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# How to Spot Signs of Substance Abuse in Young People

By Elizabeth Sterndale

**D**arrell, an adolescent in one of your classes, becomes less involved both at home and school. He has mood swings, becomes a bit unkempt, looks thinner, is verbally abusive, has a slight drop in grades, and begins using a breath spray and eye drops. Should you suspect Darrell of drug abuse?

Not necessarily, but maybe so! The initial indications of substance abuse\* may be the same as signs of the struggles of growing up. As young people advance through the various stages, their discomfort with their growth and development precipitates various unwelcome behaviors, transient attitudes, and physical changes. How can teachers know if what they observe are signs of a substance abuse problem or simply some rough spots in growing up?

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\*Substance abuse: The use of drugs or chemicals, other than food, that affect the body or behavior (except as prescribed by a physician for a specific therapeutic purpose); starting with the caffeine in soft drinks, coffee, and tea; tobacco; the misuse of common chemical substances such as aspirin, plants, household products; and progressing to marijuana, hallucinogens, depressants, amphetamines, cocaine, heroin, alcohol, and other dangerous chemicals.

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## Observers

First of all, teachers need to know their students well. To do so, they must observe them carefully

in a variety of situations. Each young person will react differently in different circumstances. Observations should include the adolescent's relationships with peers, teachers, or any other person in charge. Observe the young person's relationships with other family members, and especially with each parent. The quality and usefulness of these observations will be closely related to the observer's attitudes and relationship with the young person.

Observers of young people must be patient. Teachers and parents must understand that "God isn't finished with them yet." Young people in today's world are often called upon to make decisions before they have developed the necessary maturity to make wise choices. *Decisions related to substance abuse come to a child at an age when he or she is too young to make such critical decisions regarding the rest of life.*

Many changes take place rapidly in a growing young person. Adolescence is a kind of sampling time. The adolescent reaches into a broad range of attitudes and behaviors. Bewildering physical changes cause a "who-am-I" feeling. During this time, role models are only slightly less important than the peer pressure that the child receives.

For observers as well, this time

is confusing. Just as parents or teachers prepare to respond to certain observations, they realize that they are now observing different behaviors. Because of the young person's rapidly changing state, and because indicators of substance abuse are not so different from the normal signs and behaviors of growing up, it is difficult to establish a definite profile that points to substance abuse. An established relationship between the adolescent and the observer is needed before an informed decision can be made about the young person's behavior.

### Risk Factors

To detect the likelihood of substance abuse or actual abuse, all the signs and symptoms of normal growing up processes must be considered. Certain factors tend to place a person at risk, such as distancing in the family, psychological distress, poor motivation, disregard for rules, sensation seeking, misuse of substances by any member of the family, high drug use among peers, and low self-esteem. Other influences to be considered are genetic factors, as well as cultural, social, and economic status. Children from one-parent homes are at greater risk. Last or

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*The very inquisitive child and the child seeking adventure and excitement are . . . vulnerable [to substance abuse].*

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later born children are also at greater risk, as are those who lack appropriate role models. As the number of risk factors increases or as any particular risk factor assumes greater impact on the

young person's life, the likelihood of that person becoming involved in substance abuse increases substantially.

Children who lack positive relationships are the most vulnerable to sampling and abusing drugs. In the early years of school any child who is very shy or aggressive is a prime candidate. Teachers and parents must intervene in such cases, helping the child to build relationships, value self and others, handle responsibility, and learn less destructive coping mechanisms. Through school experiences students can be taught how to make decisions, solve problems, and deal with feelings; they

can learn acceptable ways of coping with problems. Poor school attendance and scholastic achievement may be predisposing factors for substance abuse, or may be the result of substance abuse.

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*The young person who wants to conceal drug abuse lies about his behavior and the company he is keeping.*

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Severe stress can lead to substance abuse. However, during adolescence any event may seem a

### Signs and Behaviors Present With Substance Abuse

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| <p><b>A. Physical</b><br/> unkempt<br/> long hair<br/> increased jewelry<br/> loss of appetite<br/> weight loss<br/> craving sweets<br/> pale skin<br/> skin rashes<br/> circles under eyes<br/> reddened eyes<br/> frequent colds<br/> cough<br/> low resistance<br/> sleep irregularities<br/> fatigue</p>                       | <p><b>B. Attitudes/Expressions</b><br/> "I-don't-care"<br/> very low self-esteem<br/> very high self-esteem<br/> mood swings<br/> anxiety<br/> loneliness<br/> withdrawn/quiet<br/> fantasy<br/> depression<br/> lack of expression<br/> less involvement<br/> less motivation<br/> drops sports/hobbies/<br/> activities<br/> less time with homework<br/> secretive about friends<br/> sexual preoccupation</p>        | <p><b>C. Behavioral</b><br/> tardiness<br/> truancy<br/> quits/fired from job<br/> lack of concentration<br/> short attention span<br/> dropping grades<br/> secretiveness<br/> demands for privacy<br/> loud music<br/> rule breaking<br/> stealing<br/> over-reaction<br/> manipulative<br/> increased use of slang<br/> verbal obscenities<br/> verbal abusiveness<br/> argumentative/defiant<br/> restlessness<br/> rebelliousness<br/> bullying/bossiness<br/> violence<br/> impaired judgment<br/> distorted sense of time<br/> distorted sense of distance</p> |
| <p><b>D. Items in Child's Personal Space</b><br/> (room, car, desk, locker, etc.)<br/> eye drops<br/> breath sprays<br/> rolling papers<br/> baggies<br/> incense<br/> air deodorizers<br/> seeds/other plant parts<br/> shirts/jewelry with drug culture signs<br/> pipe/smoking devices<br/> glue/other household substances</p> | <p><b>E. More Specific Signs of Substance Abuse</b><br/> smell of substances on breath<br/> glue or spray on clothing<br/> confusion/poor coordination<br/> tremors<br/> extreme mental alertness<br/> extreme dizziness or drowsiness<br/> tears/sweating<br/> pinpoint or dilated pupils<br/> injection marks<br/> tracks over veins<br/> long sleeves to cover tracks<br/> infection/inflammation of veins/tissue</p> |   |

crisis to the young person. Emotions are erupting. Feelings of powerlessness and confusion cause young people to band together with others who are experiencing the same feelings. Peer pressure has substantial impact on teenagers. Young people need to be liked, and as peers begin to pressure, they succumb to such beliefs as: "Everyone uses drugs," "It's a really neat feeling," "It takes away your bad feelings," "It's the way to party."

### Relationships

Substance abuse is a coping mechanism. Many signs and behaviors appear shortly after a young person has sampled drugs and is still exploring; more symptoms become obvious only *after* he or she is more deeply involved. (See Box—Signs and Behaviors Present With Substance Abuse.) The signs and behaviors do not appear in a given order, and everyone who experiments with substances does not act the same way. Furthermore, the same or similar signs and behaviors may appear in young people free of substance abuse. Therefore, it is important for teachers and other concerned adults to understand that the signs and behaviors listed in this article are *warnings* that the young person should be observed more closely.

Even if several indicators should point to potential problems, it should not be automatically assumed that the young person is on drugs. Relationships that develop or intensify during the observations and investigations can be therapeutic to the young person if the observer truly expresses concern about the well-being of the young person, continues to maintain a genuine interest, and approaches any related problem with an attitude of love and forgiveness.

Remember that the young person in trouble has yielded to a temptation greater than he has been prepared for because of his lack of maturity.

### Signs and Behaviors

Childhood signs may include shyness and/or aggressiveness; both indicate a need for satisfying relationships. If positive relationships with both adults and peers are established, the child will not need to cope by reaching out to drugs and other substances. The very inquisitive child and the child seeking adventure and excitement are also vulnerable. If their questions go unanswered, or if their needs for challenge are not met either at home or in school activi-

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*Children who lack positive relationships are the most vulnerable to sampling and abusing drugs.*

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ties, they may turn to substance abuse.

Watch the young person who is beginning to hang around with peers who have known problems. Peer pressure is thought to be the number one cause of substance sampling. Monitor closely the child's selection of friends. Parents and school personnel should maintain open lines of communication and work together in a concerted effort to prevent and detect drug abuse.

Once the young person begins substance abuse, he or she may have new friends who are not introduced to the family. Such friends do not want to be found out by the family, and the young person does not want the family to know about them.

The young person may attempt to use secrecy to avoid the social disapproval or punishment that comes from parents and teachers learning about his or her substance abuse. Drug users will protect themselves and their suppliers by any means.

In our society, secrecy patterns are learned. We teach children not to tattle. We teach them that privacy is important, that families have secrets, and through our use of certain sports and games, we teach them how to be secretive.

As adolescence progresses it is normal for the young person to desire privacy about certain aspects of his or her life. However, drug users lie about their behavior and the company they keep. Other behavioral changes may be apparent as well. The young person may steal at home or at school, or shoplift to support drug use.

As the use of drugs continues, the young person's behavior gradually deteriorates when compared to expected norms and previous patterns of action. When the adolescent is "doing drugs" occasionally at parties, et cetera, and is beyond the sampling stage, a number of physical signs *may* begin to increase—restlessness, anxiousness, sleepiness, red eyes, smell of glue or solvents on the breath, sexual preoccupation, desire to break out of familiar environment, skipping school. The young person may quit or get fired from a job, break rules excessively, bully, boss, and reject family and former friends. He or she may become quite abusive and attempt to manipulate others. In addition, the drug abuser may use slang and obscenities increasingly, especially expressions related to the drug culture, such as "druggie," "uppers," "downers," "stoned," "pothead," "junkie," "alkie," "freak," "get-

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that it isn't going to happen to them. There's one chance in five that I won't be the one, they think.

I've talked to literally thousands of people, and I know that a great majority of them paid no ultimate attention to what I told them, although it made sense, it was rational, and they were nodding their heads in agreement. Facts don't seem to stick long unless you have a set of values or a set of principles that are stronger than those tendencies which try to drag you into the popular drug-use scene.

**You talk to a lot of kids, both in elementary and secondary schools. What is the basic advice that you give to help them choose a more sensible direction?**

I am convinced that the ultimate improvement of behavior by young people will be produced by changing the parents, not by talking to kids primarily. I'm absolutely certain that we must have a revival of parenting in which parents establish loving and supporting relationships with their children from early babyhood. We know from all kinds of research that the strongest bulwark against

youthful drug use is strong family ties established while kids are young. These kids are then able to share with their parents when they get into adolescence.

What worries me today is that literally millions of children are being raised in child-care centers and by baby-sitters. In such cases there is no way of establishing the warm, supportive relationships that kids need. We know that if you don't establish such relationships before adolescence, it is too late. Across the country the development of families attempting to help each other and their children is probably one of the great movements of our time.

When I talk to grade-school kids, the most useful approach is to appeal to their desire to grow up big and strong and healthy. I tell them, This is what to do, and this is what not to do. Kids up to thirteen or fourteen years of age respond positively to this.

I also make great use of sexual differences. I talk to the girls about being girls and to the boys about being boys. I ask them, You want to be attractive and desirable, don't you? Yes, they say. All right, I respond, here's what you do, and

I sometimes tell them stories about high schools where girls have said they wouldn't kiss a boy who smokes, and smoking disappeared from the high school. This has actually happened.

With teenagers, I find that safety is probably the strongest motivator. You can get kids to respond to drinking and driving. They recognize the dangers involved.

The second thing I've had some success with is the effect of chemicals on maleness and femaleness. If you talk to adolescents about the effects of marijuana, for example, on the reproductive cycles of both males and females, they listen and are really concerned. There is a new interest in having babies. The birthrate is going up again, and there is quite a change among young people with respect to children.

I don't have any magic key, but I know that fear is not the best thing to move them. Rather, it is better to appeal to their desire to be successful, healthy, and desirable. Over the long term, this has had more effect than anything else I've tried. □

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## Spotting Signs of Substance Abuse

(Continued from page 13)

ting high," "trips," and so on.

Drug users may become more occupied with sex and sexier clothes, wear greater amounts of jewelry, and buy tee shirts, buckles, purses, and/or jewelry with drug symbols on them. At the same time they may become more unkempt than usual. Substance abuse takes its victim on a progressive downward course. Teachers

and parents should listen for verbalizations of mood changes or expressions like "I think I'm going crazy." As drug abuse progresses, physical and emotional signs and behaviors increase and intensify.

Later, after the young person has increased his or her substance intake, other behaviors and signs may be discernible, such as pinpointed or dilated pupils, extreme sleepiness, yawning, sniffles, sweating, tremors, dopiness, sores around the mouth or nose, and coughing. Confusion, poor coordination, and manipulative behavior may be noted, as well as injection marks over veins, the wearing of long sleeves to cover injection marks and infection or inflammation of veins or surrounding tissues.

Until certain signs appear, such as track marks over veins, it must be remembered that many indicators may be symptoms of growing pains and not necessarily indicative of substance abuse. However, all symptoms *must* be investigated. It is only as the observer compares past behavior and displays an interest in the young person that the signs are distinguishable. Through a positive, loving relationship with a caring adult, the young person can be motivated to adopt appropriate coping mechanisms and thus achieve maturity free of substance abuse. □

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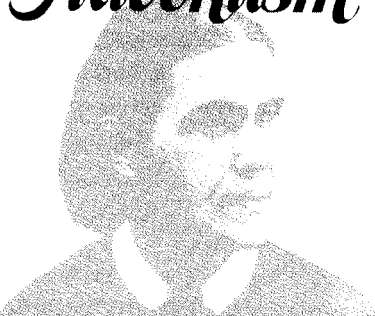
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How do you interpret Ellen White so that you can find the principles behind what she said? How do you avoid the dangerous myths that have risen because of misunderstandings about what she meant? George R. Knight, Adventist professor of church history, examines some of the myths that have caused controversy in the

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**we believe Ellen White taught or wrote are just myths!**

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## Appropriate Levels for Drug Education

(Continued from page 15)

1. The meaning of values. What is most important.
2. Examination of personal values. Learning to set priorities.
3. Personal decision making in many areas of life. Techniques and principles for making good decisions.
4. Reasoning from cause to effect.
5. Christian values and principles; what makes things right or wrong.
6. Practicing standing up for personal values and decisions in the presence of others. Recognizing that it is OK to be different.
7. The physical body and health as a gift from God.
8. Correct information about harmful substances and their effect on the body.
9. The brain as the governing power in human behavior. The fact that the nervous system is the channel through which God communicates with us and we with Him. Causes and results of brain damage.
10. Principles of temperance. Effects of intemperance.
11. How to be happy without using chemical aids. Choice of constructive hobbies and activities.
12. Problems most people meet: "Feeling bad" or ill, sadness, stress, pressure for conformity, lack of money, loneliness. The fact that harmful drugs are deceiving—they cover up problems without solving them.
13. Respect for human life. Responsibility to others. Personal

example—helping others.

14. Results of drug abuse—disease, crime, violence, automobile accidents, harmful effects on unborn children, brain damage, addiction, death.

15. A strong personal relationship with God as the only solution to personal problems.

### 13- to 15-Year-Olds

At this age young people feel strong needs to gain recognition and acceptance from others, to acquire skills, and obtain feedback from peers and adults. They frequently feel hurt because they are emotionally sensitive. They need to understand that everyone feels bad sometimes and must learn how to deal with such feelings.

Young people who may hurt the most and longest are those who have never achieved satisfying relationships with others. They feel unaccepted, unworthy, frustrated, and are very vulnerable to drug abuse.

Young people receive subtle messages from the media, music, sports heroes, and famous people arrested for drug abuse and drunken driving. Such stories frequently lack the accompanying message that drug abusers pay dearly in the end. The negative results of drug abuse need to be pointed out repeatedly, so that use of harmful substances is not glamorized and made to seem risk-free.

Positive modeling by adults and support by parents and teachers, involvement in wholesome recreation and interesting activities, as well as the satisfaction gained from doing things for others, are probably the best drug education we can provide.

Useful educational topics for this age group include:

1. Privilege and responsibility for decision making.
2. Personal support systems.

3. The fabulous asset of the human brain and nervous system.

4. Correct information about harmful substances.

5. Awareness of the power of advertising and other power symbols.

6. Handling frustrations and problems common to this age group: Emotional instability and irritability due to a developing physical body.

a. Too many expectations by adults and others.

b. Painful and difficult situations.

c. Pressure to conform.

d. Stress caused by numerous demands and responsibilities of life.

e. Worry about finances.

f. Feelings of rebellion.

7. Risk taking, responsibility for the safety of others.

8. Preparation for handling social situations where drug and alcohol problems may be encountered.

9. Planning wholesome social activities.

10. Programs for developing personal exercise plans, interesting hobbies.

11. Developing a personal relationship with God.

12. Experiencing the satisfaction of doing things for others.

In summary—drug education must help prepare young people for positive and effective living and make them aware of the specific hazards of various substances. Adolescents especially need to recognize, accept, and utilize God's power to live healthful and victorious lives. As teachers we need to emphasize Christian principles so that the lessons our students have learned will come to mind and provide them with a reservoir of confidence and strength in time of need.