

UNDER THE influence

Teens and young adults are suffering from drug and alcohol addiction in record numbers. What can parents do?

By Su Byron

DAN AND DENISE Hutchins (not their real names) are baby boomers in their early 50s, active in their church and community. Dan is a lawyer; Denise a former grade-school teacher who volunteers for community nonprofit groups. They raised their son and daughter, Jack and Danielle, in the nurturing shelter of an upper-middle-class family. Jack was a star athlete in high school who pretty much stayed out of trouble. “He experimented a little with alcohol in his teens but that was about it,” says Dan. Danielle had always been a perfect child, and at 15, she was a straight-A student and seemed like a well-adjusted teenager.

But in her late teens, Danielle’s perfect behavior began to unravel. Two years ago, when she was 22, the Hutchinses forcibly broke into their daughter’s apartment in north Sarasota after she hadn’t answered their calls for four days. What they found shocked them. Danielle was lying in a cocaine-induced stupor, barely able to respond. She told them she wanted to die.

Danielle had become one of our nation’s most painful statistics.

More than half of the nation’s teenagers will experiment with an illegal drug before they leave high school. While many will move on without apparent harm, millions will suffer injuries and illness and cause untold heartbreak to themselves and those who love them.

Dan and Denise were taken by surprise by their daughter’s situation. “We had firm rules regarding drugs and alcohol,” says Dan. “Although we did notice some behavioral changes as she got older, she promised us she wasn’t taking drugs and we believed her.”

How could this have happened to their daughter?

“Drug abuse is an equal opportunity destroyer,” says Bob Piper, vice president of residential services at First Step, a Sarasota-based recovery center offering services from detoxification to residential and outpatient programs. “Addicts come from all walks of life; the disease reaches across ages, cultures, and genders.”

Piper frequently uses the word “disease” when he speaks about addiction. Here’s how he explains it.

“There are three groups of people. The first is lifetime abstainers—they don’t, and perhaps never did, desire drugs or alcohol. The second is the normal American who has an experimental relationship with drugs and alcohol to begin with. In their



FACT

From The National Council on Alcoholism and Drug Dependence

- **About 18 million Americans have alcohol problems; about 5 million to 6 million Americans have drug problems.**
- **More than half of all adults have a family history of alcoholism or problem drinking.**
- **Untreated addiction is more expensive than heart disease, diabetes and cancer combined.**
- **Every American adult pays nearly \$1,000 per year for the damages of addiction.**

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younger and stupider days they may have even gone overboard with it. In their adult years they may use drugs or alcohol for a social or enhancing experience.

“The third group is the addict,” he continues. “His connection with drugs and alcohol is not enhancing; it’s destructive. Despite all of the negative consequences, the addict continues to abuse. He has a fatal, progressive disease. We cross the line from drug abuse to drug addiction when using drugs stops being a choice and becomes a necessity—when it controls every move and choice we make.”

IN THE LOWER 20s, DRINKING AND DRUGS ARE OFTEN *part of the surrounding culture*, MAKING IT DIFFICULT TO TELL IF SOMEONE REALLY HAS A PROBLEM.

Piper explains that addiction is a real and complex disease—like heart disease, cancer, and diabetes. “Addicts need treatment the same way a diabetic needs treatment,” he says. “If not, they continue with the negative consequences until they reach the bottom—and they will reach that bottom.”

Drug addiction has much in common with other chronic illnesses. Studies of twins and adopted children show that it’s a genetic inheritance, which tends to run in families. (Denise says her father was an alcoholic.) Studies also point a finger at environmental influences, which can trigger and influence the onset and course of drug addiction.

In the worst cases, addicts are difficult to treat. But even “highly functional” substance abusers suffer from occupational, health, psychological and social problems.

How do parents know when their children are in trouble?

“Look for virtually any dramatic change of behaviors with no obvious cause,” says Piper. “These changes are always dysfunctional and never in the best interests of the person. The signs include declines in grades, losing jobs, arrests, inexplicable mood swings and social isolation. Substance abuse isn’t always the cause, but it is one explanation.”

Kasy Silver Kane, L.M.H.C., an area therapist who specializes in addictive disorders, agrees with Piper. “We look at four major consequences: Is the drug or alcohol usage impacting school, health, family, and work in a negative way? One of the difficult things about treating teens and people in their lower 20s is that drinking and drugs are often part of their surrounding culture—at college, for example. So it can become difficult to tell if he or she is someone who is experimenting and will eventually stop—or if he or she is moving toward addiction.”

Silver Kane explains that the addict rarely seeks treatment himself; the first visit is often caused by pressure from parents, law enforcement or friends.

Initially, a counselor trained in addictive behaviors can determine if substance abuse is the cause of behavioral problems. At First Step, it all begins with an examination, which includes a drug screening and an extensive interview with a therapist. They also look for signs of mental illness.

Sometimes the counselors will conclude there’s no problem, except being young and dumb. Sometimes, it turns out the young person is experiencing psychological or physiological disorders, including bipolar disease, depression, or anxiety, mood and personality disorders. Some patients may have pre-existing psychological problems that predispose them to addiction. But many, like Danielle, had no history of mental illness—except the ones drugs created.

The day the Hutchinses found Danielle, they were put in touch with First Step. Piper and his team recommended an outpatient treatment program, which involved participating in daily Narcotics Anonymous meetings and regular counseling sessions. After two weeks, pleased with the results they saw, the Hutchinses gave Danielle the keys to the car—and a night off.

She came home drunk and out of control.

"I thought I could have a drink to celebrate my new sobriety and that would be it," says Danielle. "But for me, one drink turns into three and three turns into 20."

Relapse is nothing new in drug or alcohol addiction, explains Piper. But it was a new and horrifying experience for Danielle's parents.

When the Hutchinses saw Danielle in that condition, they knew that outpatient treatment wasn't enough. "I foresaw that it was only a matter of time before Danielle was in the hospital or hurt someone," says Denise. "We knew she couldn't live with us because we wouldn't be able to help her."

A counselor explained that if she didn't agree to go to a residential treatment center, she would have to find another place to live. "It broke my heart to watch her react to the news that we wouldn't take her back in the house," says Denise.

Danielle agreed to enroll in First Step's 28-day residential treatment program.

"I just got to a point where I knew I was done," says Danielle. "I was so tired of the way I was living. Anything would be better."

If your teen or young adult child becomes a client at a residential treatment center, Piper says parents should expect them to be out of touch for a while; this allows them to acclimate to the treatment environment. "Parents might get phone calls in the night begging to be picked up for any number of reasons," he says. "The addict is usually manipulating them—and the real reason he wants to leave is to get high." He notes that once the client has adjusted to the facility, the family should attend the family support sessions. Parents should also be ready to change their own behavior.

"First Step's recovery program is based on total abstinence," he says. "Parents who participate must be sure to clear the home environment of any mind-altering substances, including alcohol." Back at the clinic, each day, the client participates in psycho-educational groups, therapy groups, recovery-based groups and individual counseling.

"During the course of treatment, clients learn about their disease," says Piper. "They'll find out what they need to do to

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develop and implement a recovery plan. Generally, the more motivated for change the person is the better the prognosis will be—but not always. Sometimes clients enter residential treatment with great resistance and become motivated while in treatment. On the other hand, the seemingly highly motivated client can relapse soon after leaving treatment.”

Danielle thrived at First Step. “At first you have these fears that they’re going to brainwash you, take away all of your personality,” she says. “But I found that this was the first time in years that I could really talk to people about what was going on with me because they had all experienced it, even the counselors. I felt very safe there.”

“While the client is in our care, we urge them to immerse in the 12-step programs,” Piper says. “We stress relapse prevention and create an individualized program for each resident. For some clients, we recommend a step-down into a halfway house for a few months. Some are connected to ongoing outpatient counseling following discharge, and aftercare groups are available at the facility as well as 12-step groups. Ideally, we believe a client and family should stay involved in the treatment/counseling process for at least two years post-discharge.”

Even then, it isn’t really over. Piper doesn’t want to sugarcoat it. Recovery is a choice. Addiction isn’t.

“Drug addiction can’t be cured,” he says. “One can’t choose to make it go anyway, any more than one chooses to not have diabetes or hypertension. Recovery is a lifelong journey, and the client must take responsibility. We can offer the choice. They have to make the choice.”

Today, the Hutchinses can’t hide their pride when they speak of their daughter. Now 24, Danielle is the events director for a Tampa Bay area media group. She has a close group of friends and has become active in church. She admits that at first she shied away from places that served alcohol or where she thought she might run into old friends with bad habits. But with her newfound strength, she finds that she worries less about temptation. “I didn’t come this far to have it all go to waste,”

she says. "All the good things in my life are happening because I am sober. This is better than any high."

where TO GET HELP

Here are a few nearby centers.

First Step of Sarasota offers programs to treat alcohol and drug addiction and associated disorders, including medical detox services and residential and outpatient programs for adolescents, adults and families. *Info: (941) 366-5333; www.fsos.org.*

Fairwinds Treatment Center is a Clearwater-based residential and outpatient treatment facility that provides specialized services to people diagnosed with addictive disease and other mental health issues, including eating disorders. The treatment team is comprised of psychiatrists, general physicians, nurses, therapists and other professionals. *Info: (800) 226-0301; www.fairwindstreatment.com.*

The Hanley Center is an alcohol and drug rehabilitation center in West Palm Beach. Its mission is to give hope to individuals, families and communities affected by alcoholism and drug addiction through treatment, family support and community prevention programs. *Info: (561) 841-1000; www.hanleycenter.org.*

Bayside Center for Behavioral Health, part of Sarasota Memorial Hospital, offers individual and group substance abuse counseling and support groups for adolescents and adults on an outpatient basis. *Info: (941) 917-7760.*

HealthCare Connection of Tampa Bay specializes in prescriptive and comprehensive addiction treatment services for impaired professionals, including doctors, pharmacists, veterinarians, dentists, nurses and other related healthcare professionals. *Info: (800) 444-4434; www.healthcareconnectionoftampa.com.*

Coastal Behavioral Healthcare, Inc., offers substance abuse treatment for adolescents, adults, seniors, and families on an outpatient, residential, and inpatient basis. An emphasis is placed on treating co-occurring mental health disorders. *(941) 952-1147; www.coastalbh.org. ■*