

New Approach To Drug Crisis

By MILLER NEWTON

UNDER our noses in our living rooms, classrooms and houses of worship is a whole other world in which our kids live, a world we do not notice or understand and of which we often are unaware.

This is a world where drugs and alcohol reign, where 10-, 11-, 12- and 13-year-old kids know about all that is to be known about marijuana, speed, cocaine, hallucinogens, tranquilizers, opiates and even the process of "shooting up."

These children live in a world bargained by information and cues about drugs. Careful listening to current country-western and rock music — with the help of an interpreter for coded phrases — shows that the young people receive a constant stream of messages about getting high, feeling good, going on "trips" and using drugs of all kinds with all methods.

Their jewelry, slang, most-popular movies and even TV shows give the message: It is cool, it feels good, it's the thing to do.

It's not the kids who need information. It's the parents who are unaware of what is really going on in the drug scene.

Most kids get into drugs because of peer pressure. In my own research with more than 3,000 young people, 9 of every 10 youngsters actually refused their peers' offer of alcohol, pot or other drugs the first 4 or 5 times. Only reluctantly, on the fourth, fifth, sixth or seventh time, did they give in and actually use drugs and/or alcohol to be part of the crowd.

Of course, when they use, they discover the pleasure of the chemical high and become increasingly attracted to the feeling produced. In

Drives to curb abuse by youth called failures

time, the use becomes more regular and necessary, and the youngsters begin to lose control of their behavior, their family relationships, school and even their relationship to drug-use itself.

With this loss of control come painful bad feelings, including guilt about behaviors that violate their own moral values and shame about themselves because of their loss of control and bad behavior.

The idea that chemical substances are an acceptable way to deal with feelings is endemic to American society.

Think about the commercials for pain remedies that show magic, instantaneous relief. Alcohol is enshrined in every major ritual from the business deal to grief, including celebration of most major life events. Valium is a top prescription drug, easing anxiety, depression and fear.

The cultural message is clear: Drugs are the way to good feeling and good living.

For those of our young people who have absorbed that message, it has become the road to disaster and death. Those I have seen in treatment estimate that 40 percent to 65 percent of their peers in high school are regular users of pot and alcohol.

Although death rates in every other age category have been decreasing in the last three decades, teen-age deaths are 16 percent higher for the period 1970-80. The principal causes

Dr. Miller Newton is the author of "Not My Kid," a parental guide to children and drugs. He is the president of Kids of Bergen County, a private, not-for-profit organization that diagnoses and treats adolescents with drug/alcohol problems, eating disorders and other compulsive behavior problems.

are accidents, suicide and homicide, all of which are often drug-related.

One authority estimates the number of child and teen-age deaths at 25,000 or more each year. This is clearly an epidemic.

Most attempts to prevent drug use among our young have been directed at them: providing information about drugs, the consequences of use, decision-making and exercises in self-worth.

This approach has been an abysmal failure. We need to redirect our prevention efforts toward the adults who control the institutions and environments in which kids live. For example:

¶It is time for parents to take control of their children and teen-agers again to guarantee the safety of the teen years.

¶School officials must insure that no drug deals, no possession and no intoxication occur. The school must give a systemic message that drugs and intoxication simply are not acceptable.

¶Law-enforcement agencies must increase the consequences for kids found intoxicated or in possession of drugs. Every time a kid is found intoxicated or in possession, he or she should be taken to police headquarters and the parents required to come and retrieve their child.

In most cases when parents discover their child's involvement, it is already too late for parental control, for preventive efforts and for outpatient counseling.

Parents are usually aware of only about 10 percent of their child's actual use. Denial to parents, adults and self is one of the characteristics of the disease of adolescent drug use.

When a parent discovers that a kid is involved with drugs, that parent needs to run, not walk, to a competent professional. And when treatment is indicated, it is essential that it be the right kind of treatment program.

Marijuana has thrown us a curve in terms of its long, residual presence in the brain tissue. It often takes 30, 60 or 90 days for the young person's brain to become substantially free of Delta 9-THC (tetrahydrocannabinol), the intoxicating ingredient in marijuana. Therefore, traditional treatment programs oriented toward adults do not keep the patient long enough to insure drug-free body chemistry.

First, then, in choosing a program for kids, make sure that it can insure a drug-free environment for at least 90 days.

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

Third, the effect of drug use on a child in the developmental period of adolescence is to either freeze development or produce regression, particularly in the areas of identity development, self-esteem, techniques for coping with emotional changes and social relationships.

Good treatment programs not only deal with the relationship of the young person to drugs, but also work to help the young person rebuild growth and development to his or her level.

If a child deals with a drug problem and goes back to school and neighborhood with peers and family, but has the skills of a child three, four or five years younger and fails at every turn, that child will cope with the pain of failure by using drugs to feel good again.

Adolescent drug use is a frightening epidemic. The old signs of safety, such as church involvement, athletic endeavors and student activity, are no longer valid.

In my experience with more than 3,000 affected youngsters, healthy family life and religious participation did not bring immunity to the damaging peer pressure.

We can counteract the epidemic. It requires a concentrated effort on the part of responsible adults in church, synagogue, government, school, law enforcement and, particularly, in the family.

NY Times
Dec 2
1984
NJ-34