

# Teenage alcohol and drug abuse in america essay sample

[Health & Medicine](#), [Alcoholism](#)



**ASSIGN  
BUSTER**

## Introduction

Teenage alcohol and drug abuse in America is not a new phenomenon, nor did it begin with the counter-culture of the 1960s. It is a pernicious problem and has been around for likely as long as society has permitted such drugs to be readily available. Teens do not manufacture them nor will they go to excessive lengths to obtain them, but they will certainly use and abuse them when they are available, and some teens will become addicted, for that is the nature of the human body. Teens try drugs because they are available. They generally know that the substances in question are not safe but teens seem to have the attitude that they are invincible. They simply cannot image a catastrophic event befalling them. Some teens are able to sample drugs and then move on, but some, perhaps with more addictive profiles, do not manage to escape that first experiment and become addicted. Dangerous substances are ubiquitous, yet cigarettes and beer are often viewed as innocuous grist for the mill of teen angst. Perceived as a rite of passage, many adults turn a blind eye, or are willing enablers to what they consider a relatively harmless past time, not considering where they can, and often do, lead. . Inhalants can be found in the garage, prescription medications can be found in the medicine cabinet, and there is liquor in the game room cabinet. The teen may even be huffing the gas from a whipped cream canister (Cappello 2001). Unfortunately marijuana is readily available even in American middle and high schools, and is the drug of choice for American teens (WebMD 2006).

There is a common misconception that those teens, as well as adults, who become addicted to substances such as tobacco, alcohol, and drugs are simply weak willed and lacking in moral fiber. The idea is that anyone with a backbone will not become a substance abuser and will certainly never become addicted to drugs. This is patently false. Today the accepted belief among doctors and scientists is that addiction to drugs and alcohol is a disease as real as depression, high blood pressure or pulmonary disease. The fact is that most people who drink alcohol drink very little and never have a problem with it. Still there is that minority who try it and rapidly develop a substance use disorder that can be both compulsive and extremely hazardous to their general health. This paper intends to address the causes of addiction among the nation's young. It will also address the effects of addiction, the treatments available for these addictions and the long-term implications of such addictions. Substance abuse is a problem in search of a long-term solution. It may well be that there is no single solution, and the answer may lie in a multi-tiered program, utilizing education and a formidable carrot-or-stick approach to the problem.

## Chapter One—Causes of Teen Addiction

The causes of teen addiction are myriad but peer pressure, seemingly the most innocuous, may well be the lynch pin to the world of teen substance abuse. This may seem incongruous to adults who watch their children say no to everything from broccoli to family vacations, and certainly show no hesitation in telling a friend that they will not go to a movie that they do not wish to see. In the lyrics to an old song, Hank Williams, Jr. says that he is

asked why he gets drunk.. The 80s crowds at his concerts would scream back in unison, “ To get drunk” He would then sing the line, ‘ And why do you roll smoke?” The crowd would roar, “ To get high”. It was a no-brainer then and it still seems to be such. Teens abuse drugs because they want to get drunk or high, although they do not consider that alcohol is a drug, and an extremely dangerous one. They like the way it makes them feel. The rhetorical lyric question should perhaps have been, “ Why does it addict you?”, or “ Why do you allow it to control your life?”. The short answer to that is that no one sets out to become an addict. *Chasing the dragon* is a term used by heroin addicts to indicate their understanding that only the first ingestion of the drug gives them the feeling they desire. And each time thereafter they are seeking an elusive feeling that is no longer attainable. They are, in essence, pursuing that which cannot be...They are ‘ chasing the dragon.’

The aura of invincibility possessed by teens is a factor in their decisions. No teen can imagine a world without his or her presence in it. Teens will take risks that no reasoning adult would dare consider. This is not to say that they are stupid. They simply do not realize how ignorant they are. Teens view smoking and drinking as adult activities and think that they will be perceived as more mature when they are seen behaving as adults behave. Teens from broken homes are at high risk, with a lack of strong male influence shown to be a marker for future substance abuse, but even teens from homes with two parents are at risk when they do not feel a strong enough family connection. Problems arise when the teen feels unconnected and perceives

himself/herself to be unloved. Such teens are at an increased risk for substance abuse. These feelings are described by teens as a hopeless sense of inadequacy by virtue of their being unloved by one or both parents. They feel under-appreciated and worthless, and are prone to act out; unfortunately becoming involved in drugs is seen as an attractive alternative.

Parents are frequently guilty of overlooking signs of emotional problems in their children. It can be just a lack of awareness but at times it is a very real head-in-the-sand attitude. Parents do not want their children to have mental problems of course, but they see nothing wrong with treating a child for a physical ailment, while shying away from any hint of mental disturbance. Not only is this approach counter-productive, it is dangerous, for depression is treatable and failing to treat it can lead to more serious consequences. Not only is there a very real threat of suicide, there is the potential for the teen turning to drugs as a means of relief for his unhappiness. To ignore such symptoms intentionally is a form of child abuse.

Teens with family members who have substance abuse problems are more likely to have problems of their own and these problems tend to be more serious than those seen in teens without a family history of such abuse. According to the WebMD site, with statistics from 2004 and accumulated by the U. S. Center for Disease Control, “ Abuse of alcohol and other drugs is a major threat to the health and well-being of teenagers” (WebMD 2006). The surveys they conducted into the numbers of teens and the types of substances abused by them is displayed on their website. A survey with a

smaller sampling, conducted by the author, is attached to the appendix of this paper.

Among the causes of teen substance abuse belongs the idea that it can be self-perpetuating. Some chemicals abused by teens have been proven to change the brain and the way in which it functions. Significantly, these changes often occur in the areas of the brain which are used to control emotional responses as well as decision-making. Doctors believe that human growth and development is affected as well. As the abuse continues teens find it difficult to concentrate, to make good choices, and to just say 'no', as Nancy Reagan once proposed. Since memory and learning are affected, the cause of the abuse can, at times, be linked to the serious impairment of the abusers' brains. A conventional approach to preventing further abuse may no longer be feasible in such a situation and the parents may find that the only solution is a physical intervention, with forced abstinence and heavy concentrations of counseling and medical treatment.

One cause of abuse is lack of adult supervision. Raising a child does not stop when the child is old enough to feed and dress himself, or get a job, or drive an automobile. While the teen is under the parents' roof it is imperative that the parent exercise control. The teen may rebel and may feign anger and resentment, but the teen expects and wants direction from an adult whom he respects. The teen perceives lack of supervision as lack of caring. If the parent does not clearly delineate the rules the teen will believe there are no rules. Communication lines should be open and the rules and the expectations a parent has for the teen must be clearly outlined. Discipline

must be moderate and consistent. The lack of discipline may cause the teen to have unresolved conflicts and tend to make him tune out the adult in the future. At a minimum it sets a dangerous precedent.

## Chapter Two-Effects

The effects of alcohol and drug abuse on American teens can have a cascade effect on their health and well-being, presenting problems which may not seem to be related to substance abuse. Some substances are more highly addictive than others, obviously. Heroin may be the most addictive, combining the mental cravings with the very real physiological demands it makes on the user's body. Even the seemingly 'safe' cigarette has deadly effects and causes severe addiction, elevating the levels of a neurotransmitter called dopamine, which is a part of the brain's reward system (Hyde & Setero 2006). The tragedy of such addiction is coupled with its far reaching effect on the friends and family of the addict. The health risks alone would make a reasonable person shun its use. When only considering the health problems associated with cigarettes and alcohol the nation's health system is strained to the breaking point. Cardio-pulmonary disease is exacerbated by the use of these two substances, but the effects of all substance abuse combined produces some staggering statistics. The burden is placed on the citizens, who are forced to pay for the folly of the abusers. "It produces a devastating impact on society at a cost of billions of dollars per year" (NIH. gov 2005).

From HIV/AIDS to family violence, substance abuse, and heroin in particular, is a national tragedy. *The War on Drugs* has become an exercise in futility, producing little more than cheap and plentiful drugs and a cartel of billionaire drug lords not seen since the ill-advised attempt to regulate liquor in the early 20<sup>th</sup> century gave rise to the mob bosses, funding their criminal enterprise. “The war on drugs is really a war on people... and the presumption that abstinence — coerced if necessary — is the only permissible relationship with these drugs. It’s that combination that ultimately makes this war unwinnable” (Nadelmann 2001). In 2000 the government was spending \$40 billion per year on drug control and a half million Americans were being housed in penal institutions. Yet the price of heroin was dropping while the purity levels were rising (ibid). The problem is so staggering that it is tempting to advocate that the laws be abrogated and simply allow the sudden appearance of very cheap drugs to apply the theory of natural selection to the users and abusers

This all too *modest proposal* is not practical, for the losses would mount in that portion of society least able to deal with the situation, leaving the responsible citizens to pick up the pieces of shattered lives. But nonetheless, the present *band-aid* on the wound is doing more harm than good. The workplace, the family unit and the educational institutions of the nation suffer from the side-effects of substance abuse. Fetal death and tuberculosis are also effects. There are lies, damned lies and there are statistics, Mark Twain is credited with saying, but while there seems to be a downward trend in the use of heroin, according to the National Institute on Drug Abuse the



figures remain higher than they were early in the last decade. Thus, while it seems that there is good news to report, in truth the actual figures show a net increase in drug use.

When writing on the effects of substance abuse it is necessary to point out what may appear to be the obvious, that the most prevalent effect of abuse is addiction. Addiction is a chronic disease, continuously triggering and constantly goading the patient into a compulsion to seek more drugs. This addiction does more, however, than just produce a craving for the drug related to the particular addiction. It physically alters the make-up of the brain (NIH. gov 2005). These changes, neurochemical and molecular, affect the personality of the victim. Along with these changes there is the physical craving for the drug, which produces an extremely strong compulsion to use the drug again and again. Coupled with the natural tolerance which builds up in the abuser's body, there are powerful forces at work keeping the addiction alive. Feeding the addiction becomes the *raison d'être* to the exclusion of all other activity.

The abuser arises each morning looking for his drug and spends the day in that pursuit. Cessation of the drug will often culminate in what is termed 'withdrawal' if the abuser is suddenly removed from his drug. His body will crave the substance, producing a very real illness. Though this withdrawal is seldom if ever fatal to an otherwise healthy adult, it will often kill a fetus carried by an addicted mother. A list of the short term effects of addiction to heroin include the intense feeling of euphoria from the first injection, unfortunately. White suburbia believes it is safe from the ravages of heroin,

and figures show that injection of the drug is declining slightly, but overall use is up and snorting is now considered chic in many all white enclaves.

Many parents see their child drinking and believe it to be a perfectly acceptable alternative to the evils of drugs. Alcohol abuse affects a significant number of American youth between the age of 12 and 20, and the average age for a child to first try alcohol is 11 years for boys and 13 years for girls. “ By age 14 41% of children have had at least one drink. The average age at which Americans begin drinking is 15. 9 years old “(FocusAS.com). America presently has over three million outright teen alcoholics. There are additional millions who have severe problems and difficulty controlling their alcohol. The most tragic side effect of teen drinking is early death. More than 5, 000 deaths per annum are linked directly to teen drinking (ibid). The use of alcohol by teens can produce other disasters in the lives of the teen and his family. Severe depression and accompanying suicide can result as a side effect of alcohol. Anxiety is a very real threat as a side effect and of course anti-social behavior is seen in teen alcoholics.

A condition called *oppostion defiant disorder* is also seen. While this condition is seen as an effect of alcohol abuse, the symptoms are often associated with teens who have no history of substance abuse of any kind. With this condition a child becomes consistently and persistently sullen, hostile, and refuses to recognize parental authority, or any adult authority, over them. This considtion manifests itself primarily in the refusal of the teen to obey even the simplest of orders or requests from an adult. “ Children with ODD often are: stubborn, test limits and push boundaries, easily

annoyed, lose their temper, argue with adults, refuse to comply with rules and directions, blame others for their mistakes” (Focus. com/behavior n. d.). The degree of the problem is used to determine whether the teen actually has the behavioral disorder or is simply displaying what can be considered the normal rebellious teen behavior.

### Chapter Three–Treatment

Treatment of teen alcohol and drug abuse can only begin after the problem is diagnosed. There are multiple approaches which can be taken to combat the problem. It is essential for teens’ guardians to seek help once the problem escalates to an unmanageable level, but it is equally important that the help which is engaged not only be proficient in the treatment of substance abuse but be proficient in the treatment of teen substance abuse. There is a difference between the two problems and the same approach will not work for both teens and adults. Taking a developmental perspective on adolescent substance use and abuse is argueably an important first step in the effective treatment of such abuse (Monti, et al. 2001). The pro argument runs that age and other markers of developmental status, e. g., puberty and acquisition of adult roles, contribute importantly to the understanding of the onset and course of substance use, either directly or as moderators of risk factors (ibid). The editors of *Adolescents, Alcohol and Substance Abuse: Reaching Teens Through Brief Interventions* call communal substance use a “ bonding experience”, where the substance use is a “ catalyst, despite the likely sequelae of negative health outcomes”.

A child's problems can sometimes be traced to family issues as opposed to substance abuse, so it is important to determine the reasons for the teens' behavior as early as possible. Counseling is beneficial in the assessment of the root causes. If the teen's problems begin to affect schoolwork, if the child is receiving poor grades, is having disciplinary problems, or is being bullied by other students, it is important to meet with school officials and bring them up to speed on the matter. The school may have information which the parent does not and vice versa. The sharing of the facts in the matter can shed new light on the situation. Beginning with a meeting with the teen's teachers, parents can work their way up through the school's hierarchy with stops at the office of the school counselor, if one is available, or possibly a social worker, or perhaps a school psychologist. There is no shame in seeking help for a teen in trouble. Parents must not blame themselves (Marshall & Marshall 2001). With facts in hand the parents can then confront the school administration. School principals are usually willing to help and often can coordinate the various people and/or agencies which can offer more assistance as well as making recommendations for outside professional help. Parents should call around, initially, and may find that their school district has an employee assigned to the sole task of advocacy for the parents, or "have parent resource centers to help parents navigate the school system" (NMHIC n. d.).

When parents reach the conclusion that their child needs professional treatment the teen must be professionally assessed to determine the level of the addiction. Treatment programs are tailored to the individual needs of

each person seeking the treatment. This assessment and evaluation is an ongoing program in and of itself. Once a baseline is established then all progress can be measured against that original report. Generally the counselor will want a profile of the entire family and all family members will be interviewed in depth. Questions will be asked concerning amounts of alcohol used. It is reported that binge-drinking teens are 40% more likely to abuse drugs than their non-binging peers (Briefsf n. d. ). Parents need to understand that the counselor is there only to help and the parent must not make excuses or cover up any unsavory facts of the case in the name of preventing an airing of dirty linen. In severe cases of abuse the teen will need medical assessment and medical assistance to stop the abuse. Such teens may require a withdrawal program administered as an in-patient procedure. This initial detoxification process may take days or even weeks. It is during this time that the teen may require medication and should be given education as to what is happening to him as well as what has already occurred. “ It is important to know that detoxification is not treatment; it is a first step that can prepare a person for treatment” (CSAT 2004).

There are numerous programs for the treatment of substance abuse. There are inpatient and residential programs as well as partial hospitalization or day care. There are both regular and intensive outpatient services. There are also methadone clinics, termed *opoid* treatment centers. Inpatient treatment is usually reserved for adults with severe problems, but all teens should receive their treatment as inpatients, without exception, doctors say (ibib). They need the structure of a hospital setting without being subjected to peer

pressure. In residential programs teens are usually allowed visits with family as often as is feasible but are not permitted contact with friends who may bring undue pressure to bear, even unwittingly. Often the teen is kept away from teachers and all aspects of schooling. This is to give the teen a fresh start and keep old problems from intruding on clean new surroundings. This allows the teen to become a part of the treatment facility and to begin to look upon it as a safe haven and refuge from the perils of the outside world. It is imperative that parents understand and agree to abide by the rules of whichever institution they choose for their teen. It is possible, if the situation warrants, to find a facility which offers GED or job training programs. Teen residential programs include a school program within the facility.

Outpatient and intensive outpatient treatment is available in diverse settings. The treatment facility can be a clinic or even a counselor's private office. Local county health departments sometimes offer such treatment programs. The attendance requirements of such programs vary, with some expecting daily sessions and others requiring only weekly visits. All depends on the initial evaluation of the teen and the degree of severity of the problem. The programs termed *intensive* outpatient treatment programs require that the teen attend from nine to 20 hours per week. They last a minimum of two months but can require up to one year of the intensive treatment.

Staff members of such treatment facilities are trained to look for signs of relapse in the teen. They regularly test for drugs in the patient's system, utilizing urine and even saliva samples. Patients are subject to unannounced

breathalyzer tests. Patients learn relapse prevention techniques in which they recognize what is called ‘ relapse triggers’. They are taught how to deal with sudden urges, the seemingly spontaneous cravings, to which an addict is subjected. They are taught how to deal with stress and how to fight the urge to relapse. This so-called *trigger* is anything which brings on the old urges. Old friends, acquaintances, people the teen once associated with or got high with can be triggers. Memories and emotions can trigger urges to relapse, as can places and events.

There are many self-help groups, run by members and not staff. Of them all, Alcoholics Anonymous is the probably the best known. Groups designed for teens can be found in many cities. Alateen is known for its self-help programs for young people and there are others. These groups do not have intense counseling and may not be suitable for initial treatment of an addicted teen. They are better prepared to deal with post-treatment and maintenance

Some treatments use prescription drugs to relieve the cravings for the illicit substances, but this is almost always done as inpatient treatment with the exception of methadone clinics, where users can come by daily for an injection to relieve their craving for an opiate. There are drugs to ease the teen’s craving for alcohol but the key to recovery is often associated with how long a person stays in treatment. The longer the time spent in treatment and follow-up, the more likely the teen is to stay in recovery (ibid).

Unfortunately the cessation of drug use is not the end of the problem, but rather the beginning of the end. The teen must come to understand that being sober is a life choice and a life-style, and it is for the rest of the teen's life. He cannot be a social drinker. He cannot have a few beers with the boys. He must maintain sobriety if he expects to take control of his life for he has already demonstrated that he is not capable of handling alcohol or the substance of choice when he abused. Family must understand the disease and its ramifications. They must not enable or abet the recovering teen in falling off his particular wagon. They must realize that the recovering addict is on a tightrope and not ever try to torpedo his recovery with any temptation. Group and family will always remain important to the recovering addict, and family must understand that the teen did not become an addict over night. He will not be cured over night. It is a disease and it is chronic. The cure is most often a lifelong battle for the victim. The parents of teens in recovery have to learn new ways of relating to their child. The old ways did not work and all indications are that the relationship must change.

In this sense both the recovering teen and his parents are being treated. They both have to adapt to a new life style. The teen may undergo a profound change in personality and the parent must learn to cope with that change. Parents must understand that in some cases their child's brain has been rewired and reprogrammed by both the drug and the attempt to cure him through medications and counseling. It is a sad fact that not all recovery attempts are successful. The parents as well as other family members must



accept certain facts regarding recovery of their loved one. The parents cannot take the view that it is their fault.

They must do everything possible to help in recovery but they cannot lock their child away. If the child does relapse the parent must not take the blame. As harsh as it may sound, the one responsible, in the final analysis, is the one who takes the drink or ingests the drug. It is reported that more than half of all teens who complete a rehabilitation program relapse at least once before they continue on to recovery. Many teens need to go through the recovery process several times before it finally works completely. It is important to understand, however, that the quicker the teen is put back into his recovery program the better it is. Parents must be made to realize that relapse is a part of the recovery process. In many cases the relapse is of short duration and the teen continues on the road to recovery (ibid).

#### Chapter Four—Long Term Implications

What, then, are the long-term implications of teen alcohol and drug abuse in America? Disruption of home and family is seen early on when a teen begins to abuse. Schoolwork begins to suffer, and relations with teachers, as with virtually all authority figures, begins to deteriorate. Health, both mental and physical, suffers. The teen frequently becomes moody and depressed as the abuse continues. The best-case scenario calls for an adult intervention before the situation deteriorates further, but unfortunately, for many reasons, there is often no outside intervention and the child is left to his own devices or comes to the attention of the state. Sadly, some teens never

recover or lead productive lives. The community usually has to foot the bill for their disease. But besides this burden, in terms of tax drain, it is a drain on human resources. The community loses the potential inherent in each teen who loses his health to a disease that can cripple the mind.

The brain is the control center for all human activity. No action takes place except that which the brain authorizes. It seems only logical to believe then that it is not a good idea to steep the brain in toxins on a regular basis. The brain changes daily. It is an adaptable and versatile organ. Cells die, and new neural pathways are being laid constantly as the brain rewires itself. New synapses form as the brain reforms and changes occur with each new experience. Some areas of the brain become more active and some become less so as time passes and new events register on the brain's wiring system. There are centers in the brain which relate to pleasure as well as to pain. The brain signals pleasure when the body does some action which it enjoys, such as eating ice cream or having sex. Such seemingly mundane acts as sitting with friends or laughing at a joke can activate the rewards areas of the brain, causing it to release chemicals into the bloodstream. This stimulation of specific neurons in the brain give humans a feeling of pleasure (NIH/NIDA n. d.). It is in the pleasure centers of the brain that addictive drugs do their damage.

They stimulate the neurons found in these regions, in what is called the 'reward pathway'. The reason that a potential addict returns to the drug is that he seeks more of the pleasure he felt when he took the drug initially, as well as because the brain begins to demand more of the drug. These

addictive drugs cause the release of the chemical *dopamine* from the neurons, flooding the body and causing intense feelings of pleasure. It is the intrinsic nature of the drug that this feeling of pleasure is only of short duration and then the brain will ask for more in a continuous stream of craving. There is an initial rush of pleasant feelings for a short time, which then fades quickly into a pleasant but less intense sense of well-being. However, the drug is busy creating changes in the brain while this is happening, without warning and without the teen knowing that it is being done. These changes are not so short term, lasting far longer than did the pleasant feeling, and some changes are permanent (ibid). These changes in the brain can instigate cravings so intense that often they cannot be denied. It is reported that there are many triggers to initiate this desire for the drug and sometimes even the mention of the drug's name can stimulate the brain to a state of intense craving for it.

This change in the brain is not imagined. “ When the drug addict sees the images of drugs or items associated with drugs, a part of the brain called the amygdala is activated” (Ibid). That part of the brain, being vital for memory recall is affected and altered by drugs. Because of this, even the seemingly innocuous act of triggering a memory can activate a virtually insatiable desire to ingest more of the particular drug which caused the brain alterations.

Tolerance is the body's response to long-term abuse of a particular drug. Once the brain adapts to the presence of the drug it begins to ignore it. This causes the teen to ingest larger amounts of the drug to reach the same level

of intoxication that he first reached when he began using the drug. This is true of alcohol and most drugs. The teen who gets drunk on one beer soon finds that it takes six beers. The teen who is sloppy drunk the first time he downs a half pint of peppermint schnapps learns that it will soon take a half quart to get him to the same level. This is partly the result of the brain building up a tolerance to the alcohol. Also the body learns to metabolize the substance more efficiently so the drug does not remain in the body as long, also causing the effect known as tolerance. Tolerance is why the heroin addict *chases the dragon*, never being fully satisfied with his high in subsequent use of the opiate. It is the explanation for why it requires higher and higher doses of the drug as time goes by and the drug is continuously abused. For the record, it is no myth that alcohol kills brain cells. Teens think they have so many that killing a few is not a problem, but the fact is that over the long term, alcohol does cause the death of brain cells, which do not regenerate, causing confusion and memory losses.

Part of the difficulty in predicting the outcome of an addict's health is the fact that so many teens, as well as adults, abuse more than one substance. The teen who drinks alcohol frequently uses marijuana. The teen who abuses cocaine is often found to abuse ecstasy, poppers and inhalants. The drugs cause health problems which can appear to be unrelated to substance abuse, giving doctors a difficult task in determining treatment procedures.

Marijuana is a gateway drug and dangerous in more ways than just its effect on the teen brain. Because the United States wages war on all drugs more or less alike, they lump marijuana in with such drugs as cocaine and heroin.

The teen who wants to smoke a joint is required to get it from a drug dealer and this drug dealer is a felon. He is also likely to be selling more drugs than just marijuana. The teen may find the dealer is out of pot but has a quantity of meth, coke, smack or crack available. This war on drugs, like many of America's social program wars, is fraught with politics. No politician can afford to be seen as soft on drugs, so no politician is willing to introduce new legislation in line with new understanding. Study after study has shown that marijuana is relatively harmless by itself. The danger comes from the gateway aspect and the exposure the teen gets to felony drug dealers.

When researchers have conducted studies of long-term recreational use of marijuana they have failed to unearth any data reflecting a systematic effect on the neurocognitive function of users. " According to researchers at the University of California, San Diego (UCSD) School of Medicine, the only deleterious side effect found was a minimal malfunction in the domains of learning and forgetting" (About. com 2008). This does not mean marijuana is safe. Its effect on young brains has not been studied sufficiently to draw a conclusion and parents must err on the side of safety where their children are concerned (Cermak n. d.). Yet perhaps teens should not be locked away for it.

Alcohol, a toxin, produces demonstrably deleterious effects on the body. The amount of damage done is dependant upon such factors as length of abuse and amounts consumed during that time period. Most of the damage to the body occurs in the organs responsible for dealing with the chemical once it is ingested, such as the stomach, liver, and pancreas. As has been stated, the

brain is subjected to damage by the regular ingestion of alcohol. Should the teen stop in time the liver can recover from some of the damage. Given enough time there is a very real danger of contracting cirrhosis, which is generally considered to be incurable. There is a danger of cancer of the mouth and esophagus. The list of all the ills caused by alcohol is lengthy.

## Chapter Five–Conclusion

Teen alcohol and drug abuse is a problem without simple solutions. It is difficult to combat for so many reasons that it is difficult to reach a consensus as to what should be done to solve the problem. *The War on Drugs*, like so many government programs before it, does little good, and has certainly done little to limit the availability. Drugs can be purchased on virtually every campus in the United States, and alcohol can be found in virtually every home. Cigarettes are one of the most dangerous jokes ever perpetrated on American youth. The United States Congress, controlled for years by big tobacco, let the *Big Lie* be spread that tobacco is not dangerous through generations of American teens. Despite their denials, it appears big tobacco is targeting youth. More teens smoke today than do adults (ACS 2007). They have the same health problems as a result but they do not consider it a problem. They can quit anytime, they say. The government does not permit the sale of other poisons without strict controls, yet tobacco can be had anywhere. Then, in what has to be considered a sad commentary on the times, they declare an unwinnable war on drugs for the sake of their political lives. When politicians can do little else they resort to ‘declaring war’ on whatever is most detestable to the American people at the moment,

witness the *War on Poverty* , the *War on Drugs* and the *War on Terrorism* . It is more a war on the good sense of American citizens.

The causes of addiction are complex and simple at the same time. While a teen may be born with an addictive gene, if he is never allowed to ingest the alcohol or drug, that fact will remain a moot point. In a perfect world abusable drugs would not be available to children, but America is not paradise and parents must play the hand they are dealt. This means that they must maintain vigilance, looking for changes in the behavior of their children, for changes in their moods and habits, their friends, and their schoolwork.

Though the effect of teenage alcohol and drug abuse is not always immediately apparent, no teen can totally hide his use without his parent and his social network turning a blind eye. Short-term effects can range from health issues to death and long term issues, though more intense, are more of the same. The problem does not simply disappear when the teen becomes an adult. The life of an addict is seldom if ever *examined* by the addict, but it is safe to assume that it is not the life the addict would have chosen.

Treatment for the teen is available once it is determined that there is a problem, with the first order of business being evaluation to examine the depth of the problem. Parents whose teens are still in school at the time they realize the problem exists should begin there, talking to the teachers, counselors or principals in order to learn all they can of both the depth of the child's problem as well as the treatment avenues open to them. Peer

pressure is a prime reason for teens trying alcohol and drugs for the first time. Parents cannot allow their children to get totally away from them, alienated and estranged. Teens want and need to be given rules. They will test the limits of those rules and they will push, and then ultimately they will fly the nest. All that the parents can do is instill their values in their child, give him all the guidance they can, and be eternally vigilant. There is no single solution, and the answer to the problem of teen alcohol and drug abuse most likely lies in a multi-tiered approach, utilizing education and a formidable carrot-or-stick approach to the problem.

## Appendix

In April of 2008 over a period of one week 20 teenagers, ranging in age from 13 to 18 and 14 parents of teenage children agreed to be interviewed for this survey. It is not scientifically valid. Each group was asked to answer ten questions.

### Teens:

Q 1, Have you ever received alcohol from one of your parents? A. 1. Ten teens answered yes

Q 2. Have you received alcohol from a parent more than twice? A. 2. Seven teens answered yes

Q 3. Have you ever received alcohol from a friend's parents? A. 3. Five teens answered yes.



Q 4. Have you ever obtained alcohol from any source? A. 4. Ten teens answered yes.

Q 5. Can you get alcohol from your home without parental knowledge? A. 5. Fourteen teens said it was easy to get alcohol without parental knowledge.

Q 6. Have you ever had a relative other than a parent supply alcohol? A. 6. Nine teens answered yes.

Q 7. Have you ever had an adult other than a relative supply alcohol? A. 7. Three teens said yes.

## Appendix

1. 8. Have you ever obtained alcohol with a fake ID? A. 8. Three teens said yes

9. 9. Have your parents ever talked to you about drinking? A. 9. Two teens said yes.

Q 10. Have you ever asked a stranger to buy you alcohol? Did you get it? A. 10. Three teens said yes they had asked a stranger. Two said the stranger bought it for them.

## Parents:

Q 1. Do you allow your teens to drink at home? A. 1. Three parents said they allow their teens to drink under their supervision.

Q 2. Do you allow your teen's friends to drink at your home? A 2. No parent admitted to allowing their teen's friends to drink in their home.

Q 3. Do you think drinking should be allowed at graduation parties under adult supervision? A 3. One parent said it was ok to allow teens to drink while under adult supervision.

Q 4. Should teens have their driver's license suspended until the age of 21 if caught driving with alcohol in their blood? A 4. Fourteen parents believed a teen's license should be suspended if caught with alcohol in his system.

Q 5. Did you regularly drink alcohol as a teen? A 5. Six parents said yes.

#### Appendix

Q 6. Do you drink regularly now? (at least once per week). A 6. Three parents said yes.

Q 7. Have you talked to your teen about responsible drinking? A 7. Twelve parents said yes.

Q 8. Do you think your teen has a drinking problem? A 8. Fourteen parents said no.

Q 9. Do you personally know any teen who has a drinking problem? A 9. Thirteen parents said no.

Q 10. Has alcohol ever affected your teen's school work or job? A 10. Fourteen parents said no.

## Conclusions:

Fifty percent of teens said that their parents had given them alcohol, while three out of 14 parents admitted they had given their teens alcohol. Two teens out 20 said that their parents had discussed drinking with them, while 12 out of 14 parents said they have discussed drinking with their teens. Twenty-five percent of the teens said a friend's parent had given them alcohol. No parent admitted to giving a teen's friends alcohol. It appears that, as on most subjects, teens and parents do not agree, and have a different perspective. The glass is half full, the glass is half empty. The core problem between teens and parents is the different agendas of each camp. The teen perceives that he is near enough to adulthood to make his own choices. The parent can lead, follow or get out of the way. It is best if he tries to lead. But leadership must be done largely by example and certainly without shouting.

## References

About. com 2008 UC San Diego News Release *Pot Doesn't Cause*

*Permanent Brain Damage* Retrieved 4-10-08 from

<http://alcoholism.about.com/cs/pot/a/blucsd030628.htm>

ACS American Cancer Society *Child and Teen Tobacco Use* Retrieved

4-12-08 from: [http://www.cancer.](http://www.cancer.org/docroot/PED/content/PED_10_2X_Child_and_Teen_Tobacco_Use.asp)

[org/docroot/PED/content/PED\\_10\\_2X\\_Child\\_and\\_Teen\\_Tobacco\\_Use.asp](http://www.cancer.org/docroot/PED/content/PED_10_2X_Child_and_Teen_Tobacco_Use.asp)

<https://assignbuster.com/teenage-alcohol-and-drug-abuse-in-america-essay-sample/>

Briefst Brief-TSF. com *Teen drinking leads to risk of alcoholism and / social exclusion* Retrieved 4-12-08 from:

<http://brieftsf.com/teen-drinking-leads-to-risk-of-alcoholism-and-social-exclusion/>

Cappello, D. *Ten Talks Parents Must Have With Their Children About Drugs and Choices* New York: Hyperion 2001

Cermak, T. *What's a Parent to Believe?* Hazelden, Minn.:  
[www.hazelden.org](http://www.hazelden.org)

CSAT *Center for Substance Abuse Treatment: What is Substance Abuse Treatment? A Booklet For Families* . DHHS Publication Number

(SMA) 04-3955 Rockville, Md.: Substance Abuse and Mental

Health Services Administration 2004 Retrieved 4-10-08 from:

<http://www.kap.samhsa.gov/products/brochures/pdfs/WhatIsTx.pdf>

FocusAS. com no date *Alcohol and Teen Drinking* Retrieved 4-7-08

From: <http://www.focusas.com/alcohol.html>

FocusAS. com no date *Behavior Problems & Behavioral Disorders*

Retrieved 4-7-08 from: <http://www.focusas.com/BehaviorProblems.html>

<https://assignbuster.com/teenage-alcohol-and-drug-abuse-in-america-essay-sample/>

Hyde, M. and Setaro, J. *Smoking 101: An Overview for Teens*

Minneapolis: 21<sup>st</sup> Century Books 2001

Marshall, S., & Marshall, M. *Ready, Aim, Inspire: Targeting Your Teen's*

*Drug Crisis With a Focus on Solutions, Not Blame* Self-Published

2001

Monti, P., Colby, S., and O'Leary, T. (Ed.) *Adolescents, Alcohol and*

*Substance Abuse: Reaching Teens Through Brief Interventions*

New York: Guilford Publications 2001

Nadelmann, E. 2001 The New York Times *An Unwinnable War on Drugs*

Retrieved 4-12-08 from: <http://www.commondreams.org/views01/0426-01.htm>

NIH.gov 2005 *Heroin Abuse and Addiction* Retrieved 4-7-08 from:

<http://www.nida.nih.gov/PDF/RRHeroin.pdf>

NIH/NIDA lesson 4 Drug Abuse and Addiction: Transcript for Long

Term Effects of Drugs on the Brain video Retrieved 4-11-08

From: <http://science.education.nih.gov/supplements/nih2/addiction/videos/act4/transcript-activity4.htm>

<https://assignbuster.com/teenage-alcohol-and-drug-abuse-in-america-essay-sample/>

NMHIC no date *National Mental Health Information Center: Helping*

*Your Children Navigate Their Teenage Years: A Guide For*

*Parents* Retrieved 4-10-08 from: <http://mentalhealth.samhsa.gov/publications/allpubs/SVP-0013/SVP-0013ch8.asp>

WebMD 2006 *Alcohol Abuse Health Center: Topic Overview* Retrieved

4-6-08 from: <http://www.webmd.com/mental-health/alcohol-abuse/teen-alcohol-and-drug-abuser-topic-overview>