

Drug and Alcohol Abuse: Warning Signs

Overview

Provides information about the warning signs of substance abuse along with information about what types of help are available.

- A problem for all kinds of people
- Warning signs
- The importance of getting help
- Treatment options
- Formal assessments
- Getting help

If you are concerned that you may have a drug or alcohol problem, it's important to know what the warning signs of substance abuse are. It's also important to find out what kinds of help are available. Left untreated, drug and alcohol abuse can have serious consequences, including significant health problems and damage to relationships with family members and others. With professional help, these kinds of problems can be limited or avoided.

The following information isn't meant to take the place of a formal drug or alcohol assessment, but it will help you decide whether you need outside help. Although this information is written primarily for people who are concerned about their own alcohol or drug use, it can also help if you are concerned about a family member or friend's alcohol or drug use.

A problem for all kinds of people

If you are concerned that you may have an alcohol or drug abuse problem, you aren't alone. Substance abuse affects all kinds of people, from pre-teens to the elderly, in every income level and occupation. But alcohol and drug abuse are treatable, and there are more options available today than ever before.

Warning signs

If you answer yes to any of the following questions, you could have a drug or alcohol abuse problem and may benefit from outside help:

- Do you think often about using drugs or alcohol?
- Have friends, family members, or your employer expressed concerns about your use of drugs or alcohol?
- Has your use of alcohol or drugs had a negative effect on any of the following areas of your life?
 - relationships with family members and others
 - your work
 - your physical health
 - your mental health
 - your recreational activities

2 • Drug and Alcohol Abuse: Warning Signs

- your finances (from the expense of purchasing alcohol or drugs and from diminished ability to work)
- your legal situation (including charges of driving under the influence of drugs or alcohol)
- Do you or others notice a significant change in your personality when you are using drugs or alcohol? Do you become extremely sad or extremely happy, or not care what is happening in your life?
- Does your behavior change in other ways when you are using drugs or alcohol? Do you embarrass yourself or others? Do you become aggressive or violent toward yourself or others? Do you withdraw from other people? Do you miss work regularly?
- Have you driven a vehicle while under the influence of drugs or alcohol?
- Do you seek out activities that will include drug and alcohol use?
- Is it hard for you to stop drinking or drugging once you start?
- Do you ever have trouble remembering periods of time when you've been drinking?

Other indications

In addition to the kinds of personality and behavior changes described above, a person who is abusing alcohol or drugs may experience symptoms that interfere with daily functioning. In the case of alcohol or other depressants like opiates or benzodiazepines, symptoms might include drowsiness, slurred speech, and loss of coordination. In the case of stimulants like cocaine and amphetamines, symptoms might include insomnia and appetite loss. (It is important to keep in mind, however, that symptoms like these do not necessarily indicate drug or alcohol abuse. They can be caused by wide range of health problems, including strokes and neurological diseases, or by depression.)

The importance of getting help

Alcoholism and drug addiction are progressive diseases. The long-term health consequences can be devastating. Untreated alcoholism can lead to conditions like cirrhosis of the liver, increased cancer risk, heart disease, and damage to the brain. Continued drug abuse can lead (depending on the drug used) to respiratory problems, mental health problems, and risks of death from overdose. Continued drug or alcohol abuse can also result in serious family conflicts, loss of friendships, chronic feelings of guilt, loss of self-esteem, financial problems, and problems at work.

The sooner you seek professional help, the better your chances of avoiding or limiting long-term problems.

Treatment options

Although some people with alcohol or drug problems are able to stop using alcohol or drugs for a while, most need professional or twelve-step help to recover. Many kinds of help are available. The treatment option most appropriate for you will depend on where you live, the seriousness of the problem, and your own individual circumstances.

Treatment options fall generally into the following categories:

- *Educational classes* to learn about abuse and addiction
- *Support programs*, like Alcoholics Anonymous and Narcotics Anonymous
- *Detox programs*, where a person's medical condition can be monitored
- *Outpatient treatment programs*
- *In-patient programs*, also called residential programs
- *Combination in-patient outpatient programs*
- *Halfway houses*, which provide longer-term support

Formal assessments

Most treatment begins with a “formal assessment” of a drug or alcohol problem. This is an evaluation to determine the severity of the problem and the best course of treatment. This is a face-to-face assessment usually performed by a chemical dependency counselor or a mental health professional with training in substance abuse or addiction. It can be performed at a treatment program or by a qualified professional, who, after the assessment is completed, can make a referral to an appropriate treatment program.

Getting help

If you, like many other people, are concerned that you or someone you know may have a drug or alcohol problem, you have taken an important first step by starting to educate yourself about warning signs and treatment. You can obtain more help, including referrals to treatment programs, by talking with your medical provider or religious adviser, a professional addiction counselor, a local chapter of Narcotics Anonymous (www.na.org) or Alcoholics Anonymous (www.aa.org), or your employee assistance program (EAP), if available.

If Your Teenager Is Abusing Alcohol or Drugs

Overview

Ways to help if your teenager is abusing alcohol or drugs.

- “Use” versus “abuse”
- Warning signs of alcohol or drug abuse
- Talking to your teenager about alcohol or drug abuse
- Treatment programs
- Resources

If your teenager is abusing alcohol or drugs, you aren’t alone. As many as one in five teenagers may be abusing alcohol, and many others are using illegal drugs, government research suggests.

The key to helping a teenager who is abusing alcohol or drugs is taking prompt action. Don’t ignore the problem hoping it will go away. The longer you wait the harder it may be for your teenager to break an addiction.

The process begins with talking to your teenager about your concerns. Depending on what you learn, you may want to consider options such as having your teenager join a peer-support group, participate in individual or family therapy, or get treatment at an outpatient or residential facility.

“Use” versus “abuse”

Recent studies have shown that on the average, girls first try alcohol at age 13 and boys at age 11, and many face pressure to experiment with drugs as early as middle school. Research has also shown that most of these adolescents or teenagers do not develop serious alcohol or drug problems.

That’s why experts distinguish between alcohol or drug “use” and “abuse.” Experimenting with alcohol and drugs is very common between the ages of 12 and 20 and does not necessarily mean your adolescent or teenager has a problem. But it does mean that you need to talk to your child about the situation and know the warning signs that a problem may be developing.

Warning signs of alcohol or drug abuse

If your teenager has come home drunk or “high,” you may wonder how you can tell if this is “normal” experimentation or if there’s a more serious problem. You might ask yourself if your teenager:

- has experienced a big decline in performance at school or work
- has dropped out of favorite activities, such as a club or team
- seems unusually moody, depressed, angry, or withdrawn
- needs money constantly, but can’t give a clear explanation for why
- engages in destructive behavior such as lying, “stealing” from your wallet, or getting in trouble with the police

2 • If Your Teenager Is Abusing Alcohol or Drugs

- shows a strong interest in the drug culture through jokes, conversation, clothing, or decor (such T-shirts or posters with drug-related slogans)
- hides evidence of drug use such as pipes, pills, cigarette papers, powders, or aerosol cans for inhalants
- has done things that have caused teachers or other adults to ask if your teenager may be abusing alcohol or drugs
- has physical problems such as slurred speech, bloodshot eyes, poor coordination, or a cough, runny nose, or sniffles that won't go away
- shows signs of mental or emotional difficulties such as poor concentration, memory lapses, or writing or speaking in a way that doesn't make sense
- has experienced major changes in eating or sleeping habits
- doesn't want to see old friends or only wants to see certain new friends (and doesn't want you to meet them)

If you see any of these signs, it's important to talk about your concerns promptly with your teenager and try to find out more about the situation. You may also want to talk (or suggest that your teenager talk) to another trusted adult, such as a close friend or clergy member, about the problem.

Talking to your teenager about alcohol or drug abuse

Talking to your teenager about alcohol or drug abuse may be one of the hardest things you ever have to do. You may erode the trust between the two of you if you make unfounded accusations. But if you do nothing, the problem could get worse. Here are some tips:

- *Express your concerns calmly.* Tell your teenager what you've noticed and ask for more information. You might say, "I noticed that you had alcohol on your breath when you came home last night, and I'm very concerned about this. I'd like to know more about it." Many teenagers think that their parents haven't noticed the changes in their behavior, and letting them know that you're paying attention can make a big difference.
- *Avoid lecturing.* Stay away from phrases such as, "You're making a big mistake," "You'll ruin your life," or "You were very irresponsible." Lecturing may make your teenager become defensive and refuse to talk about the problem instead of telling you more about the cause.
- *Focus on the health and safety issues.* Focusing on these things shows that you're concerned about your teenager's well-being, not just about your "rules." If your teenager has been driving while drinking or using drugs, and you worried that he could hurt himself or somebody else, say so.
- *Give your teenager facts.* Many teenagers don't understand that drinking a lot of beer or wine can be as dangerous for them as hard liquor, or that some drugs can

3 • If Your Teenager Is Abusing Alcohol or Drugs

cause death or serious and long-lasting harm. For example, they may not know that Ecstasy can cause brain damage. If you aren't sure about the effects of a drug that concerns you, talk to your pediatrician or consult the resources at the end of this article.

- *Remember that alcohol and drug abuse may mask other problems.* Many teenagers drink or use drugs because they're lonely, depressed, angry, or frustrated by events such as the end of a romance or a divorce in the family. It's important to find out as much as you can about what may be bothering your teenager because this may affect the kind of treatment he'll need.
- *Let your teenager know that you won't "cover" for his behavior.* Make it clear that you won't do things such as writing notes to excuse his absences from school or giving him money without a good reason if these problems are related to drinking or drugs. Helping your teenager overcome an alcohol or drug problem means requiring him to take responsibility for his actions.
- *Explain your expectations and what the consequences of not meeting them will be.* If you'll ground your teenager or take away car privileges for a set period of time if he drinks or uses drugs, say this clearly and then follow through if necessary. You may want to make his participation in a treatment program a condition for other privileges.

Treatment programs

A teenager who is abusing alcohol or drugs needs to participate in a treatment program designed to help with the problem. You may want to consider:

- *Peer-support programs and self-help groups.* Teenagers often value their peers' views more than those of adults, so many of them benefit from programs for people their age. Peer-support programs often exist in schools, while self-help groups usually meet outside them. Many self-help groups follow the "12-step" model of Alcoholics Anonymous and provide each teenager with a sponsor who provides support when the urge to drink or use drugs becomes very intense.
- *Individual therapy or counseling.* Some teenagers need help coping with a deeper problem, such as loneliness or depression, that has caused them to drink or use drugs. To overcome this kind of problem, your teenager may need to meet regularly with a therapist or another counselor.
- *Family therapy.* Family therapy may help if difficulties at home are contributing to the alcohol or drug abuse, or if the abuse is causing problems for others in your family. A family therapist may want to meet with family members both individually and as a group.
- *Medication.* If the alcohol or drug abuse seems related to depression or another emotional problem, a doctor may prescribe anti-depressants or other medications. A teenager who takes prescription drugs requires very close

4 • If Your Teenager Is Abusing Alcohol or Drugs

supervision, because some of these can be dangerous or even fatal if mixed with alcohol or illegal drugs.

- *Outpatient programs.* Teenagers with mild-to-moderate problems may benefit from treatment in an outpatient program at a hospital or clinic. Outpatient programs usually combine several forms of treatment, such as counseling, medication, and a self-help program. There may be an initial 24-hour inpatient care program for teenagers who require intense supervision for a while.
- *Inpatient programs.* Teenagers with severe problems may need inpatient care -- typically, a 3- to 5-day program that includes detoxification and careful monitoring and management of withdrawal symptoms.
- *Residential treatment facilities.* Most residential facilities take teenagers with both alcohol and substance abuse problems, so doctors may recommend these for those who are abusing both alcohol and drugs or who have an unusually severe problem. Residential treatment programs typically involve stays of between 30 days and 1 year and involve a comprehensive program of education, counseling, peer support or self-help groups, and other elements.

Resources

To find an alcohol or drug abuse program for teenagers in your community, you may want to call 800-662-HELP, a 24-hour hotline run by the National Drug Treatment and Referral Routing Service under the auspices of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). You can use the hotline to request publications on alcohol or drug abuse or get a referral to a treatment program in your area. You can get other information from:

The National Clearinghouse for Alcohol and Drug Information
PO Box 2345
Rockville, MD 20847-2345
800-729-6686
www.health.org

When Someone You Care About Abuses Drugs or Alcohol

Overview

When a family member, partner, or friend abuses drugs or alcohol, it's important to learn how to approach the problem, and what kinds of resources are available, both to the person who is abusing drugs or alcohol, and to those who are affected by the problem.

- Effects of substance abuse
- Warning signs
- Treatment options
- Getting help for a substance abuser
- Getting help for you and your family

If you are concerned that a family member or someone else you care about may have a drug or alcohol problem, it's important to know what the warning signs of substance abuse are. It's also important to learn ways to approach the problem, and to find out what kinds of resources are available, both to the person who is abusing drugs or alcohol, and to you or others who are affected by the problem.

With professional help, the serious consequences of substance abuse, including health problems and harm to personal relationships, can be limited.

Effects of substance abuse

On the abuser

Left untreated, drug and alcohol abuse can have serious consequences, including significant health problems. Untreated alcoholism can lead to conditions like cirrhosis of the liver, increased cancer risk, heart disease, and damage to the brain. Drug abuse can lead (depending on the drug used) to respiratory problems and risks of death from overdose. Alcohol or drug abuse can also result in serious family conflicts, loss of friendships, chronic feelings of guilt, loss of self-esteem, financial problems, problems at work, and mental health problems that include depression and even suicide.

On others

Relatives and friends of people who abuse alcohol or drugs are also affected by the problem. The continued stress of living with or caring about someone with an abuse problem can lead to symptoms like insomnia, anxiety, irritability, and depression. People who live with substance abusers can become socially isolated, and many experience feelings of frustration, guilt, or embarrassment.

The effect of drug or alcohol abuse on a family can be dramatic. The mood swings and crises experienced by a substance abuser are often experienced by the rest of the family as well, and the spouse or partner and children find their own lives increasingly unmanageable.

Family members may develop defenses, thoughts, and feelings as a reaction to a loved one's alcohol or drug abuse. The spouse or partner of an abuser may go back and forth between hope and disappointment, with increasing feelings of fear, anger, anxiety, and conflict as the abuse continues. Like the abuser, the

spouse or partner can experience social withdrawal and loss of self-image. As the problem progresses, the spouse or partner may experience increasing feelings of conflict, insecurity, and grief.

Children may react as well, starting with feelings of embarrassment, insecurity, and tension that develop into social withdrawal, powerlessness, and depression. As a parent's substance abuse continues, the family may begin to live from crisis to crisis. Children in this situation may experience increasingly severe behavior problems and their development may be affected.

Warning signs

The following are indications that a person may be abusing alcohol or drugs. These guidelines are not meant to take the place of a formal assessment, but can help you decide whether the person you are concerned about will benefit from outside help.

- Friends, family members, or an employer has expressed concern about the person's use of drugs or alcohol.
- Use of alcohol or drugs has had a negative effect on the person's functioning in any of the following areas:
 - relationships with family members and others
 - work
 - physical health
 - mental health
 - recreational activities
 - finances (from the costs of purchasing alcohol or drugs and from diminished ability to work)
 - increased legal concerns (including charges of driving under the influence of drugs or alcohol)
- The person's personality changes significantly under the influence of drugs or alcohol. For example, he becomes extremely sad or extremely happy.
- The person's behavior changes in other ways under the influence of drugs or alcohol. For example, she may become aggressive, violent, or withdrawn. The person may miss work regularly.
- The person drives a vehicle while under the influence of drugs or alcohol.
- The person seeks out activities that include drug or alcohol use.
- A person may be unable to stop using alcohol or drugs even when he really tries.

Treatment options

Most people with drug or alcohol abuse problems need long-term support and professional help to stop for good. Many kinds of help are available, depending on where the person seeking help lives, the seriousness of her problem, and her individual circumstances. Options generally fall into the following categories:

- *educational classes* for learning about abuse and addiction
- *self-help support programs*, like Alcoholics Anonymous and Narcotics Anonymous
- *detox programs*, where a person's medical condition can be monitored
- *outpatient programs*
- *in-patient programs*, also called residential programs
- *combination outpatient/in-patient programs*
- *halfway houses*, which provide longer-term emotional, residential, and educational/vocational support.

Most treatment begins with a “formal assessment” of the drug or alcohol problem. This is an evaluation to determine the severity of the problem and the best course of treatment. It is performed face-to-face, usually by a trained substance abuse professional. It can be performed at a treatment program or by an expert who, after the assessment is completed, can make a referral to an appropriate treatment program.

Getting help for a substance abuser

Some people who abuse drugs and alcohol are aware of their problem and want help. Others have difficulty recognizing that they are substance abusers or acknowledging the seriousness of their problem. A variety of methods -- sometimes called “interventions” exist for helping relatives and friends raise their concerns with someone who abuses drugs or alcohol. They include one-on-one discussions between the abuser and a trusted family adviser, family meetings organized with the help of experts, and more structured formal interventions.

Getting help for you and your family

Resources, including support groups, also exist for family and friends of drug or alcohol abusers. They can provide help at any point -- no matter what the status or circumstances. If available, your EAP can help you locate these organizations.

Twelve-Step Programs for Alcohol and Drug Addiction

Overview

A description of 12-step programs for alcohol and drug addiction.

- What are 12-step programs?
- Types of 12-step programs
- How meetings work
- Common concerns about 12-step programs
- How to find a 12-step group or get more information

Substance abuse can be very dangerous to your health and well-being. An addiction to alcohol or drugs typically leads to a host of behavioral problems including impaired judgment, apathy, poor concentration and antisocial behavior (such as lying). The impact on family relationships can be devastating. In addition, in the long run, these addictions can cause serious medical conditions such as high blood pressure, heart failure and liver disease.

It is common for a person with an addiction to engage in denial, or refuse to admit that a problem exists. For instance, someone who drinks to excess every evening might maintain, “But my drinking doesn’t interfere with my ability to do my job.” Even if you have abused alcohol or drugs for years, it is never too late to stop. But first you must acknowledge the problem and get help. One option is to seek the fellowship of other recovering addicts in a 12-step program.

What are 12-step programs?

Twelve-step programs provide a systematic framework for handling an addiction to alcohol or drugs. According to the 12-step philosophy, addiction is a disease that can be treated but never cured. These programs recommend that you make a commitment to abstaining from alcohol and drugs for life. Since this goal may seem daunting, the programs encourage people to take it “one day at a time.” It is also understood that members may have an occasional relapse or “slip” where they temporarily go back to using alcohol or drugs.

By following the 12 steps that have proved useful to millions of people over the years, you can get your life back on track. This process of recovery usually leads to considerable personal growth.

Here are the key steps:

- *Step 1. Admit that you have a problem.* The person acknowledges that she is powerless over her addiction.
- *Step 2. Seek help from a higher power.* At the heart of all 12-step programs is a belief that conquering addiction requires a spiritual awakening.

2 • Twelve-Step Programs for Alcohol and Drug Addiction

- *Step 3. Decide to turn over your life to “God” (however you understand God).* This step involves making a commitment to living a spiritual life rather than agreeing to join any specific religion.
- *Step 4. Make a moral inventory.* Part of the recovery process involves reflecting on your past and writing a life history.
- *Step 5. Confide in someone about your past behavior.* In most 12-step programs, the addict selects a sponsor -- someone who has already completed all the steps and who can provide guidance during the recovery process.
- *Step 6. Begin working on rebuilding your character.* According to the 12-step philosophy, recovery entails acknowledging your personal shortcomings so that you can change them.
- *Step 7. Ask “God” to remove your personal shortcomings.*
- *Step 8. List those whom you have harmed and become willing to make amends.* While in the throes of an addiction, a person often acts irresponsibly (for example, he may lie or steal). To recover, the addict must acknowledge all those whom he has hurt in the past and try to make restitution.
- *Step 9. Actively begin to make amends to others.*
- *Step 10. Continue the process of taking personal inventory (begun in step 4).*
- *Step 11. Seek a closer connection to “God.”* As people in recovery develop their spirituality, they typically use prayer and meditation to strengthen their relationship to “God.”
- *Step 12. Work with others.* Helping others face their addictions can both boost your self-esteem and provide emotional rewards.

Types of 12-step programs

Alcoholism

The first 12-step program, Alcoholics Anonymous (A.A.) was founded in 1935 in Akron, Ohio. The program derives its name from the book, *Alcoholics Anonymous*, now referred to as the “Big Book,” which spells out its principles. This self-help organization is based on the premise that recovering alcoholics are ideally suited to help each other stay sober.

Today more than 2 million people (of whom about one third are women) belong to A.A. chapters in about 150 countries. A.A. charges no dues or fees, although a basket is passed around at meetings for voluntary contributions. A.A. has few rules, and the only requirement for belonging to A.A. is a desire to stop drinking.

Drug addiction

Based on the A.A. model, Narcotics Anonymous started in the 1950s. In 1983, the book of the movement, called “Basic Text,” was published. Membership in NA is open to people who have abused any kind of drug. NA is now active in over 100 countries. Cocaine Anonymous was established in 1982 in Hollywood, California.

Family members of addicted persons

Because alcohol and drug addiction affect the entire family, there are also 12-step programs for the relatives and friends of the addicted person:

- *Al-Anon* (www.al-anon.org). A self-help recovery program for families and friends of alcoholics who can participate regardless of whether the alcoholic person is seeking help.
- *Nar-Anon*. A self-help recovery program for families and friends of people who abuse drugs.
- *Alateen* (www.al-anon.org). An offshoot of Al-Anon for teenagers.
- *Adult Children of Alcoholics* (www.adultchildren.org). A 12-step program for people who were raised by an alcoholic parent.

Other addictions

In recent years, 12-step programs have cropped up for a host of other addictions including overeating, compulsive shopping, sexual addiction, and gambling.

How meetings work

Most meetings last about an hour. Typically, coffee is served at a mid-meeting break or after the meeting ends. A.A. recommends that new members attend 90 meetings for the first 90 days in the program, but you aren’t under any pressure to meet this goal. In fact, members of 12-step programs are free to choose to establish whatever attendance pattern works for them. People tend to go to meetings more frequently when they are just starting the program and when they find themselves going through stressful periods. Most members attend at least one meeting a week.

There are several types of 12-step meetings:

- *Open discussion meetings*. Open to addicts, their families, and anyone else interested in addressing the problem of addiction. These meetings follow a set pattern. A leader describes the 12-step program and introduces one to three speakers who relate personal stories.
- *Closed meetings*. Limited to people recovering from an addiction, these meetings provide an opportunity for members to share their problems in attempting to stay sober.

- *Beginners' meetings.* One or more veterans of the program are present to answer questions from newcomers.
- *Step meetings.* These closed meetings are devoted exclusively to the meaning of one of the 12 steps.

Common concerns about 12-step programs

Even though the 12-step formula has proved to be remarkably successful for people from all walks of life, many people are reluctant to give 12-step programs a try. Often this skepticism about their effectiveness stems from a desire to avoid making a commitment to recovery rather than from an accurate assessment of the 12-step philosophy.

Here are the common concerns:

- *"I am an agnostic, so the emphasis on spirituality excludes me."* Although several of the 12 steps refer to God or a higher "power," these programs give people a lot of latitude when it comes to interpreting these steps. Twelve-steps programs have no affiliation with any form of organized religion. You are free to define spirituality however you wish. Over the years, even many atheists have found it useful to follow all the steps.
- *"I am too shy to attend all those meetings."* Many people at the beginning of recovery share this trait. However, the programs are particularly useful precisely because they offer a setting conducive to helping people improve their social skills. If you are particularly anxious about meeting strangers, you might choose to go to meetings early and offer to help set up or to stay late and help clean up. Having a task to accomplish can reduce the social discomfort. Ultimately, battling addiction entails learning how to forge healthy connections with others.
- *"But my real problem isn't addiction, it's depression."* Dual disorders (addiction plus a mental health disorder) are common among people in 12-step programs. Often a combination of mental health treatment and a 12-step program can be beneficial. Psychiatric treatment (say, antidepressant medication) might help your depression, but it does not necessarily address your addiction. In addition, there is a 12-step program designed specifically for people with dual disorders called Double Trouble in Recovery (DTR).

How to find a 12-step group or get more information

- *Call A.A. headquarters.* If no groups are listed in your local phone book, call the central headquarters at 212-870-3400.
- *Log on to www.aa.org.* The Alcoholics Anonymous Web site provides educational materials along with the numbers for Intergroup centers where A.A. volunteers are available to answer questions and to put you in touch with local groups.

5 • Twelve-Step Programs for Alcohol and Drug Addiction

- *Log on to www.na.org or www.ca.org.* The Web sites of Narcotics Anonymous and Cocaine Anonymous also provide useful background information and can help you find a local support group.
- *Log on to www.health.org.* This Web site run by the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency, provides a wealth of information on alcohol and drug abuse.
- *Log on to www.doubletroubleinrecovery.com.* If you suffer from addiction along with a mental disorder, you might want to join a Double Trouble in Recovery (DTR) group.

Quick Facts About Alcoholism

Alcoholism is a disease that can have serious effects on physical and emotional health as well as personal and professional relationships. If you or someone you know has an alcohol abuse problem, it's vital to get help as soon as possible.

Signs of alcohol abuse

- Extreme changes in personality when using alcohol
- Frequent thoughts about drinking
- Efforts to seek out activities that involve alcohol
- Missing work or other activities
- Legal or financial problems due to drunk driving charges or increased spending on alcohol
- Tense or broken relationships with friends and family
- Failed efforts to stop using alcohol

A person who is abusing alcohol may also have symptoms such as drowsiness, slurred speech, and loss of coordination, that make daily life more difficult.

Effects of alcohol abuse

If untreated, alcohol abuse can lead to serious medical problems like cirrhosis of the liver disease, increased cancer risk, heart disease, and damage to the brain. Alcohol abuse can also lead to serious family conflicts, loss of friendship, problems at work, and mental health problems such as depression, loss of self-esteem, and chronic feelings of guilt.

Treatment for alcohol abuse

Most people who abuse alcohol need long-term support and professional help. There are many kinds of help, including educational classes, self-help support programs like Alcoholics Anonymous, detox programs, out-patient or in-patient (residential) programs, and halfway houses. There are also many programs that offer support to the friends and family of alcoholics, such as Al-Anon.

The first step in getting treatment is getting a formal assessment of the alcohol abuse problem. This should be done in person with a trained substance abuse professional. You can contact your health care provider or your employee resource program for help locating a substance abuse professional.

Talking with Teenagers and School-Age Children About Alcohol and Other Drugs

Overview

How to encourage responsible behavior in an older child and how to talk to a child about the use of alcohol and other drugs.

- Teaching values
- Setting and enforcing rules
- Getting the facts
- Talking with and listening to your child
- Grades 7-9

- Grades 10-12

Information about specific drugs and drug types

- Alcohol
- Tobacco
- Cannabis
- Inhalants
- Cocaine
- Other stimulants
- Depressants
- Hallucinogens
- Narcotics
- Designer drugs
- Anabolic steroids

For more information

Child rearing is one of the most important tasks anyone ever performs, and the one for which there is the least preparation. Most of us learn how to be parents through on-the-job training and by following the example that our parents set.

Today the widespread use of alcohol and other drugs subjects our children, families, and communities to pressures unheard of 30 or 40 years ago. Frankly, many of us need help to deal with this frightening threat to our children's health and well-being.

Recent surveys show that we are making progress in our national battle against some drugs. Casual use is declining, attitudes are changing, and we know more about what works to prevent drug use by our young people.

As parents, we can build on that progress in our own families by having strong, loving relationships with our children, by teaching standards of right and wrong, by setting and enforcing rules for behavior, by knowing the facts about alcohol and other drugs, and by really listening to our children.

Teaching values

Every family has expectations of behavior that are determined by principles and standards. These add up to "values." Children who decide not to use alcohol or other drugs often make this decision because they have strong convictions against the use of these substances -- convictions that are based in a value system. Social, family, and religious values give young people reasons to say no and help them stick with their decisions.

Here are some ways to help make your family's values clear:

- *Communicate values openly.* Talk about why values such as honesty, self-reliance, and responsibility are important, and how values help children make good decisions. Teach your child how each decision builds on previous decisions as one's character is formed, and how a good decision makes the next decision easier.

2 • Talking with Teenagers and School-Age Children About Alcohol and Other Drugs

- *Recognize how your actions affect the development of your child's values.* Simply stated, children copy their parents' behavior. Children whose parents smoke, for example, are more likely to become smokers. Evaluate your own use of tobacco, alcohol, prescription medicines, and even over-the-counter drugs. Consider how your attitudes and actions may be shaping your child's choice about whether or not to use alcohol or other drugs.
- *Look for conflicts between your words and your actions.* Remember that children are quick to sense when parents' actions send signals that it's all right to duck unpleasant duties or to be dishonest. Telling your child to say that you are not at home because a phone call comes at an inconvenient time is, in effect, teaching your child that it is all right to be dishonest.
- *Make sure that your child understands your family values.* Parents assume, sometimes mistakenly, that children have "absorbed" values even though they may be rarely or never discussed. You can test your child's understanding by discussing some common situations at the dinner table. For example, "What would you do if the person ahead of you in line at the theater dropped a dollar bill?"

Setting and enforcing rules

As parents, we are responsible for setting rules for our children to follow. When it comes to alcohol and other drug use, strong rules need to be established to protect the well-being of a child.

Setting rules is only half the job, however. We must be prepared to enforce the penalties when the rules are broken.

- *Be specific.* Explain the reasons for the rules. Tell your child what the rules are and what behavior is expected. Discuss the consequences of breaking the rules: what the punishment will be, how it will be carried out, how much time will be involved, and what the punishment is supposed to achieve.
- *Be consistent.* Make it clear to your child that a no-alcohol/no-drug-use rule remains the same at all times -- in your home, in a friend's home, anywhere the child is.
- *Be reasonable.* Don't add new consequences that have not been discussed before the rule was broken. Avoid unrealistic threats such as, "Your father will kill you when he gets home." Instead, react calmly and carry out the punishment that the child expects to receive for breaking the rule.

Getting the facts

As parents, we need to know about alcohol and other drugs so that we can provide our children with current and correct information. If we have a working knowledge of common drugs -- know their effects on the mind and body, and the symptoms of their use -- we can discuss these subjects intelligently with our

Children and alcohol

Parents who are clear about not wanting their children to use illicit drugs may find it harder to be tough about alcohol. After all, alcohol is legal for adults, many parents drink, and alcohol is a part of some religious observances. As a result, we may view alcohol as a less-dangerous substance than other drugs. The facts say otherwise:

- 4.6 million teenagers have a drinking problem.
- 4 percent of high school seniors drink alcohol every day.
- Alcohol-related accidents are the leading cause of death among young people 15 to 24 years of age.
- About half of all youthful deaths in drowning, fires, suicide, and homicide are alcohol-related.
- Young people who use alcohol at an early age are more likely to use alcohol heavily and to have alcohol-related problems later in life; they are also more likely to abuse other drugs and to get into trouble with the law.
- Young people whose body weight is lower than adults reach a higher blood-alcohol concentration level than adults and show greater effects for longer periods of time.

Facts on tobacco

We know that smokers are 10 times as likely as nonsmokers to develop lung cancer and three times as likely to die at early ages from heart attack. In fact, in 1985 smoking was the leading cause of early death

children. In addition, well-informed parents are better able to recognize if a child has symptoms of alcohol or drug-related problems. At a minimum, you should:

- Know the different types of drugs and alcohol most commonly used and the dangers associated with each.
- Be able to identify paraphernalia associated with each drug.
- Be familiar with the street names of drugs.
- Know what drugs look like.
- Know the signs of alcohol and other drug use and be alert for changes in your child's behavior or appearance.
- Know how to get help promptly if you suspect your child may be using alcohol and other drugs.

For current information on alcohol and other drug use, see the “For more information” section at the back of this guide. It lists organizations that offer printed information and telephone counseling and that sponsor local support groups.

Talking with and listening to your child

Many parents hesitate to discuss alcohol and other drug use with their child. Some of us believe that our children couldn't become involved with illegal substances. Others delay because we don't know what to say or how to say it, or we are afraid of putting ideas into our children's heads.

Don't wait until you think your child has a problem. Many young people in treatment programs say that they had used alcohol and other drugs for at least two years before their parents knew about it. Begin early talking about alcohol and other drugs, and keep the lines of communication open.

Don't be afraid to admit that you don't have all the answers. Let your child know that you are concerned, and that you can work together to find answers. Here are some basic hints for improving your ability to talk with your child about alcohol and other drugs:

- *Be a good listener.* Make sure your child feels comfortable bringing problems or questions to you. Listen closely to what your child says. Don't allow anger at what you hear to end the discussion. If necessary, take a five-minute break to calm down before continuing. Take note of what your child is not saying, too. If the child does not tell you about problems, take the initiative and ask questions about what is going on at school or in other activities.
- *Be available to discuss even sensitive subjects.* Young people need to know that they can rely on their parents for accurate information about subjects that are

important to them. If your child wants to discuss something at a time when you can't give it full attention, explain why you can't talk, set a time to talk later, and then carry through on it.

- *Give lots of praise.* Emphasize the things your youngster is doing right instead of always focusing on things that are wrong. When parents are quicker to praise than to criticize, children learn to feel good about themselves, and they develop the self-confidence to trust their own judgment.
- *Give clear messages.* When talking about the use of alcohol and other drugs, be sure you give your child a clear no-use message, so that the child will know exactly what is expected. For example, "In our family we don't allow the use of illegal drugs, and children are not allowed to drink."
- *Model good behavior.* Children learn by example. Make sure that your own actions reflect the standards of honesty, integrity, and fair play that you expect of your child.

Effective communication between parents and children is not always easy to achieve. Children and adults have different communication styles and different ways of responding in a conversation. In addition, timing and atmosphere may determine how successful communication will be. Parents should make time to talk with their children in a quiet, unhurried manner. The following tips are designed to make communication more successful.

Listening

- Pay attention.
- Don't interrupt.
- Don't prepare what you will say while your child is speaking.
- Reserve judgment until your child has finished and has asked you for a response.

Looking

- Be aware of your child's facial expression and body language. Is your child nervous or uncomfortable -- frowning, drumming fingers, tapping a foot, looking at the clock? Or does your child seem relaxed -- smiling, looking you in the eyes? Reading these signs will help parents know how the child is feeling.
- During the conversation, acknowledge what your child is saying -- move your body forward if you are sitting, touch a shoulder if you are walking, or nod your head and make eye contact.

Responding

- “I am very concerned about . . .” or “I know that it is sometimes difficult . . .” are better ways to respond to your child than beginning sentences with “You should,” or “If I were you,” or “When I was your age we didn’t . . .”. Speaking for oneself sounds thoughtful and is less likely to be considered a lecture or an automatic response.
- If your child tells you something you don’t want to hear, don’t ignore the statement.
- Don’t offer advice in response to every statement your child makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words.
- Make sure you understand what your child means. Repeat things to your child for confirmation.

Grades 7-9

During the early teens “fitting in” with friends is a controlling influence. In some ways, the onset of puberty is like a “rebirth.” Children want and need to let go of the past and to find their own unique identity. This often means letting go of old friendships and ties with teachers and other adults, as well as old ways of doing things. The decision-making and problem-solving methods that they learned as young children are still helpful, but young teens will be making new decisions based on new information and new goals.

Young people this age can begin to deal with abstractions and the future. They understand that their actions have consequences, and they know how their behavior affects others. They sometimes have a shaky self-image: They are not sure whether they are growing and changing adequately, they are often in conflict with adults, they are not sure where they are headed, and they tend to see themselves as not “okay.” Strong emotional support and a good model of adult behavior are particularly important now.

Young people who use alcohol, tobacco, and other drugs typically begin before leaving the ninth grade. Be sure that family discussions about drugs emphasize the immediate, unpleasant effects of alcohol and other drug use. Telling middle school students who are smoking that they will get lung cancer or heart disease in several decades is less likely to make an impression than talking about bad breath, stained teeth and fingers, and burned clothing.

Many young people use drugs because their friends use drugs. A large portion of your prevention efforts during these years should be spent reinforcing your child’s motivation to avoid alcohol and other drugs. Here are some important steps:

- *Counteract peer influence with parent influence.* Reinforce your no-alcohol/no-drug-use rules and expectations so that your child clearly understands that drinking and using drugs are unacceptable and illegal. Children may argue that “everyone is doing it” and not experiencing any harmful effects. Inform your child that alcohol and other drug use are illegal for children and that “everyone is not doing it.” Emphasize how unpredictable the effects of alcohol and other drugs can be, that although many drug users may appear to function properly, drug use is extremely risky, and that all it takes is one bad experience to change a life.
- *Get to know your child’s friends and their parents.* Meet your child’s friends. Invite them to your home frequently. Share your expectations about behavior with other parents. Work together to develop a set of rules about curfews, unchaperoned parties, and other social activities.
- *Monitor your child’s whereabouts.* If your child is at “a friend’s house,” be sure that you know the friend and the parents. If your child is at the movies, be sure you know what film is playing and at which theater. Last-minute changes in plans, such as visiting a different friend or going to a different movie, should not be permitted unless the child checks with Mom, Dad, or another designated adult.

By the end of ninth grade, your child should know:

- the characteristics and chemical nature of specific drugs and drug interactions
- the physiology of drug effects on the circulatory, respiratory, nervous, and reproductive systems
- the stages of chemical dependency and their unpredictability from person to person
- the ways that drug use affects activities requiring motor coordination, such as driving a car or participating in sports
- family history, particularly if alcoholism or other drug addiction has been a problem

Suggested activities

- Continue to practice ways to say no with your child. Teach your child to recognize problem situations, such as being at a house where no adults are present and young people are drinking beer or smoking. Make up situations in which your child may be asked to try alcohol and other drugs and let your child practice saying no. Try many variations until you are confident that your child knows how to say no.
- Children this age are very concerned with how others see them. You can help your child develop a positive self-image by making sure your child looks good and feels healthy. In addition to providing well-balanced meals, keep your refrigerator and pantry stocked with appealing alternatives to junk food.

7 • Talking with Teenagers and School-Age Children About Alcohol and Other Drugs

- Continue to spend private time with your child to discuss what your child feels is important in his or her life right now. Your child's fears about emerging sexuality, appearing different from friends, and going on to high school are real problems and deserve your concern and attention.
- Periodically review and update, with your child's participation, your house rules and your child's responsibilities regarding chores, homework, TV-watching, and the curfew on school and weekend nights. Discuss these questions with your child. Are the rules fair and the consequences appropriate? Is it time to switch to some new chores? Should there be fewer or different chores because of added homework assignments or after-school activities? Should the curfew be adjusted?
- Talk with your child about friendship. Make the point that true friends do not ask each other to do things they know are wrong and risk harm to themselves, their friends, or their families.
- Plan supervised parties or other activities for your child in your home that reflect a no-alcohol/no-drugs rule. For example, have your child invite friends to share a pizza and watch a video.

Grades 10-12

High school students are future-oriented and can engage in abstract thinking. They have an increasingly realistic understanding of adults. Young people want adults to discuss their concerns and the ways they solve problems and make decisions. Therefore, you may have a tremendous new opportunity to help your child at this age. At the same time, teenagers continue to be group-oriented, and belonging to a group motivates much of their behavior and actions. During these years, young people often develop a broader outlook and become more interested in the welfare of others.

By the end of high school, your child should understand:

- both the immediate and long-term physical effects of specific drugs
- the possibly fatal effects of combining drugs
- the relationship of drug use to other diseases and disabilities
- the effects of alcohol and other drugs on the fetus during pregnancy
- the fact that drug use is not a victimless crime
- the effects and possible consequences of operating equipment while using alcohol and other drugs
- the impact that drug use has on society
- the extent of community intervention resources

You may want to focus on the potential long-term effects of alcohol and other drugs during these years: Drugs can ruin your teen's chances of getting into college, being accepted by the military, or being hired for certain jobs. Your teen may also be impressed by the importance of serving as a good role model for a younger brother or sister.

Although young people long for independence, it is particularly important to keep them involved in the family and in family activities. They should join the rest of the family for dinner regularly, be part of family vacations, and remain part of family routines.

Suggested activities

- Continue to talk with your teenager about alcohol and other drug use. Chances are your teen has friends who use alcohol and other drugs or knows people who do. Talk about how alcohol and other drug use threatens lives and may limit opportunities for the future.
- Plan strategies to limit your teen's unsupervised hours at home, while you are at work. Researchers have found that lunchtime and 3-6 p.m. are periods teenagers are likely to experiment with alcohol and other drugs.
- Encourage your teenager to work on behalf of a drug-prevention program by being trained as a volunteer to answer hotline calls or as a peer counselor.
- Talk with your teenager about joining a sports club, drama club, arts and crafts center, or dance studio, or about volunteering to work for a church group or community organization. The busier your teenager is, the less likely he or she is to be bored and to seek an outlet in alcohol or other drugs. Volunteer with your teenager, if you have time.
- Plan alcohol- and drug-free activities with other families during school vacations and major holidays, which can be high-risk idle times for teens.
- Make sure your teen has access to up-to-date information on alcohol and other drugs and their effects. Make an effort to be informed about any new drugs that are popular, and know their effects.
- Cooperate with other parents to make sure that the parties and social events your teenager attends are alcohol- and drug-free. Some families choose to draw up a contract holding adults responsible for parties given in their homes. The contract specifies that all parties will be supervised and that there is to be no use of alcohol or other drugs.
- Help plan community-sponsored drug-free activities, such as alcohol- and drug-free dances and other recreational activities such as "midnight basketball."
- Talk with your teenager about the future. Discuss your expectations and your teenager's ambitions. Collect college or vocational catalogs for your teenager,

and discuss different educational and career options. Plan a family outing to local colleges and universities.

Detecting and handling a problem

Young people use drugs for many reasons that have to do with how they feel about themselves, how they get along with others, and how they live. No one factor determines who will use drugs and who will not, but here are some predictors:

- low grades or poor school performance
- aggressive, rebellious behavior
- excessive influence by peers
- lack of parental support and guidance
- behavior problems at an early age

Being alert to the signs of alcohol and other drug use requires a keen eye. It is sometimes hard to know the difference between normal teenage behavior and behavior caused by drugs. Changes that are extreme or that last for more than a few days may signal drug use.

Consider the following questions:

- Does your child seem withdrawn, depressed, tired, and careless about personal grooming?
- Has your child become hostile and uncooperative?
- Have your child's relationships with other family members deteriorated?
- Has your child dropped his old friends?
- Is your child no longer doing well in school -- grades slipping, attendance irregular?
- Has your child lost interest in hobbies, sports, and other favorite activities?
- Have your child's eating or sleeping patterns changed?

Positive answers to any of these questions can indicate alcohol or other drug use. However, these signs may also apply to a child who is not using drugs but who may be having other problems at school or in the family. If you are in doubt, get help. Have your family doctor or local clinic examine your child to rule out illness or other physical problems.

Watch for signs of drugs and drug paraphernalia as well. Possession of common items such as pipes, rolling papers, small medicine bottles, eye drops, or butane lighters may signal that your child is using drugs.

Even when the signs are clearer, usually after the child has been using drugs for a time, parents sometimes do not want to admit that their child could have a problem. Anger, resentment, guilt, and a sense of failure as parents are common reactions.

If your child is using drugs, it is important to avoid blaming yourself for the problem and to get whatever help is needed to stop it. The earlier a drug problem is detected and faced, the more likely it is that your child can be helped.

First, do not confront a child who is under the influence of alcohol or other drugs, but wait until the child is sober. Then discuss your suspicions with your child calmly and objectively. Bring in other members of the family to help, if necessary.

Second, impose whatever discipline your family has decided on for violating the rules and stick to it. Don't relent because the youngster promises never to do it again.

Many young people lie about their alcohol and drug use. If you think your child is not being truthful and the evidence is pretty strong, you may wish to have your child evaluated by a health professional experienced in diagnosing adolescents with alcohol- and drug-related problems.

If your child has developed a pattern of drug use or has engaged in heavy use, you will probably need help to intervene. If you do not know about drug-treatment programs in your area, call your doctor, local hospital, or county mental health society for a referral. Your school district should have a substance abuse coordinator or a counselor who can refer you to treatment programs, too. Parents whose children have been through treatment programs can also provide information.

The most promising drug-prevention programs are those in which parents, students, schools, and communities join together to send a firm, clear message that the use of alcohol and other drugs will not be tolerated.

Information about specific drugs and drug types

Alcohol

Alcohol consumption causes a number of changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely. Low to moderate doses of alcohol can increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses can cause respiratory depression and death.

Continued use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Long-term effects of consuming large quantities of alcohol, especially when combined with poor nutrition, can lead to permanent damage to vital organs such as the brain and the liver. In addition, mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants may suffer from mental retardation and irreversible physical abnormalities. In addition, research indicates that children of alcoholic parents are at greater risk than other children of becoming alcoholics.

Tobacco

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease -- some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 30 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic, obstructive lung diseases, such as emphysema and chronic bronchitis, are 10 times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, pre-term birth, low birth weights, and fetal and infant deaths are all more likely to occur when the pregnant woman is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Perhaps the most dangerous substance in tobacco smoke is nicotine. Nicotine is the substance that reinforces and strengthens the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 smokers, fewer than 20 percent succeed in stopping on the first try.

Cannabis

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and an increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke. Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

<i>Cannabis type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Marijuana	Pot, Reefer, Grass, Weed, Dope, Ganja, Mary Jane, or Sinsemilla	Like dried parsley, with stems and/or seeds; rolled into cigarettes	Smoked or eaten
Tetrahydrocannabinol	THC	Soft gelatin capsules	Taken orally
Hashish	Hash	Brown or black cakes or balls	Smoked or eaten
Hashish Oil	Hash oil	Concentrated syrupy liquid varying in color from clear to black	Smoked; mixed with tobacco

Inhalants

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

<i>Inhalant type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Nitrous Oxide	Laughing gas or Whippets	Small 8-gram metal cylinder sold with a balloon or pipe propellant for whipped cream in aerosol spray can	Vapors inhaled
Amyl Nitrite	Poppers or Snappers	Clear, yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush, Bolt, Bullet, Locker room, or Climax	In small bottles	Vapors inhaled
Chlorohydrocarbons	Aerosol sprays or cleaning fluids	Aerosol paint cans	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants, gasoline, glue, or paint thinner	Vapors inhaled

Cocaine

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizure. The use of cocaine can cause death by cardiac arrest or respiratory failure.

<i>Cocaine type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Cocaine	Coke, Snow, Nose candy, Flake, Blow, Big C, Lady, White, or Snowbirds	White crystalline powder	Inhaled or injected
Crack cocaine	Crack, Rock, or Freebase	White to tan pellets or crystalline rocks that look like soap	Smoked

Other stimulants

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

<i>Stimulant type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Amphetamines	Speed, Uppers, Ups, Black beauties, Pep pills, Copilots, Bumblebees, Hearts, Benzedrine, Dexedrine, Footballs, or Biphphetamine	Capsules, pills, or tablets	Taken orally, injected, or inhaled
Methamphetamines	Crank, Crystal meth, Crystal methedrine, and Speed	White powder, pills, rock that resembles a block of wax	Taken orally, injected, or inhaled
Additional stimulants	Ritalin, Cylert, Preludin, Didrex, Pre-State, Voranil, Sandrex, or Plegine	Pills or capsules	Taken orally or injected

Depressants

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, increasing the risks.

Regular use of depressants over time can result in physical and psychological addiction.

People who suddenly stop taking large doses can experience withdrawal symptoms, including anxiety, insomnia, tremors, delirium, convulsions, and death. Babies born to mothers who abuse depressants may also be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

<i>Depressant type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Barbiturates	Downers, Barbs, Blue devils, Red devils, Yellow jacket, Yellows, Nembutal, Tuinals, Seconal, or Amytal	Red, yellow, blue, or red and blue capsules	Taken orally
Methaqualone	Quaaludes, Ludes, or Sopors	Tablets	Taken orally
Tranquilizers	Valium, Librium, Miltown, Serax, Equanil, Miltown, or Tranxene	Tablets or capsules	Taken orally

Hallucinogens

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations. Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even when use has ceased.

<i>Hallucinogen type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Phencyclidine	PCP, Hog, Angel dust, Love-boat, Lovely or Killer weed	Liquid, white crystalline powder, pills, or capsules	Taken orally, injected, or smoked (sprayed on joints or cigarettes)
Lysergic acid diethylamide	LSD, Acid, Microdot, White lightning, Blue heaven, or Sugar cubes	Colored tablets, blotter paper, clear liquid, or thin squares of gelatin	Taken orally or licked off paper; gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc, Buttons, or Cactus	Hard brown discs, tablets, or capsules	Discs are chewed, swallowed, or smoked; tablets and capsules are taken orally
Psilocybin	Magic mushrooms or 'shrooms	Fresh or dried mushrooms	Chewed and swallowed

Narcotics

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

<i>Narcotic type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Heroin	Smack, Horse, Mud, Brown sugar, Junk, Black tar, or Big H	White to dark-brown powder or tarlike substance	Injected, smoked, or inhaled
Codeine	Empirin compound with codeine, Tylenol with codeine, or Codeine in cough medicine	Dark liquid varying in thickness, capsules, or tablets	Taken orally or injected
Morphine	Pectoral syrup	White crystals, hypodermic tablets, or injectable solutions	Taken orally, injected, or smoked
Opium	Paregoric, Dover's powder or Parepectolin	Dark brown chunks or powder	Smoked, eaten, or injected
Meperidine	Pethidine, Demerol, or Mepergan	White powder, solution, or tablets	Taken orally or injected
Other narcotics	Percocet, Percodan, Tussionex, Fentanyl, Darvon, Talwin, or Lomotil	Tablets or capsules	Taken orally or injected

Designer drugs

Illegal drugs are defined in the terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

<i>Drug type</i>	<i>What is it called?</i>	<i>What does it look like?</i>	<i>How is it used?</i>
Analog of Fentanyl (narcotic)	Synthetic heroin or China white	White powder	Inhaled or injected
Analog of Meperidine (narcotic)	MPTP (New heroin), MPPP, or Synthetic heroin	White powder	Inhaled or injected
Analog of Amphetamines or Methamphetamines (hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence), MDM, STP, PMA, 2, 5-DMA, TMA, DOM, DOB, or EVE	White powder, tablets, or capsules	Taken orally, injected, or inhaled
Analog of Phencyclidine (PCP)	PCP or PCE	White powder	Taken orally, injected, or smoked

Anabolic steroids

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930s, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as “road rage” and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (when used in a weight-training program), aggressiveness and combativeness, jaundice, purple or red spots on the body, swelling of feet and lower legs, trembling, unexplained darkening of the skin, and persistent unpleasant breath odor.

For more information

Alateen and Al-Anon Family Groups

1600 Corporate Landing Parkway

Virginia Beach, VA 23454

800-344-2666 (meeting referrals) or 800-356-9996 (program information)

Hours: 9 a.m.–6 p.m. weekdays (Eastern)

www.al-anon.alateen.org

Offers support program for family and friends of problem drinkers. Refers to local meetings and support groups. Alateen is a fellowship of young Al-Anon members, most of them teenagers.

Alcohol and Drug Dependence Hopeline

National Council on Alcoholism

12 W. 21st Street

New York, NY 10010

800-622-2255

Hours: 24 hours/7 days

Information and referrals to local counseling. Transfers calls to local affiliates. Offers information on teenagers and alcoholism.

Alcohol and Drug Helpline

175 W, 7200 S

Midvale, UT 84047

800-821-4357

Hours: 24 hours/7 days

Crisis intervention. Referrals to local resources.

Alcoholics Anonymous

P.O. Box 459, Grand Central Station

New York, NY 10163

check local phone book or call directory information

Hours: vary by office, many are open 24 hours

www.aa.org

International organization that conducts local 12-step meetings to help those suffering from alcoholism. Write to the New York office for general information or call your local office for meeting information.

American Council on Alcoholism

3900 North Fairfax Drive, Suite 401
Arlington, VA 22203
800-527-5344

Hours: 9 a.m.–5 a.m. (Eastern) weekdays

www.aca-usa.org

Information about alcoholism and referrals to treatment programs. Free pamphlets.

Cocaine Anonymous

800-347-8998

Hours: 24 hours/7 days

www.ca.org

National organization provides telephone numbers of local chapters, which offer information about support groups and meetings.

Drug and Alcohol Info Line

Center for Substance Abuse Treatment
PO Box 2345
Rockville, MD 20847
800-662-HELP

Hours: 24 hours/7 days

www.health.org

Referrals to local drug and alcohol abuse treatment options. Printed material available.

Families Anonymous

P.O. Box 3475
Culver City, CA 90231
800-736-9805

Hours: 10 a.m.–4 p.m. (Pacific) weekdays

www.familiesanonymous.org

Referrals to support groups for family and friends affected by alcohol and drug abuse. Also sponsors FACT (Families Anonymous Concerned Teens), a program for teenagers 14 to 19 years of age.

Mothers Against Drunk Driving (MADD)

511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062
800-438-6233

Hours: 24 hours/7 days

www.madd.org

Victim hotline. Provides printed materials and school programs on drunk-driving prevention.

Narcotics Anonymous

P.O. Box 9999

Van Nuys, CA 91409

818-773-9999

Hours: 8 a.m.–5 p.m. (Pacific)

www.na.org

Refers to local chapters for meeting information and literature. Accepts collect calls.

Safe and Drug-Free Schools Program

400 Maryland Avenue SW

Washington, DC 20202

800-624-0100

Hours: 9 a.m.–5 p.m. weekdays (Eastern)

Publications for children and teenagers on growing up drug-free. Parents' guide available.

Students Against Destructive Decisions (SADD), formerly Students Against Driving Drunk (SADD)

P.O. Box 800

Marlborough, MA 01752

800-787-5777

Hours: 9 a.m.–4 p.m. (Eastern) weekdays

www.saddonline.com

National student organization to help prevent drunk driving. Referrals to state and local organizations.

Excerpted from *Growing Up Drug Free: A Parent's Guide to Prevention*, published by the U.S. Department of Education.

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Addictive Behavior

Overview

Tips on how to cope with addictive behavior.

- What is addictive behavior?
- Common kinds of addictive behavior
- Signs of a problem
- How to overcome an addiction
- Resources for support

It is common for people to “overdo it” from time to time by, for example, eating too many sweets or going on a shopping spree. But, if you find yourself repeatedly engaging in a particular behavior that has a negative effect on your health and/or well-being, you may be struggling with an addictive behavior problem.

Being addicted to a self-destructive habit or behavior can be similar to being addicted to drugs or alcohol -- it can cause your life to fall apart. That’s why it is important to seek help as soon as you suspect you might have a problem. Sometimes people can stop the bad habit on their own, but in some cases, treatment by a mental health professional may be needed.

What is addictive behavior?

An addictive behavior is any activity that you feel compelled to repeat over and over again even though it provides no genuine long-term pleasure or serves no useful purpose, and impacts your self-esteem. People typically turn to addictive behaviors to cope with unpleasant thoughts or feelings such as anxiety or sadness because these behaviors can induce a temporary state of euphoria. The shopaholic, for example, may feel a rush of excitement when making an expensive purchase, even though he or she may later feel shame about acting irresponsibly.

Common kinds of addictive behavior

Any kind of behavior can turn into an addiction. Even habits usually considered virtuous such as hard work or thrift can cause problems if you are no longer in control of your behavior. The common kinds of addictive behavior are:

- *Sexual addiction.* If sexual activity (such as masturbation, frequent heterosexual or homosexual affairs, or exhibitionism) becomes the primary focus of your life, you may be a sex addict. As many as 6 percent of Americans have this problem, with men outnumbering women by a ratio of four to one. Most sex addicts suffer from other addictions as well. For example, over 40 percent have a substance abuse problem and about 30 percent are workaholics.
- *Workaholism.* Workaholics tend to be high-strung people who neglect their own health. They often suffer from physical symptoms such as headaches, backaches, and ulcers. They think about work constantly, put in long hours and rarely take vacations. In their eyes, home is just another office. Even though workaholics

2 • Addictive Behavior

may feel very invested in their family and personal relationships, they are often unaware that their spouses, children, or friends may feel angry with them.

- *Shopaholism.* Shopaholics buy on impulse. They go shopping because they feel distressed and anxious, not because they need to make any specific purchases. They often own closets full of clothes that they never wear. Recent studies suggest that this problem is on the increase and may affect as many as 10 percent of the adult population. Shopaholics can't stop even when they start getting deeper and deeper into debt. In fact, as financial pressures mount, they may feel compelled to shop even more frequently in an attempt to alleviate their distress.
- *Compulsive gambling.* As many as 3 percent of Americans engage in compulsive gambling, which is more common in men than in women. Compulsive gamblers tend to have unrealistic expectations. They typically overestimate their chances of winning a particular wager. In addition, since they often dream of attaining unlimited wealth, even a large payoff won't deter them from placing another bet. Most gamblers suffer from other addictions or mental disorders such as depression.
- *Compulsive overeating.* Compulsive overeaters use food as a way to soothe themselves. While some overeaters eat normal amounts of food in front of others and then binge in secret, others "graze" on food constantly throughout the day. Being overweight increases the risk for numerous medical problems such as high blood pressure, arthritis, diabetes, and heart ailments. However, not all people who are overweight are compulsive overeaters.
- *Internet addiction.* Internet addicts often spend so much time on the computer that they neglect responsibilities at work or at home. There are several different types of Internet addiction. Some people are intrigued by the sheer amount of information available on the Web and can easily spend hours at a time conducting database searches. Others are hooked on computer games. Since the anonymity of the Web can lead to accelerated intimacy, some people commit "virtual adultery" by becoming overinvolved with online acquaintances. "Cybersexual addicts" are obsessed with online pornography and/or with discussing sexual fantasies in chat rooms.

Signs of a problem

Most addictive behaviors usually follow the same pattern. Here are some signs of an addiction:

- the behavior becomes all-consuming, for example, you can't stop thinking about sex or work
- you rearrange your life to pursue the behavior
- you frequently lie to cover up the behavior or lash out at others when they express concern about the behavior

3 • Addictive Behavior

- you feel anxious or depressed when you refrain from the behavior
- isolation and/or withdrawal from family relationships
- racing thoughts
- chronic feelings of numbness
- suicidal thoughts and/or hopelessness

How to overcome an addiction

It usually takes time to overcome an addiction. Even if you are successful in stopping an addictive behavior immediately, you will probably still struggle with urges to resume it for a while. Though the recovery process is not exactly the same for all forms of addictive behavior, as a general rule, you might take the following steps:

- *Acknowledge the full extent of the problem.* People often use rationalizations to maintain their addictions. A workaholic, for example, might believe that he or she really needs to work evenings and weekends in order to provide economic security for themselves or their family. Acknowledging your irrational behavior can be difficult because you may feel ashamed of yourself. You may also feel guilty about having hurt other people. However, after admitting you have a problem, you are likely to feel relieved that you are addressing it.
- *Talk with a trusted family member or friend, or consider joining a support group.* Though you may be reluctant to reach out to others, emotional support can make a big difference. You may be pleasantly surprised by how willing other people are to help.
- *Make a timetable for changing your behavior and set a series of goals.* For some forms of addictive behavior, you may need to try to stop “cold turkey.” For example, a compulsive gambler will probably want to stop placing any more bets at all. However, in most cases, you will need to wean yourself off your bad habit gradually. If you are an Internet addict, for example, you might start by refraining from checking your e-mail first thing in the morning for a week. You might then set other goals such as staying away from the computer for a whole day. If you are an overeater, you might try staying away from snack food for a given time frame, say, a day or two. If you don’t achieve your goal, set smaller steps. Practice delaying your desire to check your e-mail, for example, for half-hour increments. Try to remember that change usually happens in small steps.
- *Develop a strategy for the “withdrawal” period.* Overcoming an addictive behavior can often be as uncomfortable as giving up an addiction to drugs or alcohol. You are likely to feel numerous “withdrawal” effects such as increased anxiety and irritability. You may also feel as if you simply won’t be able to survive without your addiction. Since these feelings are a normal part of the recovery process, you’ll need to come up with some ways to manage them. To distract yourself

from troubling thoughts, you might choose to take up a new sport or start working out at the gym regularly, take a meditation class, or make plans to spend more time with supportive people.

- *Seek professional counseling.* If you can't overcome the problem on your own, there is no reason to blame yourself. Sometimes an addictive behavior can be a symptom of a larger problem such as depression. If so, you may benefit from mental health treatment such as anti-depressant medication and/or psychotherapy to address the underlying problem. Contact your employee assistance program (EAP) to get an assessment and referral. The EAP professional who performs this assessment can help you sort out your treatment options. You can also call the professional association of psychiatrists, psychologists or social workers in your state to get names of therapists in your area.

Resources for support

To learn more about addictive behaviors and to find addiction counselors and support groups in your area, you might contact the following national organizations:

- Sex Addicts Anonymous (www.saa-recovery.org).
- Sex and Love Addicts Anonymous (www.slaafws.org).
- Workaholics Anonymous (www.workaholics-anonymous.org).
- Debtors Anonymous (www.debtorsanonymous.org).
- Financial Recovery Institute (www.financialrecovery.com).
- National Council on Problem Gambling (www.ncpgambling.org).
- National Association of Anorexia Nervosa and Associated Disorders (www.anad.org).
- National Eating Disorders Association (www.edap.org).
- Center for Online and Internet Addiction (www.netaddiction.com).
- Overeaters Anonymous (www.overeatersanonymous.org).
- Co-dependents Anonymous (www.codependents.org).
- Emotions Anonymous (www.emotionsanonymous.org).