Watch for these specific drug abuse symptoms

(The following is another in a series of articles on drug abuse prepared by two members of the Addiction Research Foundation in Thunder Bay and Timmins, and submitted to the News for publication.)

By Ken Moffatt and

by Donnis Pornardi

The previous column in this series dealt with some of the reasons for drug use by young people. In the Thunder Bay District, alcohol, tobacco, and cannabis lead the parade of substances used by teens, but cocaine, tranquilizers, amphetamines, LSD, PCP (originally a horse tranquilizer) and other drugs are also consumed, though less frequently.

The effects of these drugs vary, of course, and the same amount of a given drug can, in fact, have differing effects on different people. For example, one cigarette-sized joint of marijuana containing from 2.5 to five milligrams of THC (the active ingredient) may provide a mild high for three occasional users, while a heavy regular user might consume five, 10, or more such units a day.

Trying to detect drug use in someone can be difficult, but there are both obvious and subtle symptoms which can be checked out. On the obvious side are needle-marks and the attempt to cover them up with long sleeves even in hot weather; slurred speech; staggering; and extreme suspicion in others.

Amphetamines (also known as "speed") might be indicated by a dramatic loss of weight, difficulty in sleeping, dry lips and extreme or persistent suspicion of others.

The inhaling of glue, nail polish remover, or turpentine fumes as well as the consumption of alcohol might be detected through their particular odors. A head cold that hangs on and on could indicate respiratory problems or solvent sniffing. It could also just indicate a persisent cold!

But does all this matter that much? Is it really crucial that a parent knows which drug his or her child is taking? Is it not more important to realize that something's 'off kilter,' and then make the effort to get across to the child that you care and want to help?

We'll look at some other symptoms which may alert us to possible drug-related problems in our children, but let's also realize two things at the outset:

(1) These symptoms do not automatically have to indicate drug abuse -- they could spring from everyday frustrations and confusions of being an adolescent (e.g. being in love);

(2) If our homes become concentration camps where the children are constantly being investigated, trust goes out the window and a Berlin wall emerges between parents and children. This sets the stage for mis-

understanding and the negative conditions which actually promote drug abuse.

Here are a half-dozen possible indicators of drug use:

(1) Withdrawal from Family Life

Avoiding parents, brothers, sisters, and close friends is often one of the first signs of drug abuse among teens. This process can start by withdrawal from family activities as well as by psychological distancing from other family members to the point where parents, for example, feel they no longer really understand their son or daughter.

(2) Deterioration of

In addition to a decline in academic performance and grades, the drug abusing teen may begin to skip classes, miss exams, and become less involved in extra-curricular activites. Athletic performances may inexplicably deteriorate. Conflict may develop with teachers, other students, and administration staff.

(3) Self-Destructive/ Impulsive Behaviour

Adolescent drug abusers may be depressed, complain about lack of sleep, fatigue and weakness. They often show a diminished ability to control impulsive behaviours and can be very restless, self-centered, and demanding.

Depending on the individual, the impulsive lifestyle is characterized by anger, a preference for short-term pleasures over long-term benefits, rejection of authority and sometimes sexual promiscuity.

As the problem worsens, the individual often becomes more openly disorganized and frustrated by everyday problems.

(4) Switching Friends

There may be a dramatic change in the adolescent's friends, whereby longtime confidants (who were welcomed in the individual's home and were known by the parents) are replaced by new friends who are never brought home or discussed.

In some cases the adolescent's appearance may change in the direction of more sloppy clothing, less bathing, careless grooming, and a general attitude of carelessness related to personal appearance.

(6) Dropping out of Healthy Activities

The drug-abusing teenager may drop favorite hobbies as well as sports and cultural activities.

His or her approach to leisure time may become more passive and remote from parental view. In addition, parents may have less of a feel for where their offspring spends money.

Conclusion

All of these symptoms indicate a basic theme: that the adolescent just isn't himself or herself and the parents don't know why. If this is the case, the goals are (a) to find out why, and (b) to help the son or daughter. The problem is *not* a moral one. The

goal is not to catch someone doing something "nasty."

It is far more important to be sensitive to our children's needs on an on-going basis than to "catch them at something." By being in touch with our children and conveying that we care, we set the stage for problem-

solving -- whether or not it involves drug use.

Any questions or comments? Write to the Addiction Research Foundation, 104-1265 Arthur Street E., Thunder Bay, Ontario, P7E 6E7 or call 622-0607.



First prize

Mr. and Mrs. Ed Holmes of 101 Drummond Street were on hand to accept their plaque and \$50 cash prize from Schreiber Reeve Mike Cosgrove for finishing first in the annual Schreiber Beautification

Contest held this summer. The awards were given to the winners on September 9. The judges in the contest this year were Mary Burnett of Rossport and Pam Jones of Terrace Bay, Roxanne McLellan noted.

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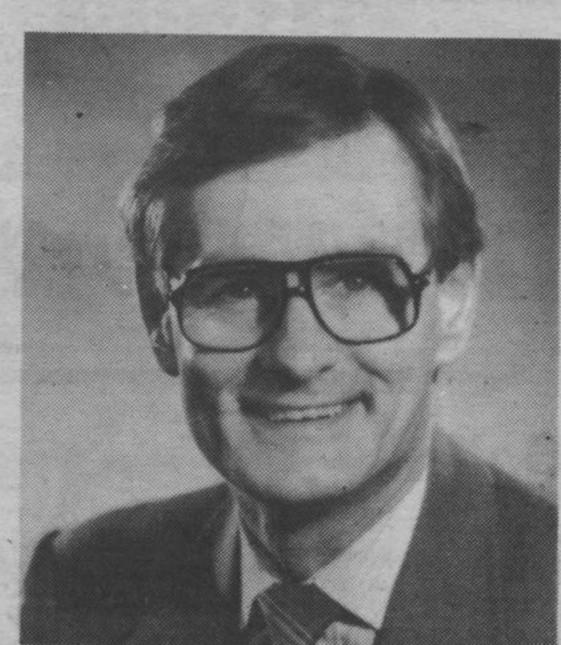
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