

Clearing the Myths about Adolescent and Young Adult Drug Use

By John Daily, LCSW, CADC II

MYTH: ALL ADOLESCENTS & YOUNG ADULTS (young people) “experiment” with drugs. Statistics show that the rate of drug use remains at a very high level for young people (Johnston et al, 2011). Part of the myth of “experimentation” is that drug use is a naturally occurring “rite of passage” from adolescence into adulthood. However, not every young person has tried or will try drugs. In addition, not all will pass through their drug use without experiencing negative consequences.

Drug use is risky and unhealthy behavior. In today’s society, even “experimentation” can lead to car accidents, driving while under the influence, unplanned sexual activity, date rape and even death. Moreover, the word “experimentation” can be misleading. When we get calls from parents seeking counseling for their adolescent or young adult child, we often hear the words, “I think my son is experimenting with drugs.” When asked how long the parent has been aware of the drug use, the reply can be anywhere from weeks to years. The parent’s response implies that “experimentation” is a phase, when “experimentation” is not a phase at all. In fact, it is a “one-time event” (Gust, Walker & Daily, 2006). Once intoxication has been experienced, the experiment is over. The user has achieved the results of the experiment, “I like this feeling,” or “I don’t like this feeling.” Subsequent intoxication indicates misuse, abuse or addiction.

When helping young people with substance use disorders, at the end of the day what we are assessing and treating is a “pathological relationship to intoxication.” The name of the drug they are using is an illusion. They need to know they are not hooked on weed; rather, they are hooked on intoxication and therefore must see all intoxicating substances as the same. Take away weed from the pot smoker and they drink and/or take pills. Take away Oxycontin for the opiate user and they use benzodiazepines and marijuana. This is because they were not hooked on the particular drug; they were hooked on “intoxication.”

The focus of treatment for young people is to sever their pathological relationship to intoxication so as to open up their capacity to have regulating relationships with their counselors and support groups, and to rebuild family relationships and healthy peer groups. Such social supports promote dopamine (Siegel, 1999), and endogenous opiates (Schoore, 2003), which the user has been chasing on the streets, but can naturally be created in health relationships as they were intended. Helping adolescents and their families understand this and supporting their growth in this way is the core of treatment after we have helped them to become drug-free.

Jon Daily, LCSW, CADC II is the founder and clinical program director for Recovery Happens Counseling Services. He also instructs a graduate school course on chemical dependency for the University of San Francisco and has been an instructor for University of California-Davis and Sacramento County Probation. He has given numerous local and televised presentations on substance use issues and co-authored the 2006 book, How to Help Your Child Become Drug Free. Jon’s free newsletter is available at: www.recoveryhappens.com.

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