



ADOLESCENT SUBSTANCE ABUSE — AN EPIDEMIC

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Substance abuse among adolescents has become a serious issue in present day American society. Being the most affluent society in the Western Hemisphere, it has as big market for drugs. According to government estimates, 70% of high school seniors use alcohol and more than 50% use marijuana. Cocaine and amphetamine use is gradually increasing every year.

Any high school, and even middle school, student will tell that all kinds of drugs are easy to get in school or neighborhood. Recently *Newsweek* reported that in a prestigious preparatory school in Scottsdale, Arizona, cocaine is used by 30% to 50% of the students; and a cocaine peddling ring involving 84 students was busted. A 19-year old high school drop-out was charged with \$14 million sale of cocaine.

Recent reports in the *Fort Worth Star-Telegram* reveal the fact that millions of dollars worth of cocaine has been confiscated; and several factories are located in this area producing millions of dollars worth of amphetamine. Our schools and surrounding areas become the major outlets for these drugs and young innocent children are the major victims. It is estimated that the retail value of illicit drug trade in America is approximately \$100 billion; second only to the largest corporation in this country — Exxon!

During the last two decades, we have seen a marked increase in social problems among adolescents: teenage pregnancy has increased (a million unmarried teens become pregnant each year); suicide rate has increased almost 200% during the last decade; crime rate among adolescents has increased 150%. At least 15% of all U.S. adolescents are unlikely to become productive adults because they are already disconnected from society. Most of these problems of youth are strongly related to drug use. It needs to be clarified that drug users are not necessarily immature, immoral, irresponsible, or mentally ill. They are, however, more prone to develop these problems.

In order for you to identify and help adolescents who are abusing alcohol and drugs, a pattern of drug use, in four stages, is presented. (*see box*) Not all adolescents fit precisely into all of these stages. Some may not go beyond the socio-recreational usage level. But, these stages apply to a larger majority of adolescents, whose drug use is abusive.

Drug taking behavior is caused by several large constellations of forces within and outside the individual. These influences include biological, interpersonal, sociocultural and intrapersonal factors. Some researchers indicate that there may be a genetic vulnerability in the case of alcoholism and, possibly, other habit forming drugs.

FOUR STAGES OF DRUG DEPENDENCE

Stage I: Experimental Use: In most cases initial experience with drugs and alcohol is negative. Few stop at this stage. The majority go on to learn, seek and enjoy mood swings that these substances will provide.

Stage II: Regular Use: Do not seek drugs, but continue to take alcohol and drugs when available. Come home drunk or stoned. Manifest irritability and rebellious behavior, which is often regarded as normal adolescent behavior.

Stage III: Preoccupation With Drugs: They actually seek the chosen drug or alcohol. More and more time, energy and money are spent on thinking about being high and seeking drugs. Parents begin to realize the seriousness of the problem, but, do not know where to turn.

Stage IV: Dependency: Drug use becomes the major goal of life. They give up almost all other things to obtain and get high on drugs. The parents realize the problem and bring them into the hospital with the expectation for cure. It is often too late.

Parental drinking patterns are the single most important factor in influencing adolescent use of alcohol and drugs. The quality of parent/child relationship is also an important contributing factor. Poor communication between adolescents and parents, as well as conflicts and on-going disagreements, produce higher incidences of drug abuse. Similarly, breakdown of the traditional family structure (e.g., divorced parents, single parents and step-parents) also increases chances of drug use. One parent, most often the mother, tends to become an "enabler or rescuer" by hiding information about child's drug use, or, rescuing him or her from legal or other problems.

The child and adolescent not only may be introduced to the world of drugs by his peers, they might well be sustained and supported in their activity through a drug subculture that includes drug taking as an expected behavior.

Inability to defer gratification, low self-esteem, lack of communication skills, feeling of not belonging and use of risk-taking behavior all contributes in drug taking. Hero worship is an important aspect of adolescent growth and development. The prevalence of drug use by their "pop" idols encourages these adolescents to view drug use as socially acceptable.

The disease concept for those who are chemically dependent is now becoming acceptable. The idea is that many individuals can use drugs without becoming dependent while others may show signs of dependence (disease) from an early stage in their drug use. The disease concept is useful for the addicted individual seeking to understand what is wrong with him or her and to solve this problem. The goal of all treatment should be return to and maintenance of drug free existence with good physical and mental health. This means assisting the child to establish a pattern of living in which "he can feel good about himself, live up to his potential, find enjoyment in success, have a spiritual awareness and care about his fellow man.

Adolescent drug and alcohol abuse is probably the most commonly missed diagnosis. The major reason is society's acceptance of drinking as a normal behavior and controversial opinion in media about safety and less addictive property of marijuana.

Once a child reaches Stage III of drug dependence he becomes a regular user and most often preoccupied with drug use and continually seeks drugs. At this stage and subsequent stages the compulsion to use drugs is so strong that treatment may

require an enforced period of drug free living. An 8 to 10 week inpatient program, followed by a long-term aftercare program, is essential for success in combating drug abuse. Based on experience with various models of treatment offered, the following proved to be the essential components of a successful program:

- 1) A complete medical, psychiatric evaluation including the history of drug taking, the family history, the developmental history, and medical diagnosis.
- 2) The treatment's primary focus has to be a drug free living without compromise.
- 3) Emphasis must be given to individual psychotherapy and group psychotherapy to build ego strength, positive attitude and self confidence.
- 4) A strong drug education program where the youth and the families are informed about what is wrong and what to do about the problem. This includes medical and psychiatric complications caused by drug use and its influence on the family, academic and occupational capabilities, and society at large.
- 5) Involvement of the family in the treatment with the goal of reinforcing the health of the family rather than focusing on its pathology.
- 6) A strong long-term, well-structured aftercare program for the individual and family.

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DIAGNOSTIC CRITERIA

Physicians and health professionals must consider the diagnosis of drug abuse when the following criteria is met:

- 1) Regular drug use even after parents take a firm stand against drug use.
- 2) Inability to discontinue use in spite of negative consequences.
- 3) Deterioration in school performance and family relationships.
- 4) Negative personality changes such as ambivalent unpredictable mood swings and depression.
- 5) Physical changes — sore throat, cough, red eyes, track marks on arms.
- 6) Legal problems.

Drug screen may confirm the presence of drug metabolites in urine.

SUBSTANCE ABUSE, *cont'd*

In summary: adolescent substance abuse has reached an epidemic level and it is a very real problem in today's society. It not only effects the individual user but their families, communities and the society as a whole. The key to controlling this epidemic is developing programs for adolescents, parents, schools and law enforcement agencies.

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