

## THE CHEMICALLY DEPENDENT ADOLESCENT

### I. Chemical Dependency Defined

- A. The chemically dependent adolescent is that individual whose dependence upon mood altering substances has obtained such a degree as to disrupt academic performance, interfere with family and interpersonal relationships, social and economic functioning and impair the state of physical and mental health.
- B. The concept of chemical dependency as a primary disease implies the following:
  - 1. The illness can be described.
  - 2. The course of the illness is predictable and progressive.
  - 3. The illness is primary. It is not just a symptom of some other underlying disorder.
  - 4. It is permanent.
  - 5. If left untreated, it invariably results in premature death.

### II. The Extent of the Disease

- A. In the adult population, alcoholism constitutes this nation's third health problem.
- B. The National Institute on the Abuse of Alcohol and Alcoholism estimates that 1.3 million Americans between the ages of 12 and 17 have serious drinking problems. This figure does not take into account those using other mood altering drugs, nor does it include children under 12 or those adolescents in the 18 – 20 age group.
- C. Sixty percent of all people killed in drunk-driving accidents are in their teens. Nearly 2,500 teenagers die on the road annually as a result of drunken driving.
- D. Chemical dependency accounts for more than one-half of all suicides in this country annually. Figures do not include deaths due to accident of drug overdose. Suicide rate for the chemically dependent person is almost 60 times that for the non-dependent individual.
- E. By the time a young person reaches a problem stage in the use of mood altering chemicals, family is a wreck, operating out of fear, anger, disgust or all three. Parents are confused and anxious. They have lost control of the household. The home is a battleground, and the parents are getting the worst of it because they are trying to control the situation on

the child's terms.

In spite of these rather grim statistics, chemical dependency is a treatable disease. Between 50 percent and 75 percent of treated patients can and do recover if the disease is identified early and the patient is referred to appropriate counseling or in-patient treatment.

### Stages in the Development of Chemical Dependency

- I. Phase of Introduction and Experimentation (95% of All Adolescents)
  - A. Initial use is frequently an unplanned social event and is a "rite of passage" from childhood to adolescence.
  - B. Tolerance is low – it is easy to get high.
  - C. A euphoria of intoxication is a highly significant experience for certain adolescents.
  
- II. Learning Phase of Social/Recreational Use
  - A. Beer and marijuana become incorporated into the adolescents way of life.
  - B. "Good Times" are anticipated and planned
  - C. Frequency of use increases
  - D. Consumption increases with increasing tolerance.
  - E. Whatever problems ensue as the result of chemical use are rationalized and accepted as being "worth it."
  - F. There may be minor experimentation with other drugs.
  
- III. Phase of Harmful Involvement
  - A. Surreptitious use of alcohol or marijuana.
  - B. Blackouts.
  - C. Preoccupation with the euphoria of intoxication.
  - D. Inability to stop when peers do.
  - E. Week night use or use outside of a social contact.
  - F. Feelings of guilt.
  - G. Development of a "denial system", i.e. alibis, rationalization, minimization, excuses, etc.
  - H. Unwillingness to discuss the problem.
  
- IV. Unequivocal Chemical Dependency
  - A. Chemicals are used to release feelings of anger, fear, frustration, insecurity, etc.
  - B. Preoccupation with chemical use.
  - C. Solitary use.
  - D. Attempts to control use fail.
  - E. Increased tolerance.
  - F. Hidden bottles and stash.
  - G. School performance deficit.

1. School grades drop
  2. Tardiness, class cutting and truancy
  3. Extra curricular activities dropped
  4. Inability to concentrate falls asleep in class
  5. Intoxicated or hung over while in school
  6. Unexplained visits to nursing office
  7. Loss of “straight” friends – new friends all use
- H. Money and job problems.
- I. Trouble with the law. (DWI, possession, theft, etc.)
- J. Grandiosity and unreasonable resentment.
- K. May be dealing.
- L. Increasing family dysfunction.
- M. Geographic “cures” – relocate to other school or communities.
- V. In Stage Dependency
- A. Total loss of control of alcohol/drug use. (Chemicals are now used to feel “normal”)
  - B. Total alienation from the family.
  - C. Neglect of physical appearance.
  - D. High for days on end.
  - E. Loss of tolerance.
  - F. Impaired thinking and unreasonable fears.
  - H. Physical health problems, i.e. weight loss, abdominal pains, nausea, vomiting, diarrhea, etc.
  - I. School dropped.
  - J. Overpowering guilt, low self-esteem and self loathing.
  - K. Overdose and suicide.
  - L. Defeat and surrender.

#### Observable Adolescent Behavior Which May Indicate a Problem with Alcohol or Drugs

- I. School (Academic)
  - A. Dropping grades and progressively lower achievement.
  - B. Truancy, class cutting and late arrival to class.
  - C. Unexplained visits to nursing office.
  - D. Deterioration in general academic attitude.
  - E. Withdrawal from extra curricular activities.
  
- II. Change in Peer Groups
  - A. Caliber of friends is questionable.
  - B. New peers rumored to have “drug problems, family difficulties, school problems”, etc.
  - C. Acquisition of “Invisible friends” who never come to the house and whose parents you have never met.

- III. Home
  - A. Sudden, noticeable personality changes.
  - B. Sever mood swings.
  - C. Increased time spent alone in room.
  - D. Decreased interest in leisure time activities.
  - E. Frequent feelings of depression.
  - F. Irresponsible attitude toward household jobs and curfews.
  - G. Inability to justify time and location away from home.
  - H. Tendency toward increasing dishonesty.
  - I. Unaccountable increases in personal funds or disappearance family funds.
    - 1. Large amounts of money carried without reasonable explanation.
    - 2. Increased need for money without justification.
    - 3. Inability to justify how money is spent.
    - 4. Working in a job but not having anything to show for it.
  - J. Withdrawal from family interactions.
  - K. Signs of physical intoxication.
    - 1. Slurred speech
    - 2. Smell of alcohol on breath.
    - 3. Poor motor coordination.
    - 4. Inappropriate affect.
    - 5. Loss of perspective of time and space.
    - 6. Dilated pupil and red eyes.
    - 7. Inattention and staring.
  - L. Changes in personal health and hygiene.
    - 1. Lack of personal cleanliness.
    - 2. Early morning tremors.
    - 3. Changes in sleeping and eating habits.
    - 4. Use of products for red eyes.
    - 5. Weight loss.
    - 6. Recurrent non-specific physical complaints, i.e. headaches, insomnia, listlessness, abdominal pain, nausea, diarrhea, drowsiness, etc.
  - M. Missing household objects such as money, alcohol or prescription drugs.
  - N. Dilution of existing family liquor supply.
  - O. Possession or display of clothing or articles relating to drug culture, i.e. T-shirts, jackets, key chains, jewelry, written material, etc.
  - P. Possession of drugs or drug paraphernalia, i.e. pipes, bongs, pill boxes, pill cutting and crushing devices, cut off drinking straws, powder residues, missing pills, razor blades, patches or their wrappers, prescription bottles (with or without the labels removed,) cigarette rolling papers, and over-the-counter

medication that you did not buy for them.

- Q. Turned off attitude if drugs are discussed.
- R. Observation of concern to others in the school or community.
- S. Trouble with the law, i.e. DWI, possession, theft, etc.
- T. Frequent job loss or changes,

Many of these behaviors may develop apart from drug use, but enough of them should raise the suspicion of harmful chemical involvement and potential dependency.