dogoloff, executive director of the American Council for Drug Education. "Every child in this country between the ages of 12 and 14 will be called upon to make a decision about drugs and alcohol. The only option is what decision they will make." To which journalist Vic Sussman adds in *U.S. News & World Report*, "Parents who do nothing to help kids make that decision, who merely hope for the best, who blithely assume Not My Kid now and forever, are abandoning their children at the edge of a whirlpool."

Community involvement

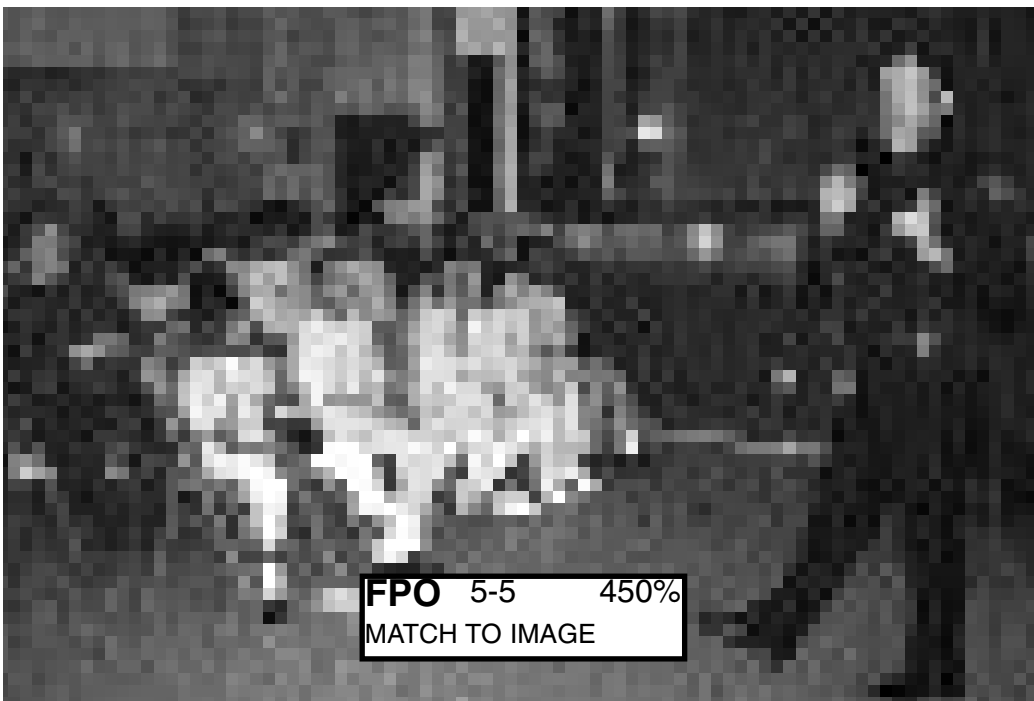
Mathea Falco, the former New York assistant secretary of state for International Narcotics Matters, contends that community-based coalitions that include citizens, businesses, and local governments can provide a wider range of drug prevention services than either the federal government or private individuals. The first national meeting of community coalitions was held in Washington, D.C., in November 1990. Representatives of 172 cities attended in hopes of learning more about community-based substance abuse prevention strategies. Typically coalitions hold drug abuse awareness events for the community, sponsor alcohol- and drug-free social activities, distribute prevention information to the schools and other community organizations, and generally band together to keep their community safe and drug-free. "People want to do something, but don't know what to do," says Marilyn Wagner Culp, the executive director of the Miami [Florida] Coalition. "The Coalition channels this energy and helps people feel like they can be part of the solution. Everyone can make a difference by raising the level of awareness."

Community involvement can be especially important when government funding disappears. Congress cut the federal community-based drug program budget from \$550 million to \$195 million in 1996. Local corporations and

wealthy benefactors have stepped in to keep prevention programs afloat despite government cuts. Ewing M. Kauffman, the founder of Marion Labs in Kansas City, has donated millions of dollars toward project STAR, which involves the schools, media, and civic leadership in a community-based prevention program. When a STAR survey discovered that the highest levels of teenage drinking occurred at schools located nearest to convenience stores, STAR invited the store owners to attend a class on how to make a contribution to substance abuse prevention in the community.

Community-sponsored prevention programs, like this antidrug program at an elementary school, involve citizens, businesses, and local governments working together to prevent drug abuse.

A recent study by the Carnegie Corporation of New York found that adolescents have too little to do after school and suggests that one reason young people turn to drugs is that schools and the community fail to provide them with safe and fun places to spend their free time. The few organizations that have programs for teens focus more on rehabilitating drug addicts or gang members than on drug abuse prevention. In response, Carnegie has called on





federal, state, and local governments along with local businesses to provide greater resources for recreation, sports, and other after-school programs, especially in low-income communities. Supervised activities such as these give teens a chance to escape the pressure of drugs at least for a little while.

Self-esteem and positive peer pressure

According to the head of a community youth group, quoted in *Drug Abuse*, the biggest benefit of peer groups is in helping young people build self-esteem.

Giving young people a place to belong and have fun is the best way to help them build the self-esteem necessary to avoid drugs. If you have good self-esteem, you're less apt to form a habitual use of drugs, because the self-esteem gives you greater resistance to peer pressure. I want to help create a place for kids to build friendships and self-esteem through their group activities. Kids will gravitate towards other kids involved in these types of activities and away from drugs.

Psychologists recognize that teenagers need to understand how to have fun and how to cope with stress without

One study concluded that communities should provide more organizations, such as the Boys and Girls Club (pictured), that offer fun, safe activities for children.

taking drugs. Programs that grant young people this opportunity for growth go a long way toward giving them the support they will need to say no to drugs. Psychotherapist Linda Cohen believes that when students learn about the dangers of drugs from other students, the message is more readily accepted. Many schools and communities have set up Peer Influence Programs where “kids helping kids” is the main emphasis. Student leaders with training in drug abuse can reach out to their peers and to younger children with fact-based and helpful motivating techniques to keep them off drugs. Many of the programs sponsor social events such as drug-free parties. These activities have been hugely successful nationwide. “If there’s going to be any peer pressure,” says fifteen-year-old Jessica, “I’d rather have it be other kids telling me *don’t do drugs* than *do drugs*.”

Advertising and the media

The most famous public service announcement from the Partnership for a Drug-Free America (PDFA) was a television commercial equating an egg frying in a pan with the human brain on drugs. This public service announcement received \$350 million worth of free television airtime in the late 1980s and the media donated \$2 billion to the growth of the PDFA, which established itself as a nonprofit, antidrug advertising organization. After a decline in public service announcements in the early 1990s, many antidrug groups argued that more spots should be aired. Since television advertising has demonstrated that it can play a powerful role in shaping teens’ perceptions of drugs, they felt that the absence of such messages was harmful. A study done at Johns Hopkins Children’s Center supports this view. Researchers found that 97 percent of middle school and high school students surveyed were convinced by antidrug television ads that taking drugs was more dangerous than they had thought. Seventy-one percent said the ads persuaded them not to try drugs.

In the last two years the public service spots have returned to television in greater numbers. Some commercials use fear tactics, equating, for example, drug experimentation with diving into an empty pool. Other commercials portray a grim reality, contrasting scenes from a young crack-addicted teenager's ruined life with a boy graduating from high school. Still others employ celebrity endorsements where actors and musicians tell viewers how foolish it is to use drugs. A study conducted by the CASA's Urban Youth Campaign showed a selection of antidrug and antidrinking commercials to a group of



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African American children ages nine to thirteen in seven metropolitan areas. The children were then asked to rate the ads that most appealed to them. The girls rated the ones that used peers or celebrities as the most appealing while the boys preferred the ads with humor and music. The ads that relied on fear tactics got the least response. What this shows, sociologists say, is the need for a variety of approaches because what works with one person doesn't necessarily work with another.

All of these prevention efforts, however, can't force drugs out of the hands of teenagers who are determined to use them. Even though they hear the warnings about the dangers and addictive qualities of drugs, they may still believe they can handle it. But if the teen is already abusing drugs, the focus needs to switch from prevention to intervention and treatment.

6

Recognition and Treatment of Drug Abuse

RECOGNIZING THAT A teenager has a drug problem is not always easy. Teenagers are sometimes secretive about their own activities and the activities of friends. This makes it even harder to recognize a drug problem. Once the problem is out in the open, however, there are many options for treatment ranging from regular drug counseling to rehabilitation programs in specialized hospital units. The teen's level of involvement with drugs and his or her personality will determine the type of treatment needed. Some teenagers stop taking drugs as soon as their problem is discovered while others require intensive therapy.

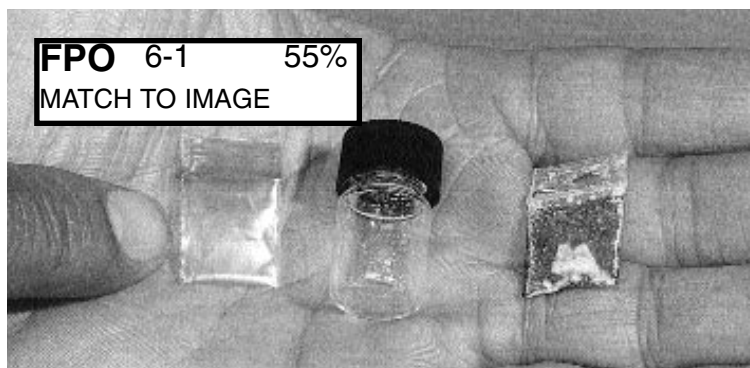
The four stages of drug abuse

The Office for Substance Abuse Prevention of the U.S. Public Health Service has identified four specific stages of drug use. Teenagers who occasionally use drugs in social situations are considered to be in the first stage of drug use. During this stage parents probably won't notice a change in their child's behavior. In the second stage users seek out drugs more often. Such individuals typically have secured a reliable source for obtaining drugs and probably have started hanging out with new, drug-using friends. As a result of second-stage drug use, these

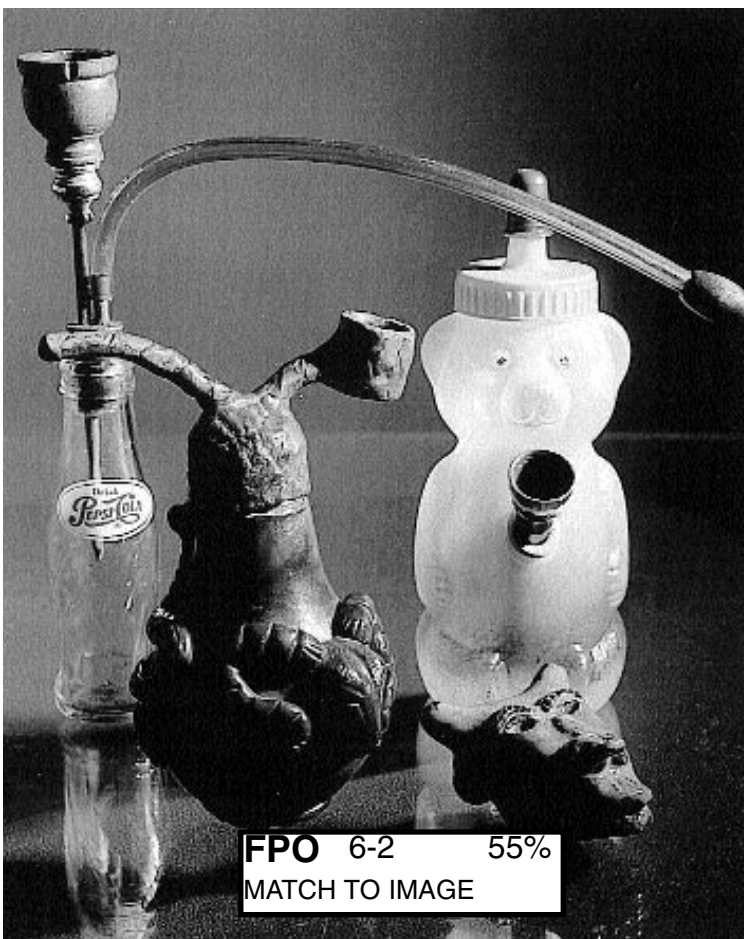
teens may be moody and will let their schoolwork slip. Getting high consumes users by the third stage. They often use drugs daily, increasing the tension at home and school, and may encounter trouble with the law. By the fourth stage these teenagers are addicted and cannot function without drugs. They require more drugs just to feel okay. They are unable to function at home and at school; most drop out of school, get expelled, or resort to crime to get drug money.

Specific indications of drug use

Because secrecy, a change of friends, and mood swings can result from normal adolescent experiences it is sometimes difficult to identify the signs of drug use. The physical clues are usually more obvious. They include exhaustion, weight loss or gain, bloodshot eyes, lethargy, and paleness. Parents or siblings may notice money or expensive items disappearing if the teen needs money for drugs. The most obvious sign of drug use is the appearance of drug paraphernalia. Items such as soda cans that smell like gasoline, plastic bags with a chemical odor, misplaced household chemicals, or hobby glue in the room of a kid who doesn't make model airplanes may indicate inhalant use; rolling papers, roach clips, and seeds or leaves that look like oregano could indicate marijuana use. Handheld mirrors, razor blades, and rolled-up bills may suggest cocaine use; small colored vials and spoons may mean crack or heroin use; pipes or handmade pipes



Crack is usually stored in tiny plastic bags (left and right) or small glass vials (center).



An assortment of custom-made pipes, which are used to smoke marijuana and other drugs.

made of paper towel rolls and aluminum foil may suggest marijuana, crack, or heroin use; stamps and blotter paper may indicate LSD use; and needles may mean a young person is using heroin or steroids.

Home drug tests

Some parents resort to home drug-testing kits to determine if their kids are using drugs. The use of these kits typically involves wiping a specially treated swab on surfaces (phones, desks, car seats) with which suspected teens have come in contact. These swabs are then either mailed to a lab or analyzed at home with methods provided in the kits. Another test requires a snip of the young

person's hair. But as the executive director of Citizens Organization for Personal Safety (COPS) warns, "If you do find a positive response, you've only found the drug, not that [the teen is] using it." A research chemist for the National Institute on Drug Abuse adds that the teen could have picked up the residue from other people or objects and parents shouldn't jump to conclusions.

Not surprisingly, clandestine testing isn't popular with most teenagers who complain that it's an invasion of privacy and demonstrates a lack of trust. Communications expert Sandy Hermanoff agrees and cautions parents that "if you cut your child's hair while they are sleeping for a drug test, I would say that sets the kid up to say, 'I can do things behind your back, too.'" But some experts say parents have a responsibility to act if they believe their child's life is in danger. Michigan prosecutor Nancy Diehl says, "If a parent suspected that a child had an illness, they would do anything they could, including getting medical tests to help them. When you're talking about illegal drug use by children, there should be zero tolerance. This isn't a legal issue, it's not unconstitutional to test your own children for drugs." Some teens agree with that sentiment.

Sunny Cloud, a proponent of the home drug test Parent's Alert, poses with several of the kits. Some teens feel that parents who test their children for drugs show a lack of trust.



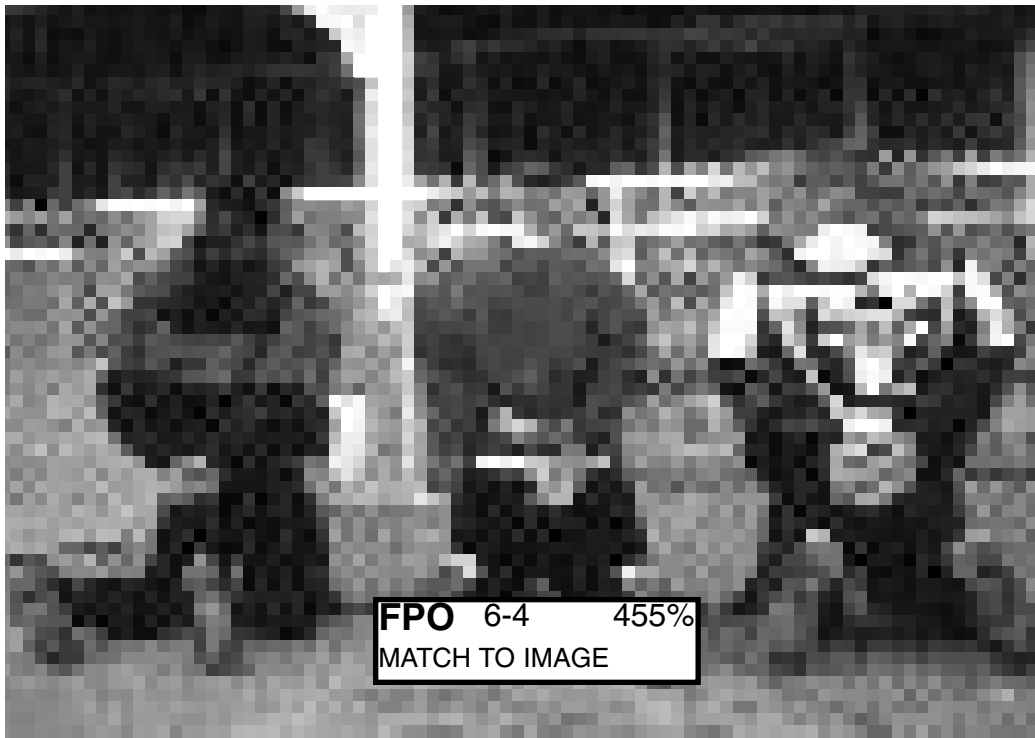
“The kids that are doing [drugs] might not want their parents to find out,” says fifteen-year-old Matt, “but it would be better for them in the end.”

Confrontation and intervention

Recognizing a drug problem is hard enough; confronting the problem can be even harder. A teen may not want to risk angering friends or siblings by confronting them about their drug problem, and parents often fear losing the affection of their children if they crack down too hard. At the same time, many worry about not responding strongly enough. “If parents interfere, they’re snoopy and domineering,” says one mother. “If they *don’t* they’re unfeeling and ‘don’t care.’” Some therapists suggest professional help in confronting a drug-using young person. Or, family members and close friends can gather to let the user know how his or her substance abuse has affected the relationship with them. The idea is to so overwhelm the teen with concern that the individual submits to outside help.

Some teenagers realize they have a problem and seek help on their own. Seventeen-year-old Jackie says she didn’t like feeling sick all the time from the speed she was taking. “I finally just crawled into bed with my mom and said ‘help me.’ I started crying and then she did too.” Sometimes the reaction isn’t what the teen hoped for, however. In what sixteen-year-old Michael describes as a cry for help, he told his parents he was smoking pot and taking mushrooms and acid. “I thought they’d help me, but they were furious,” he says. “It’s one thing to punish me and another to alienate me. Now there’s no way I’m going to talk straight with them again.”

Sometimes teens are forced to reveal their drug problems unintentionally. They may be arrested for drug possession, they could be in a drug-related accident, or they could overdose and wind up in the hospital. It took his best friend’s drug-related death to shock eighteen-year-old Adam into coming clean with his parents about his own drug use. “I was so scared and freaked out by what



An arrest for drug possession (pictured) forces a teen to reveal his or her drug use, the first step in confronting and treating the problem.

happened,” Adam said, “that the last thing I was scared of was how my parents would react.”

Finding treatment

Substance abuse specialists, school psychologists, social workers, and guidance counselors can help determine the best treatment plan for each individual. Toll-free helplines staffed by professionals can also give general guidance.

Drug abusers may need to try a few different approaches before they find a treatment method that works for them. It takes approximately three months of abstinence for the brain to process the reversible changes that drugs have inflicted on it. A craving for the drug may occur at this stage in the withdrawal cycle, causing a relapse. The relapse rate declines slowly from that point until one year, so the teenagers who are most successful at staying off drugs are those who chose treatment that

emphasizes relapse prevention and who remain in treatment for a full year.

Outpatient treatment

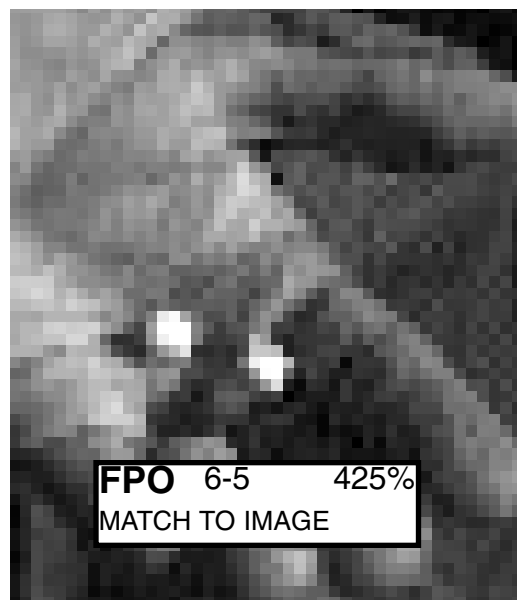
Outpatient treatment is less disruptive than other methods because it allows teens to stay in school and to remain in their environment while they combat their drug problem. If a teen is in the first or second stage of drug use, one-on-one counseling with a therapist who specializes in adolescent substance abuse might be enough to keep the individual off drugs. Most therapists recommend that the patient see them at least twice a week in the beginning, and the therapist usually likes to meet with the family for a few visits also.

At these sessions the teen will first work through the issues that led to drug use. The therapist will expect the teen to honestly explore his or her reasons for turning to drugs. A person who gravitates toward drugs is considered to be a natural risk-taker, and with this in mind, a therapist will often suggest the teen replace drugs with challenging activities such as mountain biking or rock climbing. "If kids aren't having some fun in recovery," warns Martin Starr, a counselor in a California adolescent treatment center, "they're not going to make it."

An integral part of drug therapy is for the teen to recognize and avoid the people, places, and events that trigger the desire for drugs. The therapist will also help the teen to build a strong support system of people who will be dedicated to keeping the individual away from the triggers. At some point the therapist will determine that the teen is strong enough either to cut down on the therapy sessions or to stop going altogether.

Some teens work better in a group setting, and group therapy may be a

Teens recovering from the tight grip of drugs like heroin (shown here wrapped in balloons) are prone to relapse.

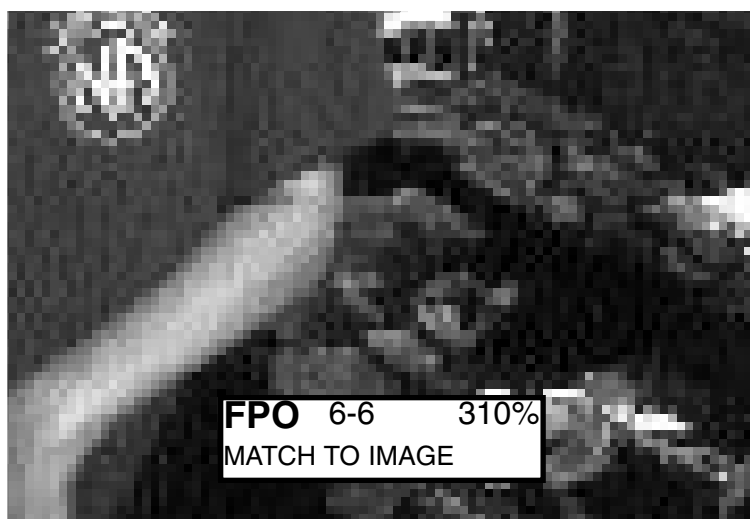


better option than one-on-one sessions. Therapy groups usually consist of no more than ten teenagers, and are led by one or two drug counselors. Weekly group sessions made all the difference to sixteen-year-old Allison. “It really helped to be with other kids my age who were going through the same thing. Most of our parents had forced us to be there, but after a while I actually started looking forward to going.”

12-step programs

Another option is joining a 12-step program such as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) where the emphasis is on spiritual rehabilitation and fellowship. The meetings don’t include therapists but are led by people trained in the belief system behind the program. Participants must strive to take full responsibility for themselves, must believe in and submit to a “higher power” for assistance, must pledge to fight their problem “one day at a time,” and must realize that they will never be *recovered*, only *recovering*. Seventeen-year-old Bob finally agreed to go to an NA meeting when his school threatened to expel him for drug use. He found it overbearing to follow all the rules but admits that he feels stronger now. “At first I couldn’t get past the whole ‘God’

A Narcotics Anonymous member with keychains bearing words of encouragement. NA is a 12-step program that uses fellowship as a means toward rehabilitation.



thing. It just wasn't how I grew up. But the other kids there are pretty friendly and we all watch out for each other." Teens often attend 12-step programs in addition to other forms of therapy.

Residential treatment centers

If the teenager's drug problem has escalated to the third or fourth stage experts usually insist the individual be placed in a well-supervised recovery facility. Teenagers who reach this degree of drug dependence may be out of control and dangerous to themselves and others. They may not willingly agree to be placed in an inpatient treatment program but in most states parents can legally commit their children to such programs. These residential programs can last anywhere from two weeks to a year, depending on the individual's needs. Some treatments begin with an intense detoxification process where the body is physically cleansed of the drugs in the system over a period of a few days. Most doctors believe that it is best for teenagers to detoxify their bodies naturally with regular healthy eating, exercise, sleep, and large doses of vitamins. This may rid the body of its physical addiction to the drug, but the psychological addiction may still remain and additional therapy will be needed.

Health insurance usually takes care of some of the cost; fees can range from free (at local short-term clinics) to hundreds of dollars a day at private hospitals. Some programs will offer a sliding scale based on the parents' income.

The inpatient treatment centers with the best success rates have certain characteristics in common. First, the adolescent unit should be separate from the adults, and the program should be run by professionals with both substance abuse training and a background in adolescent psychology. Counseling (both individual and group) should be with psychotherapists, psychologists, or psychiatrists and should be geared towards making drug abusers take responsibility for their actions. Families should be included at some level so they understand what the teen is

experiencing and can explore and work out any unresolved issues the teen may have with family members.

Aftercare

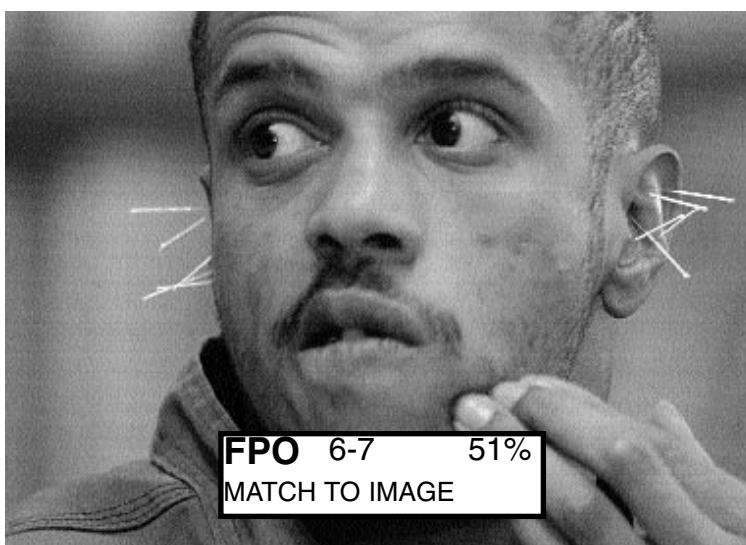
Aftercare is a vital part of any inpatient program. Without it, CASA states, those entering treatment programs have only a one in eight chance of being free of drugs a year later. Teenagers who return after treatment to the same environment without guidance or support will have great difficulty avoiding temptation and refraining from previous harmful behavior. This is one reason so many teenagers relapse soon after they return home. To combat this, residential treatment centers gradually ease patients back into society after the primary treatment ends, and then make sure the patients have follow-up visits. Some teens prefer individual or group therapy at this point, and some gravitate toward the 12-step programs.

When these teens simply can't function back at their home or school, there are a few options available. They can move into a halfway house while they get used to living without drugs. The daily routine in a halfway house is a lot less structured than in a residential treatment program (the boarders can come and go as they please), but the constant support system of other drug users who are trying to stay sober helps give the new residents incentive. An alternative school in Minnesota called Sobriety High is receiving nationwide acclaim. In order to attend, students must be deemed chemically dependent by a professional counselor, must have completed a treatment program for drug and alcohol addiction, and must sign a sobriety contract, agreeing to stay off drugs. It has no social, political, or religious affiliations, and instead of traditional homework the teens "work through their problems," attend NA or AA meetings, or talk with counselors. If teens relapse, other students and teachers offer support and encouragement to work harder at staying off drugs. The education is on a par with the rest of the public schools, and the students aren't worried about what

college admissions officers will think. As sixteen-year-old Sarah tells *Seventeen* magazine, “I wear my badges with pride,” she says fiercely. “That diploma stands for a lot. It says I’m sober. It says I know what it takes to really work at something. And it says I’ve accomplished something. Something a hell of a lot harder than most people ever will.”

Unconventional methods of treatment

Alternatives to conventional medical treatments for drug abuse are gaining popularity in America. *Health* magazine reported in 1995 that acupuncture, used by the Chinese for centuries, is being used today to break people of addictions to cigarettes, alcohol, and drugs. Practitioners say that stimulation of thin needles at four pressure points in the ear acts as a powerful calming influence. According to *Health* magazine, acupuncture “not only reduces the craving for a fix—perhaps by substituting the brain’s own endorphins [proteins that produce a natural high] for the street-drug equivalent—but it also helps addicts relax enough to think clearly about their predicament and to resolve to change their lives.” Lincoln Hospital in the South Bronx has treated thirty



A drug addict receives acupuncture treatment. Acupuncture reportedly calms the addict and reduces cravings for drugs.

thousand addicts with the help of acupuncture, and the method is part of a Miami program called Drug Court, where felony drug offenders are given the choice to enter an intensive program of counseling and daily acupuncture treatments as an alternative to prison. The success rate of the Drug Court program is 75 percent, compared to 15 to 20 percent of felons enrolled in standard drug treatment programs.

Legalization

Some people believe that the way to treat and even end the drug epidemic in America is to legalize drugs. They claim that legalization would force drug dealers out of business and would end drug-related crime. They also believe that if drugs were legal they would be less enticing to rebellious teenagers. In *USA Today* James Ostrowski writes, "The day after legalization went into effect, the streets of America would be safer. The drug dealers would be gone. The shootouts between dealers would end. Innocent bystanders no longer would be murdered. Thousands of judges, prosecutors and police would be freed to catch, try and imprison violent career criminals."

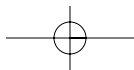
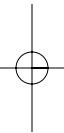
But as Phoenix House Foundation president Mitchell S. Rosenthal points out, "By sanctioning or 'normalizing' drug use, we would be eliminating all the impediments that, no matter how imperfectly, now limit its spread." He says that society's drug problems stem from the drug abusers. Since price and availability influence the incidence of drug use, giving the masses access to drugs is only going to increase the number of abusers. For example, in Zurich, Switzerland, the use and sale of drugs in a downtown park was legalized in 1989. Addicts were given free needles, condoms, medical care, counseling, and the opportunity for treatment. The number of drug users in the park grew from a few hundred to thousands and the operation had to shut down due to a sharp rise in drug-related violence and death. Today Switzerland has the highest per capita rate of drug addiction in all of Europe and the second highest rate of HIV infection.



The drug most often cited for legalization is marijuana. In 1996, California and Arizona voted to allow marijuana to be used for medicinal purposes. The federal government, however, has refused to back this law. Herbert D. Kleber of CASA believes that legalization of marijuana in the United States would be a disaster. "It would create a pediatric epidemic for which we would pay a dreadful price in terms of more damaged children and more damaged adults when they grow up."

Since no one advocating legalization of drugs has suggested allowing people under twenty-one to have access to them, teenagers would probably get drugs illegally just as they get alcohol today. With all the effort being poured into drug education, prevention, and treatment, teenagers will still have to possess the strength to turn away from drugs on their own. Because as Doug Hall, executive director of PRIDE, says of today's rampant teen drug use, "This is not experimentation. This is monthly, weekly and daily drug use. This is a human tragedy."

A Dutch youth sells joints in Amsterdam, where marijuana is legal. Proponents of drug legalization in the United States claim that it would end the drug epidemic and drug-related violence.



Organizations to Contact

Al-Anon/Alateen Family Group Headquarters, Inc.

P.O. Box 862, Midtown Station
New York, NY 10018-0862
(800) 344-2666

Al-Anon is a free, worldwide organization with more than 30,000 groups that offers resources for family members and friends of alcoholics.

Hazelden Foundation

Pleasant Valley Rd. Box 176
Center City, MN 55012-0176
(800) 328-9000

This private foundation distributes educational materials and self-help literature for participants in 12-step recovery programs.

“Just Say No” International

2101 Webster St., Suite 1300
Oakland, CA 94612
(800) 258-2766

This organization creates clubs that provide support and positive reinforcement to young people. It offers workshops and seminars, publishes newsletters, and conducts other activities aimed at preventing drug use.

Mothers Against Drunk Driving (MADD)

511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062
(214) 744-6233
(800) GET-MADD

MADD provides information on teens and drunk driving and on organizing local chapters. It focuses on effective solutions to underage drinking and drunk driving and supports those who have been victims of drunk drivers.

Narcotics Anonymous (NA)

P.O. Box 9999
Van Nuys, CA 91409
(818) 780-3951

Founded on the 12-step principles developed by Alcoholics Anonymous, NA is a recovery program based on regular local meetings where recovering addicts help each other to overcome their drug problems.

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686
www.health.org

This government agency maintains the nation's most comprehensive collection of scientific and consumer information on alcohol and other drugs. NCADI can provide a wide variety of publications and videotapes.

National Council on Alcohol and Drug Dependence, Inc. (NCADD)

12 West 21st St., 7th Floor
New York, NY 10017
(212) 206-6770
(800) 622-2255 (hopeline)

Local NCADD affiliates offer referral and educational information on alcohol and drug abuse. The hopeline provides callers with the branch nearest them.

National Crime Prevention Council

1700 K St. NW, 2nd Floor
Washington, DC 20006
(202) 466-6272

This organization distributes *Don't Lose a Friend to Drugs*, a free brochure offering practical advice to teenagers on how to say "no" to drugs, how to help a friend who uses drugs, and how to initiate community efforts to prevent drug use.

**National PTA Drug and Alcohol Abuse
Prevention Project**

330 N. Wabash Ave., Suite 2100
Chicago, IL 60611-3690
(312) 670-6782

This organization can provide kits, brochures, posters, and other publications on drugs and alcohol to parents, teachers, and PTA organizations.

**Parents' Resource Institute for Drug Education, Inc.
(PRIDE)**

50 Hurt Plaza, Suite 210
Atlanta, GA 30303
(404) 577-4500
(800) 677-7433

PRIDE offers parents up-to-date information on national teen drug usage and provides suggestions on how parents can effectively communicate with their child about drugs.

Phoenix House Foundation

164 W. 74th St.
New York, NY 10023
(212) 595-5810

Phoenix House is the largest private substance abuse treatment program in the United States. It has centers across the country and works to focus federal drug policy on the needs of hard-core drug abusers.

Students Against Drunk Driving (SADD)

200 Pleasant St.

Marlboro, MA 01752

(508) 481-3568

SADD offers help to schools that want to set up their own chapters. It encourages peer counseling among students on saying no to drinking and drugs and aims to increase public awareness about drunk driving.

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