

Adolescent Alcohol and Other Drug Abuse

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Consumer Series | Family

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Alcohol and other drug abuse is a growing problem not only in our nation but here in Colorado. Youth at risk for alcoholism and other substance abuse is documented in a recent study by Colorado State University Cooperative Extension (Fetsch, 1990; Fetsch and Yang, 1990).

Thirty-three social and economic well-being issues were rated by three different samples of Coloradans. The random sample of over 1,000 subjects rated substance abuse third only to rising health care costs and child abuse. They ranked alcoholism as the twelfth most critical issue in need of immediate attention.

According to the Colorado Alcohol and Drug Abuse Division of the Department of Health (1989), Colorado exceeds the national average in per capita consumption of beer, wine and liquor.

These statistics are not exclusive to adults. As many as 65 to 75 percent of substance abusers in Colorado are between the ages of 12 and 29. Furthermore, 33 percent of teenagers experience problems at home, school, work or in the community stemming from substance abuse. The fact that teenagers become addicted more quickly than adults contributes to these problems. (Office of Substance Abuse Prevention, 1989).

Perhaps more frightening than the sheer numbers of alcohol- and other drug-abusing youth in Colorado are the consequences of such behavior. Between 1977 and 1987, alcohol was responsible for approximately 54 percent of all fatal automobile crashes in Colorado. Such automobile accidents are the leading cause of death and disability among American teens (Douglas, 1982).

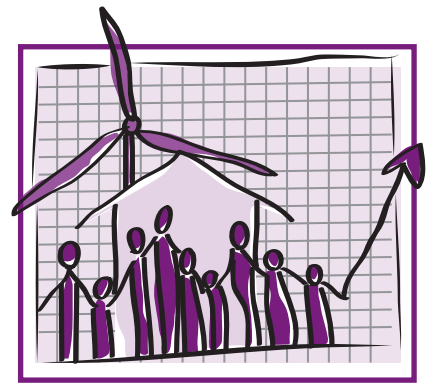
Additional consequences to teens who abuse alcohol and other drugs are the increased likelihood of becoming

involved with crime, delinquency and truancy. Likewise, the abusers have a greater probability of engaging in unprotected sexual activity, experiencing problems at school, and evidencing psychological distress and depression (Steinberg, 1989).

Alcohol: A Family System Problem

Because of the high number of Colorado adolescents that abuse substances and the severity of related consequences, adolescent substance abuse has become an important issue for Colorado families. An initial step toward understanding alcoholism and other drug addiction is to recognize addiction as a problem that requires commitment to lifelong recovery efforts on the part of the individual and the family.

There is a tendency to view alcoholism or other drug addiction as an individual's problem. This may largely be due to the high value Americans place on individuality as compared to other cultures. However, in addition to the alcohol dependent person, "Alcohol affects at least four other persons, with family members affected most frequently." (O'Farrell (1989). Furthermore, and because of the nature of an addictive problem, the family may be unaware of the problem until confronted by law enforcement, the school or another source outside the family. One of the strongest factors that influences alcohol and substance abuse is family interaction. Since the late 1960s, some researchers and counseling professionals have considered addictions a family disease (Steinglass, 1979). Furthermore, one of the key facets of addictive behavior is denial, not only by the addict, but by the family as well.



Quick Facts

- Adolescents can become addicted to substances more quickly than adults.
- Thirty-three percent of teens experience problems at home, school, work or in the community stemming from substance abuse.
- Colorado exceeds the national average in per capita consumption of beer, wine and liquor.
- Often family members are unaware substance abuse is happening in their family.
- Alcohol and other drug addictions are diseases that impact and are maintained by the family system.

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Denial

The denial process starts gradually and occurs as the family begins to compensate for the substance abuser. For example, a 13-year-old boy may come home an hour late, appear quite lethargic, spend a portion of the night vomiting, and complain of a splitting headache the next morning. The parents may interpret this as a bad case of the flu. This allows the family to be undisturbed by behaviors that can cause an enormous upset in the family system if the boy's behavior is considered to be a reaction to substance abuse.

Each family member must be willing to agree with this interpretation or to assist in hiding the truth in order to maintain a sense of normalcy in the family. This reaction is the beginning of a cycle of denial in which each family member participates. One of the most widely accepted views of family participation is explained in terms of family roles. These roles were best identified by Sharon Wegscheider (1981), and are labeled the enabler, the hero, the scapegoat, the mascot and the lost child.

Family Roles

The **enabler** is the person who allows substance abuse to continue by "saving" the abuser from the consequences of his or her actions. For example, if an alcohol-dependent teen doesn't come home on time, an enabler would likely make excuses to other family members for that absence.

The family **hero** is a sibling who begins to excel in many different areas from sports to academics, to create the illusion of a successful family.

The **scapegoat** may be the adolescent substance abuser or another family member who displays many unacceptable behaviors. This draws attention away from the substance abuse and allows the family to believe that if the scapegoat would

behave appropriately, all their problems would be solved.

The **mascot** uses comedy to divert attention away from the increasingly dysfunctional family system.

The **lost child** is the family member who never causes a problem and is relatively invisible.

Each family member is required to keep the system balanced by maintaining one of these roles. While these roles are interchangeable in a functional family, there is less flexibility in a dysfunctional family. "These roles so distort the member's emotions and relationships that even if the alcoholic ceases to drink, positive changes in family relationships and in individual members do not necessarily occur." (Ziter, 1988).

Warning Signs

If you are concerned that your adolescent is using alcohol or other drugs, look for these warning signs:

- other family members who abuse substances;
- missing classes, truancy or a sudden drop in grades;
- change to a different peer group;
- quitting extracurricular activities that were important to the adolescent;
- legal difficulties;
- possession of drug-related paraphernalia;
- possession of fake identification;
- unknown source of income;
- physical changes such as memory lapses, slurred speech, loss of motor coordination, bloodshot eyes, dilated pupils or rapid weight loss;
- excessive use of eye drops; or
- "hanging out" in strange places such as garages, storage sheds and alleys.

Admitting a family member is a substance abuser is difficult. The family finds it harder still to admit they are affected by the addiction and may, in fact, be sustaining the problem by their own behaviors. Both individual treatment for the identified patient and therapy for the family are crucial to the family's transition to become a functional, balanced system.

Family Therapy

If therapy is recommended, parents need to recognize which types of therapy best meet the needs of a family with a

substance abuse dysfunction. While some therapies focus only on the individual, others are designed to meet the needs of the entire family. Therefore, individual and family therapy is essential to the recovery of an alcohol-dependent or drug-addicted youth.

When the family is not treated as a whole, the individual undergoing therapy is frequently put back into his or her previous role and re-establishes unhealthy coping mechanisms. In other words, the individual has changed, but the family has not. Family therapy, in conjunction with individual therapy, is more appropriate because alcohol and other drug addictions are considered a system problem, not an individual concern alone. Family therapy approaches the family as a whole unit. Each member is required to make healthy changes to improve the way the family functions.

Feelings of fear are common when one recognizes that addictive behaviors may exist in one's family. There are professionals in the substance abuse field who can assess and help resolve the family's situation. Both inpatient and outpatient treatment facilities are available throughout Colorado at a variety of costs. Also, family therapists with a focus on family systems are accessible throughout the state. Information about family therapists in your area can be obtained by contacting the Marriage and Family Therapy Clinic, Department of Human Development and Family Studies, Colorado State University, Fort Collins, Colorado 80523, (970) 491-5888 or 491-5991; or the American Association for Marriage and Family Therapy, 1133 15th Street N.W., Suite 300, Washington, D.C. 20005-2710, (202) 452-0109. Additional information relating to adolescent alcohol and other drug abuse can be obtained by contacting the Alcohol and Drug Abuse Division, Colorado Department of Health, 4210 E. 11th Avenue, Denver, Colorado 80220, (303) 331-8201.

Discovering that a child or youth is using alcohol or other drugs can be a guilt-inducing experience because parents often feel responsible for their children's behavior. Fortunately, parents, researchers and therapists are working together to confront this problem and find appropriate solutions. Family participation in therapy can result in a stronger, more functional family. There is hope, and competent treatment is available.

Family members fit one of five roles:

- Enabler
- Hero
- Scapegoat
- Mascot
- Lost child

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