

**A Realistic Approach to Preventing  
Drug, Alcohol, and Other Dependencies**

**ADDICTION  
PROOF  
YOUR  
CHILD**

**STANTON PEELE, Ph.D., J.D.**

*AUTHOR OF 7 TOOLS TO BEAT ADDICTION*

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***More Praise for***  
**ADDICTION-PROOF YOUR CHILD**

“Dr. Peele offers a **smart, readable, commonsense guide for parents** concerned about their children's drug and alcohol use. Persuasively rebutting the alarmist view advanced by the ‘experts,’ **he shows the importance of reinforcing children's independence, promoting constructive values, and fostering the ability to learn from mistakes.** He also shows how to teach youth to recognize the risks in overusing substances and suggests safeguards for the small minority who are at greatest risk for addiction.”

—AARON T. BECK, professor of psychiatry, University of Pennsylvania, founder of Cognitive Behavioral Therapy, and winner of the 2006 Lasker Award

“Although you may not agree with every argument in this sure-to-be-controversial book, it should be **required reading for every concerned and thinking parent in America. Packed with practical advice and deep wisdom, it shatters one myth after the next.** Despite what the prevention industry tells us, drugs and alcohol are *not* equal-opportunity destroyers: they are far less likely to ensnare teens who have adopted adult values, discipline, and a sense of purpose. In detail, Peele tells parents how to help their kids develop these strengths. **Jargon-free, intelligent, and humane, this book easily doubles as an excellent primer on parenting.**”

—SALLY SATEL, M.D., coauthor of *One Nation Under Therapy* and author of *PC, M.D.: How Political Correctness Is Corrupting Medicine*

“In this remarkable book, leading addiction expert Stanton Peele writes that much of what we will read in *Addiction-Proof Your Child* is ‘common sense—or *would* be common sense if not for the misguided programs and policies that tell us to forsake the wisdom passed down through the ages.’ These are words of wisdom, and **each concise chapter is indeed packed with clear, commonsense advice backed up by decades of scientific findings and Dr. Peele's own keen psychotherapeutic knowhow. Dr. Peele convincingly dispels myth after alarmist myth about addiction and replaces them with sound strategies to create a ‘Non- Addicted America’ for our children and ourselves.**”

—BARBARA S. HELD, Ph.D., Barry N. Wish professor of psychology, Bowdoin College, and author of *Stop Smiling, Start Kvetching*

“Dr. Peele presents a succinct, incisive critique of common myths about addiction and treatment. His practical approach to the struggles we all experience emphasizes personal responsibility and a focus on values. Peele’s gift for storytelling makes this a highly readable page-turner, and **his examples have a genuineness and warmth that explains why he is a therapist in such high demand.** The book **trains readers to become better, more thoughtful, more empowering role models whether their children use drugs or not.** His anecdotes and explanations show empathy for parents, clients, and teens that no other book on this topic can touch.”

—MITCH EARLEYWINE, Ph.D., author of *Understanding Marijuana*

“**A clear and compelling prescription for preventing addictive behaviors through the power of the parent-child relationship.** Dr. Peele begins by asking the obvious but not necessarily politically correct question of what does a child need to know, believe, and experience in order to develop a healthy relationship to alcohol and other psychoactive substances? His answer to this question is both illuminating and controversial. Moreover, it is an answer that is **skillfully reasoned, eminently readable, and solidly consonant with scientific opinion.** **will prove to be an invaluable resource to both parents and professionals.**”

—McWELLING TODMAN, Ph.D., director, Mental Health and Substance Abuse Counseling Program at the New School for Social Research

“This book was a page-turner for me. **I’m an addiction psychologist, but I read it as a father.** Fortunately, Dr. Peele is as supportive of parents as he is of children. **If our society shifted to the commonsense approach he so clearly presents, we would have a substantially better place to live:** the serious consequences of addictive behavior would be substantially reduced. Until then, while we advocate for change, at least we can protect our own families.”

—TOM HORVATH, Ph.D., ABPP, president, Practical Recovery Services; president, SMART Recovery; past president, American Psychological Association Division on Addictions

“Sure to be controversial, this lucidly written guide is **a must-read for parents** who want honest, research-based information on the best ways to help their children avoid drug and alcohol problems.”

—MAIA SZALAVITZ, coauthor, with Bruce Perry, of *The Boy Who Was Raised as a Dog*, and senior fellow at media watchdog group STATS

ALSO BY STANTON PEELE, PH.D., J.D.

*7 Tools to Beat Addiction*  
*Love and Addiction* with Archie Brodsky  
*How Much Is Too Much*  
*The Science of Experience*  
*The Meaning of Addiction*  
*Visions of Addiction* (edited volume)

*Diseasing of America*  
*The Truth about Addiction and Recovery*  
with Archie Brodsky and Mary Arnold  
*Alcohol and Pleasure* (edited volume)  
with Marcus Grant  
*Resisting 12-Step Coercion*  
with Charles Bufe and Archie Brodsky

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*To Anna Peele, my addiction-proof child*

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## INTRODUCTION

Although we live in a world where children have unprecedented opportunities and resources, parents are preoccupied with the dangers that can befall them. Suppose you learn that your teenager sometimes goes to drinking parties or, worse, is skipping school to smoke marijuana at a friend's house. What if your college-age youngster was taken to an emergency room after a night of drinking or has incurred large gambling debts? How should you react if children are prescribed powerful psychiatric medications, or if they spend all their time playing video games? How do you prepare adolescents to go off to college, where students engage in massive binge drinking as well as trading pharmaceuticals to help them study, sleep, and party?

I understand these and other concerns you have. But this book is different from any other you will read about adolescent substance use. I believe that the way we talk about drugs in this country is broken and that current approaches will make youthful drinking, drug use, and other dependencies even bigger problems in the years to come. The information I share with you can instead prevent your children from developing substance problems or addictions of any kind. But to accomplish this, you will have to disregard most of what you and your kids are told about substance use.

Despite the very real dangers for your kids in a world where drug use and drinking are commonplace, parents don't need to cower in fear. In place of the standard scare stories, *Addiction-Proof Your Child* presents the reality of kids' substance use. For example, you will learn that not all youthful drug and alcohol use endangers children's lives and turns them into addicts. You need to be aware of this information in order to actually prevent your kids' substance use—which virtually all adolescents and young adults experience—from harming them.

What makes for successful parenting is old-fashioned and time-tested. In large part it requires you to let children live their own lives and make their own mistakes. You need to rely on your kids' intelligence and judgment as their primary means to handle their lives, even as you assist them by giving them crucial values.

Much of the information I present here is common sense—or *would* be common sense if not for the misguided programs and policies that tell us to forsake the wisdom passed down through the ages. Changing kids' brain chemistry, the experts tell us, will eventually solve addiction, along with the boot-camp treatment programs and just-say-no drug education that prevail now. Trust your gut instincts that this is nonsense. As I show you in the coming pages, a huge body of scientific data shows these policies are useless—and sometimes can be more harmful than doing nothing.

The hysteria over illegal drugs and alcohol often ignores the obvious fact that addiction is

not limited to drugs. In fact, there are so many opportunities for children to be addicted—from food to electronics to prescription medications—that we can never eradicate them all. In many ways, typical American childhood experiences predispose children to addiction. Drug czar John Walters declared, based on adolescents' abuse of pharmaceuticals often found at home, “The drug dealer is us.”

Your children do face substantial dangers. But if you don't arm your children with a sense of their independence and prepare them to manage their own lives, all the drug education classes and efforts to banish illicit substances will not reduce their risk. *You* are the key to inoculating your children against addictions of all sorts. No educator, physician, or public figure can do that job for you.

## **MY PERSPECTIVE**

I am a sixty-year-old psychologist and the father of three children. More than thirty years ago, my book *Love and Addiction* ushered in a new era in thinking about addiction. In it I explained that addiction was not limited to drugs and alcohol—that it was much more prevalent and mainstream than people thought.

My view that addiction is not limited to opiates, or to drugs at all, is widely accepted today by both experts and ordinary people. Unfortunately, as a result, many people now view a host of other problems in the same mistaken way they think about heroin addiction—as irresistible, irreversible, inevitably deadly.

These ideas are connected to the belief that addiction is a disease. The disease approach, presented by recovering alcoholics and addicts, warns you that adolescents who drink or use marijuana will be unable to control their substance use. In the view of these “experts,” any use places young people on their way to becoming addicts like them.

This isn't true. In the first place, adolescent drug use rarely leads to addiction. And addiction itself does not leave people powerless. Most people outgrow substance abuse—even serious addictions. Didn't you or someone close to you stop smoking—the hardest drug addiction of all to quit?

Well-meaning parents are often misled when it comes to deciding if their children's substance use is problematic and, if so, how to help them. In explaining this, I aim to counteract the insanity that says people should hear only the most pessimistic messages. On the contrary, you do the best for your children when you are most optimistic and confident. In line with this, the best way for your children to avoid or overcome addiction is for them to develop fully as human beings.

## **THREE VIEWS OF ADOLESCENT SUBSTANCE USE**

The dominant—alarmist—view in America holds that children's substance use is horribly out of hand and aims for a future where no young people drink or take drugs. Since this state of nirvana has not yet been attained, then a fallback goal from this perspective is that youthful drug use be limited to high-risk children unlike your own—those who live on the wrong side of town.

American drug educators are virtually all of this alarmist school. It is impossible in the United States to acknowledge publicly that ordinary adolescents use drugs or drink and thrive anyhow. Nor is it possible for educators to discuss important research findings such

as that moderate drinking reduces heart disease. The relentless message of school drug education, official proclamations about drugs, and statements by public figures is that all drug and alcohol use is bad and should be avoided by young people—that is, “just say no” or “zero tolerance.” (Zero tolerance is the policy of suspending or expelling students who are found to use drugs or alcohol.)

The prevailing American view is that adolescents cannot manage—perhaps cannot even survive—using illicit substances. If young people actually use drugs and drink and turn out okay, this dirty secret should never be told. This position is patently absurd: two recent presidents admitted using drugs or drinking heavily, and these admissions do not begin to plumb the depth of public figures' substance use. Nor do they capture your and your friends' drug and alcohol use when you were young. Adolescents, of course, recognize that such drug education is one-sided propaganda, and as a result, they usually turn off to all adult information on drug use and drinking.

At the opposite extreme from the alarmist point of view is what might be called the “benign” school. Since much of adolescent substance use is relatively harmless, since most children outgrow their problem use, since so many adults misuse alcohol and are now using illicit drugs and pharmaceuticals, some well-informed observers believe focusing on adolescent substance abuse is unwarranted.

My view incorporates elements of both of these positions but fundamentally disagrees with both. I believe the alarmist point of view is overstated. At the same time, I believe we need to encourage adolescents to recognize the actual risks of substance abuse and to reject regular intoxication in order to lead richer and fuller lives. Moreover, even though most young people don't develop a drug or alcohol problem, we must deal with reality and safeguard those who periodically misuse substances. This approach, called risk reduction, strives to prevent injuries or other damage that young people who become intoxicated either cause or suffer.

## TOOLS THIS BOOK WILL GIVE YOU

The first section of this book examines the wide array of misinformation about drugs and alcohol in the United States and explains how to think about addiction in a more useful way. In place of myths, I relate real information about youthful substance use, both good and bad. In my review of our missteps, I explain what many educators and researchers know: American drug education is a failure.

In the second part of the book, I propose techniques to enable parents to raise children in the modern world so that they can avoid serious substance abuse problems and other addictions. This involves, first, recognizing that you are the most important influence on your children and, second, learning how to use this role to instill values and discipline. But it is only through opportunities to navigate the world on their own that kids learn genuine independence and the skills to handle themselves.

I also describe what we know—which is a considerable amount— about how to teach children to drink moderately and control appetites of all kinds. Much of this information comes from other cultures that do substantially better than the United States in self-regulation of drinking, and also eating. For example, contrary to what you have heard, research actually shows that teaching your children to drink socially at home is the best policy.

The third section addresses either transient or chronic problems your children can have. These problems include a family history of substance abuse, which you *can* avoid passing along to your children. You also want to prevent a childhood or adolescent emotional problem, and certainly the treatment provided for it, from growing into an addiction. It seems hard to believe that therapeutic medications themselves can become addictive, yet pharmaceutical drugs are fast becoming the drugs most commonly abused by young people in America.

You also don't want your children to be harmed by casual drug use or drinking. It is a tall order to safeguard kids in activities they don't want to tell you about. I offer you ways to question your children that elicit honest responses and, more importantly, encourage their ability to protect themselves. I also prompt you to think about ways of reducing their risks if they do drink or use drugs. Should their substance use become seriously harmful, I help you decide when you need to turn to treatment, what your treatment options are, and how to make treatment work for your children.

Lastly, I describe the policies we in the United States must adopt to reverse our tailspin into an increasingly addictive society. If enough concerned parents and citizens get involved in changing drug education and drug policy, we may not always have to row upstream to do what makes sense and actually works.

## HOW I DO IT

There is a good deal of information to absorb in the following pages. Along with what research tells us about drugs, alcohol, and child rearing, I include many cases about children and parents. Key facts in these cases are disguised (unless I identify real people whose stories are already public knowledge), while the psychological truths of the stories are preserved.

As a psychologist and therapist, I have examined and conducted addiction research. I have worked with many addicts and their families. I also have spent a good deal of time observing people—it is a habit of mine. And—as I try to teach you to do with examples of scripts and personal exercises you can try—I ask a lot of questions. As much as possible, I try to put you into the real world of dealing with children of all ages so that you are able to help your kids face real, sometimes difficult choices, and so that you can do the same.

## **PARENTING UNDER STRESS**

I am an optimistic and forward-looking person. I don't believe we will, as a society, willingly inundate ourselves with addictions. And my faith that this won't occur is reinforced by my confidence in your good sense. I believe that readers of this book have a great many strengths, strengths I regularly see in people with whom I practice therapy.

Most people avoid or overcome addiction. Perhaps you used to drink quite a bit or take drugs when you were in college. Perhaps you formed obsessive romances when you were an adolescent and young adult. Perhaps you smoked—even beyond your teens and twenties. But most of you have overcome these addictive behaviors.

Likewise, although they may struggle with these same issues, your children have an urge to develop fully into independent adults, as you want them to. Even if *you* have serious problems that you wish to prevent in your kids, you are still likely—with some awareness and planning—to produce productive, happy, non-addicted children.

What kids need to protect them from addiction are the fundamentals of a life: a sense of meaning and involvement, purposeful activity and achievement, caring about themselves and others, and the ability to manage themselves. The importance of these values and skills is not surprising. What's surprising is that we've lost sight of these being the best antidotes to addiction.

*Part one*

**ADDICTION, DRUGS,  
AND ALCOHOL**

## *One*

### **THE PROBLEM IS ADDICTION, NOT DRUGS**

People become addicted to experiences that protect them from life challenges they can't deal with. It is not possible to say that any one thing causes addiction. Most kids who use drugs and alcohol don't become addicted to them. On the other hand, they can get addicted to very typical, common activities—such as eating, the Internet, other media, games, even medications they are prescribed for other problems.

The core of an addiction is that people become enmeshed in an activity that interferes with their functioning and, for children, thwarts their growth. If your children avoid regular involvements and experiences, if they can't cope with their lives, and if you fear that, left to their own devices, they will either collapse or go hay-wire, your children face addictive problems.

Disagreements about the nature of addiction make for vast differences in how we go about combating it. I do not find it helpful to regard addiction as a disease, which is the prevalent view these days. Although many people, including scientists, now believe that a wide range of things can be addictive, they wrongly persist in seeing addiction as a biological phenomenon beyond people's control.

By contrast, I was one of the first proponents of the view that addiction is not limited to drugs. But its very universality makes it clear that addiction can't be traced to a specific neurological mechanism. If sex or gambling addictions are defined by changes in the brain, why do so many people who find these involvements alluring for a moment, or even enthralling for some time, then simply move on to other activities? As we shall see, the exact same thing is true of “addictive” drugs.

Addiction can be especially debilitating for the young, but young people are more likely than not to outgrow it. The way out of addiction is to develop a range of skills and engage fully in life. The disease mythology is *particularly* unhelpful for young people. Telling adolescents that they have inherited addiction as part of their biological makeup encourages them to get stuck in the problem, rather than motivating them to overcome it.

Although my view of addiction is not the conventional one, my way of thinking has been adopted by many and is gaining influence in the field. My approach includes recognizing that addiction is not limited to drugs, that

people overcome addiction when they are motivated and when their lives improve, and that successful therapy for addiction builds on people's own motivation to change while teaching them better ways of coping.

#### DEFINING ADDICTION

At the same time that not all drug use is addictive, addiction does not have to involve drugs. People can become addicted to powerful experiences such as sex, love, gambling, shopping, food—indeed, any experience that can absorb their feelings and consciousness. Addiction to the Internet is now in the spotlight, and before that came addiction to television and then video games.

Addictions provide quick, sure, easy-to-obtain gratifications, and advances in the electronic age such as the Internet, cell phone, iPod, and BlackBerry bring more addictive possibilities. Two addictions intertwined with the Internet are pornography and gambling. People become enmeshed in these experiences in isolation, rejecting everything else in their lives. A typical Internet pornography addiction case reads like this:

My son is addicted to pornography. He can't stop looking at porn. He stays up on his computer all night. In the morning he can't stay awake, and he often doesn't go to school. I'm at my wits' end.

Likewise, we frequently hear of people who cannot stop gambling or shopping, often going deeply in debt. Such addicts, as adults, may steal, go to prison, and lose their families as a result.

To come to grips with how widespread addictive experiences can be, consider that love relationships can become addictive. We are all aware of this phenomenon, which is captured in popular song lyrics such as “Why must I be a teenager in love?” But these cases can be remarkably debilitating:

About a year ago I fell in love with someone I believed was “The One.” Ever since then my whole life has been about him—and, as time went by, I've become more and more depressed.

I have always been easily addicted. But before this whole thing started I was a very happy and energetic person with a lot of interests who enjoyed living and loved talking to people. During the time we were together I just threw all of my life away: my friends, my schooling, my dreams. He became the only thing that mattered to me. I continued to feel this way even when I realized that he didn't really accept me.

At some stage we decided it would be best if we stopped dating and tried to be friends, but after a short time I realized I couldn't do that.

Now, I am depressed all the time. I've thought about him every second of my life for the past year. I can hardly sleep, I can hardly get out of bed in the morning. I feel like being alone most of the time. I have no energy, I nearly always feel sick. I find it hard to enjoy anything at all. I can't get him out of my head.

I described addictive love in 1975 in my book *Love and Addiction*. But

because this idea is so shocking, it keeps resurfacing as though it were new. A woman wrote in the *New York Times* in 2006: “This is what love addiction did to my life: I dropped out of college, quit my job, stopped talking to my family and friends. There was no booze to blame for my blackouts, vomiting, and bed-wetting.”<sup>1</sup>

If we want to understand all kinds of self-destructive behaviors, we need a broader conception of addiction than the simple idea that some drugs are addictive: **Addiction is a way of relating to the world. It is a response to an experience people get from some activity or object. They become absorbed in this experience because it provides them with essential emotional rewards, but it progressively limits and harms their lives.** Six criteria define an addictive experience:

- It is powerful and absorbs people's feelings and thoughts.
- It can be predictably and reliably produced.
- It provides people with essential sensations and emotions (such as feeling good about themselves, or the absence of worry or pain).
- It produces these feelings only temporarily, for the duration of the experience.
- It ultimately degrades other involvements and satisfactions.
- Finally, since they are getting less from their lives when away from the addiction, people are forced increasingly to return to the addictive experience as their only source of satisfaction.

#### ADDICTIONS VERSUS NORMAL EXPERIENCE

Watching television every night, drinking daily (for an adult), and having an active social life are not necessarily addictions. Broadening the definition of *addiction* does not mean that everybody is addicted to something. The word is now often used casually, even humorously: a friend says he is addicted to crossword puzzles, a baby is addicted to his pacifier, a teenager to her cell phone.

Addictions are harmful, perhaps overwhelmingly so—as in the cases of pornography and love addiction described above. People may joke that they are addicted to exercise or coffee or work, and they can be. But it is only when these things seriously detract from their ability to function that people are genuinely addicted—for example, they can't stop exercising after they have suffered an injury, or they drink coffee throughout the day even though it prevents them from sleeping, or they are so preoccupied with work that they neglect their families.

Here's a case in which being well-balanced saved a man's life:

Peter was in the south tower of the World Trade Center when the north tower was struck. His floor was evacuated down a stairwell. But after going down several flights, a

security officer told the evacuees they should return to their offices. A number of people who were in the stairwell with Peter did so.

Peter—who was well paid and worked long hours—thought about returning. The instruction by an official to do so reinforced his conscientiousness and dedication to work.

But Peter also thought about his wife and children, and decided to proceed down the stairs. Soon after he left the building, the second plane hit below the floor on which Peter worked.

After September 11, Peter's wife couldn't stop hugging him. "Every time I see him, I feel such love and gratitude that he was spared," she explained.

Peter was a person who might have been at risk for being caught up in mindless, compulsive working, irrespective of any damage it caused him. Instead, his independent thinking and commitment to his family saved him from addiction. For young people, too, the more connections to life they have, the better able they are to resist addiction. When people give up much of their lives for their addictions, as we saw in the cases of love addiction, it is because their other involvements are superficial or somehow unsatisfactory.

We all rely on fixed elements in our lives, and children especially do. It is essential to your children's security and psychological well-being that you provide them with consistent limits, acceptance, and love. You should also recognize that children and adolescents will often fixate on an object or activity—their stuffed animal or a recording artist, playing with dolls or video games, wearing certain clothes or going to particular places. These fads are normal phases in growing up, and you should accept them as such.

What makes for addiction is when young people cannot extricate themselves from an activity in order to do the things required of them—things that they in some sense would *prefer* to be doing. Instead, they persist in behavior that is consistently harmful, or that is disapproved of by society, or that damages their health, their future, or their relationships with other people.

One of the thorniest problems for parents is deciding whether children are addicted when they use a substance (such as marijuana) regularly but otherwise function successfully. One possibility is that their drug use is normal. A landmark study found that moderate experimentation with drugs characterized the most psychologically healthy adolescents, while heavier use *and* abstinence were both signs of poorer adjustment.<sup>2</sup>

You need to key in on how well your children are coping with the demands made on them to ascertain whether or not they are abusing a substance. But even when they are abusing a substance, it may be wrong to call the problem an addiction or unhelpful to put them in drug treatment. I deal with these dilemmas in Chapter 10.

Some adolescents do become so involved with drugs or alcohol that it completely dominates their lives. Consider these cases:

Alice grew up in a family that had many problems. Her parents repeatedly separated, then got back together. Her father was violent, and screaming and crying were typical in the home.

Alice quickly got used to going out with friends as a way of escaping the turmoil and pain at home. When she was fourteen, she began drinking with these other teenagers, many with backgrounds similar to her own. The first time she drank she became falling-down drunk—"wasted," as she described it. Alice soon became sexually active when she was intoxicated.

Alice would sometimes quit drinking, only to return to it with a vengeance. This became a pattern for her throughout high school. As a junior she attended meetings of Alcoholics Anonymous and entered a six-month period of abstinence. But soon she returned to drinking and began using drugs as well. At first it was marijuana. In her senior year, however, she also used cocaine and took LSD.

Alice was smart and attractive, but her academic performance was lackluster. She decided not to go to college. Instead, she became a waitress at a local restaurant, where other young employees joined her in drinking and using drugs following work.

In adolescence and early adulthood, Alice's life was devoted to intoxication and the activities that surrounded it—which she called "getting rowdy." Since her life centered around drinking and drugs in a way that limited her opportunities, her friends, and her future, Alice was addicted during this phase of her life. But Alice, as typically happens, quit drinking and drugs when she reached her late twenties. Unfortunately, her addictive phase hampered Alice, because of the opportunities she lost, even after she stopped abusing substances.

While Alice's background is common for youthful addicts, hers is certainly not the only path to drug and alcohol excess and addiction.

John's family was stable—his older sister did well in school and went on to become a doctor. His father made an excellent living in the financial industry. His parents got along well together.

But John began abusing drugs early in life. In fact, he had already used heroin by the time he was sixteen. To do so, he associated with other kids who engaged in the most negative behaviors. It was as though—as his father put it—John was "following the loser."

John certainly had ability and enjoyed successes as an adolescent. He was a very good runner, for example, and made the county championships in the quarter mile. His parents devoted themselves to taking him to track meets and getting him additional training—such as a summer track camp—to further this skill.

After he became addicted, John's parents placed him in a series of treatment programs. After each, he returned home seemingly prepared to resume a typical high school existence. But within a matter of weeks or months he was back with his old

crowd, abusing drugs and heading to his next treatment episode.

Eventually, John's family felt they had to expel him from the household— he went into treatment, then a halfway house in a different state. His father told him he would continue to help John financially and stay in touch only if John could prove that he was clean.

For a time, John became a pariah to his parents, who felt it was best for their family to expel him from their home. I consulted with John's father and helped him to reach a better resolution with John. Although he didn't quit drinking and continued to use recreational drugs occasionally, John stopped using heroin and started to take his schooling seriously. I describe this harm reduction therapy in Chapter 9.

Both Alice and John began to abuse drugs and alcohol in early adolescence, and the abuse quickly become the focus of their lives. People like Alice—from fragmented, violent, or emotionally disturbed families and from families facing economic hardships—are more likely to abuse drugs and alcohol. But children from stable and prosperous backgrounds also do so. When children from well-off backgrounds abuse substances, they are failing to buy in to their family's values. The pressures placed on them to achieve may then saddle them with emotional problems and bad feelings about themselves.

From an early age John and Alice could not find a positive role for themselves. As a result, both of them developed alternative lifestyles and self-images around drugs and alcohol that locked them out of what society has to offer—at least for a time.

#### ADOLESCENT ADDICTION IS NOT LIMITED TO DRUGS AND ALCOHOL

Broadening our concept of addiction to include electronic devices, gambling, destructive relationships, and even eating and therapeutically prescribed drugs helps us to understand the troubling behavior of some children and adolescents.

Alex was a normal, if quiet, child. He didn't have many friends, and from a young age preferred to spend time with electronic gadgets of various sorts. He would sit playing video games or listening to his iPod, making motions in rhythm with the music, for hours at a time.

Alex did well in some school subjects—he got good grades in mathematics—and showed talent in music, which his parents encouraged. Although his father was shy and somewhat withdrawn, his mother was active and verbal and his parents' relationship was stable. Yet Alex never found a group of peers who interested him more than his electronic devices.

When Alex decided not to go to college, his parents were at first shocked. But they came to accept their son's decision—not everyone is suited for college, they thought, and this might be a better path for Alex. Instead of getting out in the world, though, Alex retreated more from it. He spent all of his time alone in his room playing on his computer, listening to music, or watching television.