



Treating Teens Who Abuse Drugs/Alcohol

Like schools of fish, teens who abuse drugs and alcohol tend to hang in the same crowd. They garner a kind of moral support or legitimacy from like-minded and behaving peers for their drug and alcohol consumption. Further, when drug and alcohol consumption reaches the abuse stage, they are seen to have conflict with persons in authority, be they their parents, teachers or police. Academic performance is compromised and the teen is at risk of school failure. Vocational and recreational participation may be non-existent. Energy and activity is drawn towards the maintenance of the peer group and escaping detection by adult figures of responsibility. The teen is often a good talker, appearing mature beyond their years whilst really not demonstrating responsible behaviour. There is a discrepancy between what they say and how they perform by objective measure.

Parents may be oblivious. The teen may have hid their academic decline. Not until their world starts to cave in on them by way of falling grades, school suspension or conflict with the law, are many parents finally alerted to the seriousness of their child's problems. Even in view of detection, the child will seek to avoid the gravity of the situation and deflect responsibility. Due to the upsetting nature of the discovery, parents are at risk of seeking to think the best of their teen and hence may be easily inducted into the child's web of deceit, being manipulated to believe matters are either not as serious as first thought or alternately, the outcome of other influences upon their child, rather than the direct and knowledgeable action of their child by choice. Further, the child in order to minimize or escape the situation and/or consequences will outright deny, lie and blame others. Parents are cautioned, the more strenuous the defense, the more likely the offence.

Treatment will require tenacity on the part of the parent to withstand the pushback from their drug/alcohol abusing teen. Nary a teen when confronted stands up and admits their drug abuse. The teen more often stands strong in initial denial. When held accountable and when the parent is not inducted into dismissing the problem, the teen next embarks on a campaign of minimization. As the parent next tries to hold the teen accountable, the teen then goes on to bargain and manipulate their parents so as to avoid the full weight of responsibility and necessity of change.

Treatment must include random drug testing. While the teen will take offence and claim they can be trusted, the simple fact of drug abuse is that the teen's judgment is poor and the teen cannot be relied upon for honesty. Random drug testing is the only objective measure of abstinence.

In addition to random drug testing, the teen will have to be encouraged to swim in other ponds. To this end, it is useless telling a teen not to hang out with prior or current friends. Rather, parents must require their teen to obtain a part-time job, maintain grades appropriate to academic ability and to be involved in recreational and/or volunteer activity.

The objective is to help the teen become engaged in healthy, pro-social and skill developing activities that are incompatible with drug and alcohol use. The strategy is to swap the time that was available for drugs and alcohol with these other activities. Collectively, these are regarded as structural interventions.

In terms of counselling, this is aimed first at parents who will likely require support to implement the structural interventions. Next to that, some degree of family therapy will be required to help parents and teen restructure their relationship. Whereas initially parents were likely unaware of their child's drug abuse, upon detention and intervention, the pendulum may swing in the opposite direction. Thus parents who may reasonably need to be intrusive to start, may then require support to recalibrate rules, roles and expectations when the teen adjusts and responds to treatment. Counselling for the teen on an individual basis may also be helpful to sort out relationship issues, self-esteem issues and to address academic and vocational direction.

The measures of success include: no trace amounts of drugs or alcohol on random testing; improved and sustained grades; a regular paycheck; and recreational and/or volunteer involvement.

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