1
THE ROAD LESS TRAVELED

The only good is knowledge, and the only evil is ignorance.

-- ***Socrates***

The beginning of knowledge is the discovery of something we do not understand.

-- Frank Herbert

#

Thomas is a tall, good-looking kid with a winning smile and a cocky attitude. Intelligent and articulate, he seems much older than his sixteen years.

In the last four years Thomas has been arrested eleven times for assault, malicious mischief, reckless endangerment, minor-in-possession and minor-in-consumption charges, and various probation violations. This time he's locked up in the Juvenile Justice Detention Center for thirty days; it's the fourth time he's been in detention in the last seven months.

Thomas knows he has a problem with alcohol, but he isn't worried. He thinks he can quit whenever he wants.

"I just don't want to," he says with a confident smile. "Alcohol makes me feel good, you know, happy, crazy, full of myself. It gives me liquid courage -- I feel like I can be and do anything."

He drinks, he says, for all sorts of reasons -- to get high, to get numb, to get crazy with his friends, to forget about his troubles, to feel good, to feel better. "I don't always like myself when I'm sober," he admits, the cocky attitude

disappearing for a moment. "But after a few six-packs, I feel much better about myself."

On what Thomas calls a "normal" night, he'll drink three forties (120 ounces of beer). On a party night, he'll drink a case of beer or more.

When he drinks, he does stupid things. He drives drunk, or he gets into cars with other drunk drivers. He has sex with girls he doesn't know and doesn't care about.

He doesn't use condoms when he's drunk because they're "too much trouble." He steals money and possessions from his friends and neighbors or he sells his own CDs, clothes, or PlayStation games to get money to buy more beer.

He gets belligerent when he drinks and often gets into fights with his friends or with strangers. "I get angry and aggressive," he admits. "People tell me I get 'that stupid look.' That's when I start arguing and fighting with everyone, even with my best friends.

"I think I'm so tough, you know," he adds with a sideways grin.

Thomas has blackouts ("lots of them") when he doesn't remember a single detail of the night before. He's frightened by the fact that he feels like he's in control when he's drinking but says and does things that show he's out of control. He's afraid he'll kill himself or someone else in a car wreck, get sent away to an institution, get a girl pregnant, or get AIDS from having unprotected sex.

But worse than the fear is the guilt and the shame.

"I feel ashamed because of the people I've hurt and the stupid things I've done and the way I've let my family down. I'm the outcast of the family. They don't trust me anymore," he admits.

Thomas is quiet for a few moments. "I thought loving someone meant that you forgive them and trust them, but maybe I've broken my parents' trust so often

that they just can't believe me anymore. It's hard to live with yourself when you feel like you're letting everyone down, like you're a failure in everything you do. You know what I mean?"

#

Thomas is a troubled adolescent who uses drugs to have fun, to loosen his inhibitions, and to ease his emotional pain.

He is also an alcoholic. The signs and symptoms point to an early-stage addiction. First, there's the genetic evidence. Thomas's father is an alcoholic who has been in and out of treatment several times. Both his brother and his sister have a history of alcohol problems.

While Thomas's family history of alcoholism puts him at risk -- scientific research conclusively shows that alcoholism is a genetically influenced disease -- his drinking patterns point to an early-stage addiction. He loves to drink ("I feel like I'm on top of the world after a few beers"), and he drinks whenever he has the opportunity. As hard as he tries, he can't stop after four or five beers -- he keeps drinking until he gets drunk. He has a high tolerance for alcohol, putting away a case of beer or more in one evening. Always the life of the party, he's the person others turn to when everyone else is too drunk to drive.

Preoccupation with alcohol, continued drinking despite the desire to quit or cut down, and high tolerance are all early-stage symptoms of alcoholism. The symptoms are so subtle and seem so harmless, however, that they escape almost everyone's notice. "What's the big deal? Thomas asks. "All my friends love to drink, none of them want to quit, and almost all of them have a high tolerance."

His parents admit that Thomas has problems, but they do not believe he is "addicted." His father refuses to acknowledge his own alcoholism, insisting that he isn't anything like "those bums who have no morals and no self-control." Both his mother and father think that Thomas drinks because he's a risk-taking adolescent with numerous behavioral, psychological, and social problems. They don't realize that Thomas's drinking is the primary cause of most of his

problems.

After all, they reason, he could quit if he really wanted to, he doesn't drink all the time, he goes to school, and he gets decent grades. He's a good kid, down deep, they say, and he's trying hard to get his act together. He just has to work through his problems, get through the challenges of adolescence, and eventually he'll grow up, learn how to drink responsibly, and turn his life around.

Professionals (mental health counselors, educators, probation officers, doctors, clergy members) also focus exclusively on Thomas's emotional and behavioral problems, insisting that he needs to learn how to control his impulses and take responsibility for his actions. They believe his excessive drinking is merely a response to his multiple life problems and that once these problems are addressed, he will be able to moderate his alcohol use.

During his freshman year in high school, the principal called Thomas into his office for a conference and warned him about the school's zero tolerance policy. "If you cause any more problems here," the principal said, literally wagging his finger in Thomas's face, "you will be expelled, and you will not be welcomed back."

A mental health counselor diagnosed Thomas as clinically depressed and asked him if he had ever been suicidal. When Thomas admitted that he had thought about suicide, the counselor recommended antidepressant medication and long-term counseling to get at the root of his mental health problems. The counselor never thought to ask about his drinking.

In a recent juvenile court appearance, the judge said, "Young man, if you don't pull things together, I will have no choice but to institutionalize you." His lawyer agreed that sending Thomas to a juvenile institution might be the best course of action for everyone involved. "At least if he's locked up, he'll be safe from himself, and the community will be safe from him," the lawyer reasoned.

Thomas is angered by outsiders' interference in what he feels are "my personal problems." He insists he can handle his own problems, and he wishes everyone would just leave him alone. He's convinced he's not hooked on drugs -- how could he be a drug addict when he's

only sixteen years old? How could he be addicted when he doesn't drink in the morning or even every day?

Yet he is also afraid that something terrible is happening to him. He worries that he may have some kind of mental problem. Filled with shame and guilt, he detests himself for his inability to control his drinking. He knows what he should do to stay out of trouble, but he can't seem to do it. He listens to everyone's advice, but none of it makes any sense to him. He feels like a failure and a disgrace to his family.

"I'm not sure there's much hope for me," he admits.

#

What will happen to Thomas? His future will follow one of two divergent pathways. If he continues to use drugs -- alcohol, in his case -- he will experience increasingly severe emotional, behavioral, and physical problems. If, on the other hand, he stops using alcohol and other drugs, receives appropriate and effective treatment for his drug problem and any co-occurring emotional or behavioral disorders that might exist, and is offered ongoing support and encouragement in recovery, he can improve his relationships with his parents and friends, rebuild his self-confidence, and gradually work through the problems in his life.

Let's look at the first option, which is, unfortunately and often tragically, the more common pathway. As his parents, physician, mental health counselor, and probation officer continue to search for ways to control Thomas's self-destructive behavior, they will unwittingly deflect attention away from his alcohol problem. These diversions from the primary problem -- drug (alcohol) dependence -- to the symptoms that are caused or exacerbated by his drug use (angry outbursts, violent behaviors, irritability, mood changes, anxiety, paranoia, depression, suicidal thoughts) will serve as a smoke screen, preventing Thomas from receiving appropriate help.

As he continues to drink, his emotional and behavioral problems will increase. He will

have trouble at school with his peers, teachers, and administrators. His grades will fall, and he may be kicked out of school or drop out on his own. He will become sullen and withdrawn. He will stop talking to his parents and refuse to follow their advice. Tormented by self-loathing, he will wonder if he is going crazy and fear that there is no way out of the hole he is in.

As time goes by and the disease progresses, he will begin to suffer mild and moderate withdrawal symptoms -- shaking, sweating, nausea, insomnia, mood swings, moderate or intense craving for alcohol or other drugs.

He will have accidents -- falls, car accidents, burns, broken bones. These mishaps may involve minor scrapes and bruises, or they may require trips to the emergency room. They may be life threatening.

His relationships with family members will slowly but surely deteriorate. His teachers, coaches, friends, and relatives will lose faith in him. He will be called, by people who do not understand the nature and extent of his drug problems, “a bad kid,” “a juvenile delinquent,” or even “a lost cause.”

His self-hatred will deepen, and his sense of hopelessness will increase. As his shame and guilt intensify, he will become increasingly depressed. He may try to take his own life.

For too many young people addicted to alcohol and/or other drugs, this is the common pathway. Everyone is unique, of course, and no adolescent’s experience is exactly like another’s, but the general descent into more serious problems -- and the one-dimensional focus on emotional and behavioral problems that are, in many cases, caused or exacerbated by the primary disease of drug addiction – is typical. Only one in ten adolescents who need treatment for alcohol and/or other drug addictions are getting it.

But there is another way. If Thomas is fortunate enough to be evaluated by someone who understands the unique problems associated with adolescent drug use and addiction, he and his parents will receive help in the form of fact-based education, counseling, treatment, and continuing care. He will be screened for emotional and behavioral disorders and for past and/or current victimization or maltreatment. He will be referred for appropriate treatment -- with

careful attention paid to both chemical dependency and co-occurring emotional or behavioral problems -- and he will take part in a structured, long-term continuing care program.

If Thomas drops out of treatment or suffers a relapse after treatment, it is critically important that his family members and helping professionals do not dismiss him as a treatment "failure." Substance use disorders are chronic in nature, and treatment specialists advise a "never give up" attitude and a firm commitment to continuing care.

Statistics show that treatment programs based on current scientific evidence work. Treatment may not work miracles right here, right now, but over time it saves lives – and even short episodes of treatment dramatically reduce the damage to individuals, families, and our society as a whole.

Every bit of factual information about the disease and every period of sobriety, no matter how brief, can serve to "inoculate" adolescents against future problems. When kids know the facts about drugs and their effect on the developing brain and body, they also know what they must do to protect themselves. They know that if they use alcohol or other drugs, they put their physical, emotional, and spiritual health at risk. They know how drugs affect behavior, mood, motivation, and personality. They know that help is available, and they know what they can do to help themselves.

> *Once you know the facts, it ruins the fun of using drugs. After my fifth stay in detention -- I kept running away from home and getting MIP [minor-in-possession] and MIC [minor-in-consumption] charges -- my probation officer gave me the choice of treatment or spending a year in an institution. At the time I hated her for forcing me into treatment. I was so angry and felt so powerless. But treatment changed my life. I learned all this stuff about my brain and the power of addiction to take over your mind and spirit, and now I know what I should do -- not just for this moment, day, week, or month, but for my entire life.*
>
> *My life is on the line, it's that simple, and knowing that one fact changes*

everything. Now I'm thinking about my life and the person I want to become. I'm also thinking about all the people who love me and who suffer when I use drugs. I'm not going to say it will be easy, but I do know this -- if I can stay clean, I'll live a lot longer, my life will be a lot happier, and I will be able to wake up in the morning and look in the mirror without wanting to cry.

-- Michelle, fourteen

Knowledge is the master key to helping adolescents in trouble with alcohol and other drugs. Adolescents -- and, just as important, the adults who care for them and make decisions about their futures -- must know the facts. For without the facts, we are hobbled by myths and misconceptions. We make decisions that will harm others, and ourselves, and we allow drugs to maintain their control over all our lives.

The primary purpose of this book is to present the facts as the scientific research has reported them, undistorted by myth and misconception. Separating myth from fact is not an easy or simple task, for misconceptions about addiction have persisted for hundreds, even thousands of years. Myths are, in truth, reality for many people, and when we suggest that a different reality exists, we turn their world upside down. Few of us are comfortable when we discover that our beliefs and the decisions we have made based on those beliefs are rooted in error and misconception.

Yet only when we rely on the facts can we release our children, and ourselves, from the shame and disgrace that have surrounded drug use and addiction for thousands of years. Only with the facts can we help kids understand what drugs do to their bodies, minds, and spirits, and offer them the tools they need to protect themselves.

Only with the facts -- and the willingness to use them to dismantle the prevailing myths and misconceptions -- can we put an end to the death and destruction caused by drugs and the chronic, progressive disease of drug addiction . . . a disease that destroys the lives of tens of thousands of Americans, young and old alike, year after year after year.