ValpoScholar

Valparaiso University Law Review

Volume 31
Number 2 *Symposium on Juvenile Crime: Policy Proposals on Guns & Violence, Gangs, & Drugs*

pp.701-720

Symposium on Juvenile Crime: Policy Proposals on Guns & Violence, Gangs, & Drugs

The Psychology of Adolsecent Addiction

Garrett O'Connor

Follow this and additional works at: https://scholar.valpo.edu/vulr

Part of the Law Commons

Recommended Citation
Garrett O'Connor, *The Psychology of Adolsecent Addiction*, 31 Val. U. L. Rev. 701 (1997).
Available at: https://scholar.valpo.edu/vulr/vol31/iss2/24

This Symposium is brought to you for free and open access by the Valparaiso University Law School at ValpoScholar. It has been accepted for inclusion in Valparaiso University Law Review by an authorized administrator of ValpoScholar. For more information, please contact a ValpoScholar staff member at scholar@valpo.edu.

THE PSYCHOLOGY OF ADOLESCENT ADDICTION

GARRETT O'CONNOR, M.D.*

I. INTRODUCTION

The biological purpose of the adolescent phase of human development is to facilitate the teenager's separation from parents and to prepare him or her for the transition to early adulthood and the development of emotional and physical maturity. From a physiological standpoint, the adolescent process follows a fairly standard pattern of psycho-hormonal chaos in teenagers the world over. Similarly, the pharmacological effect of alcohol and other addictive drugs on the adolescent brain varies little with gender, ethnicity or geographic location. What *does* vary, however, is the culture or environment in which the addiction occurs. Does it promote or prevent drug abuse? Is it punitive or therapeutic? Is chemical dependence perceived primarily as an addictive disease or as a crime punishable by law? Are guns and other weapons easily available? What are the familial, psychological, and community risk factors to which the adolescent is exposed?

Because of the progressive nature of addictive disease, and the crucial role of gateway drugs as precursors of adult addiction when used by vulnerable teenagers, it is essential that demand reduction strategies for dealing with drug and alcohol problems in the population at-large should start with programs to educate, treat and rehabilitate adolescents.[1] Comparatively speaking, and for a variety of biological reasons, the health and social consequences of substance abuse for adolescents are more serious than for the adult population.[2] Mortality and morbidity rates from automobile crashes,[3] suicide,[4] homicide[5] and drug

---

* Associate Clinical Professor of Psychiatry, University of California at Los Angeles; Past President, California Society of Addiction Medicine.

1. Beatrix A. Hamburg et al., *A Hierarchy of Drug Use in Adolescence, Behavorial and Attitudinal Correlates of Substantial Drug Use*, 132 AM. J. PSYCHIATRY 1155 (1975).

2. David Smith et al., *Current Trends in Adolescent Drug Use*, 21 PSYCHIATRIC ANNALS 74, 75 (1991).

3. NATIONAL INST. OF ALCOHOL ABUSE AND ALCOHOLISM, U.S. DEP'T OF HEALTH AND HUMAN SERVICES, SEVENTH SPECIAL REPORT TO THE U.S. CONGRESS ON ALCOHOL AND HEALTH 176 (1990).

4. David A. Brent et al., *Alcohol, Firearms, and Suicide Among Youth*, 257 JAMA 3369, 3372 (1987).

5. Joan Moore, *Gangs, Drugs and Violence*, *in* GANGS: THE ORIGIN AND IMPACT OF CONTEMPORARY YOUTH GANGS IN THE UNITED STATES 37 (Scott Cummings & Daniel J. Monti eds., 1993).

Produced by The Berkeley Electronic Press, 1997

overdoses are disproportionately elevated in substance abusing adolescents.[6] The incidence of sexually transmitted diseases,[7] unplanned pregnancies, perinatal morbidity[8] and homelessness[9] is similarly increased. In inner city environments the deadly combination of guns and drugs (including alcohol) actively promotes extreme risk-taking by teenage gang-bangers leading to escalations in neighborhood death rates and the gratuitous infliction of severe bodily harm.[10]

To the extent that the conference preceding this symposium was a temporary institution created by Dean Gaffney and his faculty for the purpose of permitting distinguished national experts and influential senior government officials to debate public policy issues related to teenage violence and substance abuse, the conference was itself available for examination as a strategic instrument for learning and change, as well as a conceptual crucible for new insights about future directions. In this context the symposium conference was a brilliant gathering of nationally and internationally known experts in their respective fields. Observation of the group dynamics and spontaneous exchanges among panelists at events of this kind can often supplement the learning that comes from their prepared remarks, and indeed this was the case at Valparaiso. Important value system conflicts about the nature of adolescent psychology and substance abuse became apparent among the participants during the conference, and, in addition to other significant events, the crucial problem of white racist prejudice in ethnic research was courageously confronted.

II. OBJECTIVE

This paper presents a conceptual framework for thinking about adolescent psychology and substance abuse with particular emphasis on the importance of developing a unified perspective on these topics among experts and others responsible for formulating and implementing government policy. In an attempt to learn from the conflicts revealed in the conference, observations of relevant behavioral events at the conference will also be included where appropriate.

---

6. M. KLITZNER ET AL., PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION, PREVENTING DRUG ABUSE THROUGH PARENT ACTION: FINAL REPORT (1987).

7. Ira J. Chasnoff et al., *Prenatal Drug Exposure: Effects on Neonatal and Infant Growth and Development*, 8 NEUROBEHAVIORAL TOXICOLOGY & TERATOLOGY 357 (1986).

8. Committee on Substance Abuse & Committee on Children with Disabilities, *Fetal Alcohol Syndrome and Fetal Alcohol Effects*, 91 J. PEDIATRICS 1004 (1993).

9. KLITZNER ET AL., *supra* note 6.

10. Debra Cane et al., *An Inside Look at 18th St.'s Menace*, L.A. TIMES, Nov. 17, 1996, at A1.

III. THE CHALLENGE

Government officials, social scientists, clinicians and others engaged in formulating public policy for adolescent substance abuse may be at a serious disadvantage because the type of information generally available to them about (a) adolescents, and (b) substance abuse does not necessarily equip them to make sound policy decisions. For example, by my very rough estimation, less than 50% of the non-clinical panelists at the conference demonstrated a working knowledge of the causes and consequences of addiction. This is neither unusual nor unexpected. In fact, the relationship between adolescent psychology and addictive disease remains a mystery to the majority of adults, even highly educated ones such as physicians, law professors, politicians and clergy. Apart from personal experience with addictive disease in our families and neighborhoods, most of us (including physicians) have never had a formal opportunity to learn about alcohol and other forms of drug abuse, and many of us appear to have repressed or forgotten altogether the emotional maelstrom of our own adolescent years. Furthermore, many among us who are parents may have been quite seriously terrorized by our own teenage children and have subsequently allowed our impressions of adolescents everywhere to be colored by stereotypical projections of failure, impotence and fear, all kept in place by a powerful combination of sensational media coverage and motivated ignorance on our part.

For these and other reasons, much of what we think we know about the psychological relationship between adolescent drug use and violence in urban settings is distorted.[11] Field studies of gangs are understandably difficult to conduct and much of the personal data in the adolescent literature has been obtained from criminalized addicts whose need to defend themselves in court may have influenced their willingness or ability to provide accurate information.[12]

In spite of these constraints, it is possible to identify a psychology of adolescent addiction that cuts across class, age, racial and gender barriers. This psychology is a function of the internal relationship that exists between psychoactive drugs, the brain of the user, and his or her personality characteristics as they are shaped by events in the external environment, regardless of how "good" or how "bad" it happens to be. According to research reported by Professor Franklin Zimring at the conference,[13] rates of

11. Moore, *supra* note 5, at 37.

12. John M. Hagedorn, *Back in the Field Again: Gang Research in the Nineties*, *in* GANGS IN AMERICA 240, 244-47 (C. Ronald Huff ed., 1990).

13. Professor Franklin E. Zimring, Address at the *Valparaiso University Law Review* Conference on Teenage Violence & Drug Use (Nov. 16, 1996).

non-gun related violence among juveniles have not changed substantially over the past twenty years. The dramatic increase in violent behavior by adolescents, predominantly but not exclusively connected with urban gang activities, appears to be associated with the ready availability of guns and, to a lesser extent, with unlimited access to alcohol and other drugs, especially amphetamines and crack cocaine. Presumably, without the guns and the drugs the violence rates would plummet.

IV. ADDICTIVE DRUGS AND DIAGNOSTIC CRITERIA FOR SUBSTANCE ABUSE AND DEPENDENCE

Before discussing the psychology of adolescent addiction in detail, a word about the properties and effects of addictive drugs as well as a review of diagnostic criteria for substance abuse and dependence will help to orient the reader to what follows later in the article. Different classes of drugs produce different behaviors. For example, alcohol and heroin induce sedation, while cocaine and amphetamines produce stimulation and excitement. Regardless of their specific effects, all addictive drugs are:

(1) *Mind-altering* in that they can cause distortions of thinking, poor judgment, altered perception, grandiosity, paranoia, and obsessive preoccupation with the drugs themselves;

(2) *Mood-changing* in that addictive drugs induce mercurial and unpredictable changes in a person's emotional or affective state including depression, peacefulness, excitement, mania and agitation; and

(3) *Euphorigenic* in that feelings of well-being, euphoria, elation and a heightened capacity to deny problems are major reinforcers of addictive behavior.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) by the American Psychiatric Association outlines behavioral criteria for substance abuse and dependence that help to standardize descriptions of the clinical syndromes associated with the pathological use of alcohol and other drugs. Addiction is seen as the end point of a process which begins with experimental or recreational use of a drug and proceeds through abuse and finally dependence

in persons predisposed by genetic or environmental risk factors to become addicted.[14]

In 1990, a combined committee of the American Society of Addiction Medicine (ASAM) and the National Council on Alcohol and Drug Dependency (NCADD) promulgated a Public Policy Statement that condensed the DSM-IV diagnostic criteria for alcohol dependency into four essential items as follows:

(1) preoccupation with the drug;

(2) impaired control over use of the drug;

(3) continued use of the drug despite adverse consequences; and

(4) distortions of thinking, most notably denial.

These criteria are commonly used in clinical practice as a sort of diagnostic shorthand.

V. A DEVELOPMENTAL BIO-PSYCHOSOCIAL MODEL OF ADOLESCENT ADDICTION

Chatlos and Jaffe have devised a developmental bio-psychosocial disease model of adolescent addiction that provides a useful framework for organizing and understanding data generated by research studies and also facilitates treatment and preventative initiatives.[15] With some limitations, the model can be applied equally well in diverse populations of adolescents from privileged pupils of New England prep schools to warring gang-bangers of ethnic communities in East and South Central Los Angeles. The following summary of the Chatlos and Jaffe model draws heavily on the text of their article published in the American Society of Addiction Medicine's *Principles of Addiction Medicine*.[16]

A. Predisposition

Certain youngsters may be more or less predisposed to develop addictive disease because of genetic, constitutional, psychological and socio-cultural risk

---

14. For the DSM-IV listings of criteria for substance abuse and dependence, see *infra* APPENDIX.

15. J. Calvin Chatlos & Steven L. Jaffe, *A Developmental Biopsychosocial Model of Adolescent Addiction, in* PRINCIPLES OF ADDICTION MEDICINE 1 (The American Society of Addiction Medicine ed., 1994).

16. *Id.*

factors in their environment. In fact, the equation "*genetics* + *environment* = *addictive disease*" is a convenient template for diagnostic guidance.[17]

B. Initiation

Peer group influence and the ready availability of alcohol and other drugs are major factors in the initiation of alcohol and other drug use by adolescents. The family environment is of great importance. Parental role modeling of drinking or drug use, prior participation in delinquent activities, depression, personal risk taking and low self-esteem are all specific family predictors of initiation to drug use by adolescents. Inconsistent or absent parental discipline and low parental aspirations for education of their children are also significant.

Table 1. Adolescent Addiction Risk Factor Checklist

GENETIC RISK FACTORS	-Child of a substance abuser
CONSTITUTIONAL RISK FACTORS	-Early first use (e.g., before age 15) -Chronic pain or disability -Physiological factors
PSYCHOLOGICAL RISK FACTORS	-Mental health problems -Physical, sexual or emotional abuse -Attempted suicide
SOCIOCULTURAL/FAMILIAL RISK FACTORS	-Parental drug use and positive attitudes toward use -Parental divorce/separation -Family management problems -Low expectations for children's success
PEER RISK FACTORS	-Friends who use drugs -Favorable attitudes toward drug use -Early antisocial/delinquent behavior and peer rejection

17. For a list of adolescent risk factors, see *infra* Table 1.

SCHOOL RISK FACTORS	-Lack of enforcement of school policies -Little commitment to school -School failure/drop-out -Transitions to new school levels
COMMUNITY RISK FACTORS	-Community laws and norms favorable toward alcohol/drug use -Absence of social bonding -Economic and social deprivation -Availability of drugs (including alcohol and tobacco)

Source: Adapted from J.D. Hawkins et al., *Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention,* 112 PSYCHOL. BULL. 64 (1992).

C. Progression

In predisposed individuals, *progression* of use is likely to continue through four stages, including: experimentation; regular use; daily preoccupion; and harmful dependency. Each of these stages should be considered further.

1. Stage 1: Experimentation

The majority of adolescents experiment with beer, marijuana, inhalants, mushrooms or other substances, usually in social settings and under the influence of peer pressure. In most cases, there are few palpable consequences to this kind of experimental drug use which may burn itself out, remain indefinitely at a low level of frequency and intensity, or progress to the next stage. In middle class settings, awareness of the harmful effects of a particular drug tends to reduce the extent to which that drug is used.

2. Stage 2: Regular Use

Now, the adolescent, having occasionally experienced the mood-altering power of drugs during the experimental or recreational phase of Stage 1, seeks to achieve "the high" more frequently by drinking to get drunk, or by using drugs to reduce stress. Hallucinogens, benzodiazepines or designer drugs may be used during this stage. Tolerance often develops, and tardiness at school, poor job performance and erosion of other social tasks and responsibilities begin to occur. The adolescent may become isolated from family, and may develop deceitful patterns of behavior in order to prevent family members and others from detecting the proof of his or her drug abuse. Various behavior problems

may emerge during this stage such as stealing, lying and blaming others. Drunken driving violations and boating accidents are common. The behavior of adolescents in this stage usually meets DSM-IV diagnostic criteria for substance abuse.[18] Despite these alarming developments, parents, relatives and teenagers alike often remain enmeshed in a collusion of denial about the problem.

3. Stage 3: Daily Preoccupation

By now, DSM-IV criteria for substance *dependence* usually are satisfied.[19] More dangerous drugs are used with greater frequency and more serious problems develop in broader areas of the adolescent's life. Drugs and alcohol become pervasive pre-occupations on a daily basis, and the relatively minor delinquencies of Stage 2 may now progress to burglary, aggravated assault, felony drug-dealing and gratuitous violence including random recreational torture and murder, as was the case with attacks by the Manson "family." An increase in depression and other affective states may lead to heavier alcohol and drug use as well as the addition of prescription drugs to the chemical cocktail. Reduced impulse control with or without intoxication often results in serious acting-out through suicide, violence or destructive sexual activity. In male adolescent environments, dangerous risk-taking under the influence of powerful mind-altering drugs is not only common, but is actually valued as a source of status and prestige by the survivors of high lethality games such as "Chicken" or Russian Roulette. Dangerous drugs such as PCP and methamphetamines (crystal meth) are used by male gang members to anesthesize and energize themselves when fighting, and by females to dull the physical pain of being repeatedly gang-raped during initiation ceremonies preceding admission to the gang.[20] As David Smith pointed out in his lecture on amphetamine abuse, the capacity of methamphetamines to increase libido and prolong sexual activity can lead to genital injury from rough sex with a concomitant increase in the risk for AIDS as well as other sexually transmitted diseases, not to mention the failure of condoms.[21]

---

18. *See infra* APPENDIX.

19. *Id.*

20. Telephone interview with Laurie L. Tanner, author of *The Mother's Survival Guide to Recovery: All About Alcohol, Drugs and Babies* (1996).

21. Dr. David Smith, Address at the *Valparaiso University Law Review* Conference on Teenage Violence & Drug Use (Nov. 15, 1996).

4. Stage 4: Harmful Dependency

During this stage the entire life of the adolescent tends to revolve around alcohol, drugs and drug-using friends and situations, although intoxication is by no means always a daily event. But by now, chronic accumulations of shame, guilt, anxiety and physical deterioration (or, paradoxically, the complete absence of these factors) may have begun to shape the behavior and personality of the adolescent addict into a form where the known laws and structure of civilized psychology have been replaced by a behavioral framework of amoral, anti-social anarchy. The radically altered mind-state and behavior that characterizes advanced addiction can best be compared to the event perimeter of an astronomical black hole where the mundane laws of earth-bound physics no longer apply, and a new intellectual paradigm is required for analysis, understanding and acceptance of what, in both cases, really amounts to a separate reality. While the adolescent's life is running completely out of control in this stage of addiction, denial may continue to prevent recognition of what, under any other circumstances, would be regarded as a physical, psychological and spiritual deterioration of *undeniable* proportions.

D. Enabling Systems

According to Chatlos and Jaffe, the enabling system is

> the system of all persons, places and things surrounding the user that knowingly, or unknowingly allows the progression of the addiction . . . . [Examples] may include promoting drug use without knowledge of its harmful effects, modeling drug use and dependence, denying that use is [in fact] occurring or that it is harmful, removing consequences that would deter use, or providing economic incentives for continued use . . . . The enabling system may involve parents, teachers, friends, therapists, physicians, judges, attorneys, law enforcement personnel, policy makers and broader aspects of the political and economic system.[22]

E. Prevention

The above *schema* permits a variety of intervention and treatment initiatives to be integrated at various phases of this developmental bio-psychosocial model.

---

22. Chatlos & Jaffe, *supra* note 15.

VI. DISCUSSION

The Valparaiso conference focused on the evaluation of public policy initiatives designed to limit and regulate drug use by adolescents in gang settings where violence is more likely than not to occur. The title of the event was *The National Conference on Teenage Violence and Drug Use*, and the keynote address "Gangs and Guns, Drugs and Death" given by the Reverend Jesse Jackson, left no room for doubt about the intended emphasis of the proceedings. As Westley Clark has noted, however, from a statistical perspective, the adolescent alcohol and drug problem in the United States is more of a white, middle and upper middle-class phenomenon than a black, Hispanic or Asian one,[23] even though, as Professor Norval Morris points out, the vast majority of the 500,000 North American teenagers "currently confined in cages for drug-related offenses" are drawn from these latter ethnic groups.[24]

While the risk factors contained in Table 1 and the diagnostic criteria listed in the *Appendix* are important to the understanding of teenage drug-related violence, the phenomenon of risk-taking in adolescence is of special significance. One of the essential developmental tasks for the individual adolescent is to define the limitations of his or her personality boundaries by testing them against the values and standards of family and community. Test pilots do the same for aircraft. *Ab initio*, they fly untried machines to the zenith of their projected capacity before pulling back to record the airplane's limitations and capabilities on a clipboard. After many test flights the performance envelope of the new aircraft has been defined, while its risks and dangers have been identified through measurement and quantification of previously unknown flight characteristics. Test pilots are the most highly trained and skilled of professional aviators; they are also the principal risk-takers of the pilot community, and next to crop dusters, they have the highest mortality rate of any flight group. The same is true for adolescents whose alcohol and drug-related casualty rates are disproportionately high compared to adults. Test pilots are explorers of new territory and new realms of experience; so are adolescents. But unlike test pilots who are supported by teams of engineers and who are highly trained for what they do, adolescents have no experience to fall back on, and no mentors to tell them what to do or how to behave under adverse conditions which they are encountering for the first time.

Enter the group dynamics of gang psychology. The "typical" teenage gang is an institution with an established history, an identified authority structure and a well-defined task. As such, it can compensate for the inexperience or life

---

23. H. Westley Clark et al., *Cultural Aspects of Adolescent Addiction & Treatment*, 31 VAL. U. L. REV. 647 (1997).

24. Norval Morris, *Teenage Violence and Drug Use*, 31 VAL. U. L. REV. 547 (1997).

deficiencies of its new members and may even have a capacity to mitigate certain personal, familial and community risk factors that might otherwise render the adolescent vulnerable to harm. From a group dynamics perspective there is not much difference between a Boy Scout troop in Bakersfield and the infamous 18th Street gang in East Los Angeles. Both institutions provide psychological support for their adolescent members that is consistent with the culture that has produced the group, and both may serve an equally valid purpose in helping teenagers to negotiate the crisis of their adolescent years. This comparison is in no way meant to deny or diminish the radical differences that obviously set these groups apart. I am referring, of course, to the appalling carnage and human wreckage that characterizes urban gang life to such an extent that it has now become a central and pervasive dynamic of the gang-banging experience. Several presenters at the conference left little doubt about the fact that poverty, guns and the economic opportunities afforded by drugs were root causes of the current increase in urban violence. However, it should be noted that privilege, guns and the toxic effects of alcohol and other drugs are also root causes of drug-related violence by adolescents in the suburbs and rural areas of the country.

VII. Trust and Credibility in Public Policy

From a public policy design and implementation perspective, the principle problem would seem to center around information and communication. By nature, adolescents do not trust representatives of the adult world which they regard as being fundamentally alien. The opposite is also true in that adults tend to live in ignorance and fear of adolescent experience, their own and everybody else's. The commercial exploitation of male and female adolescence through music, films, sitcoms, talk shows, fashion design, sports paraphernalia and other marketing methods of the 1980s has created a wall around the social territory of adolescence that is virtually impenetrable by adults. This wall has been made even higher by the addition of distortions and misperceptions associated with substance abuse by adults and adolescents in their separate worlds.

Thus, issues of trust and credibility are major problems for the establishment in dealing with representatives of the adolescent community. Those of us who have lived at close quarters with adolescents, especially drug addicted ones, know very well the difficulties of communication that arise, and we are also aware of the large numbers of casualties in our own families and those of our friends; kids who flamed out on alcohol and other drugs long before they reached adulthood, or if they did make it to chronological maturity, turned out to be psychologically compromised by amotivational syndromes possibly caused by too many years of smoking too much pot. These problems

of communication are amplified enormously between representatives of the middle class establishment and the teenage gang members who were the focus of the conference.

The ability of the establishment to deal effectively with urban adolescent gangs is further hampered by what appears to be an undeclared civil war raging between residents of the inner cities and the rest of the country. President Nixon declared an official war on drugs in 1968 which successive administrations have continued to wage with varying degrees of passion but little evidence of effectiveness. Because of the demography of heroin and cocaine use, and because of the crime associated with these substances, the battles of this war have been fought primarily on the streets of the inner cities where large numbers of poor and minority citizens are concentrated. From the city-dwellers point of view, Mr. Nixon's war against drugs has evolved into a war against them; at least that is the way they experience it. The problem is that trying to win a war on drugs in North America is like trying to win a war against the Viet Cong in Vietnam. It cannot be done. No matter how hard one tries, one will end up torturing, killing, maiming or incarcerating large numbers of the wrong people because, like it or not, "the enemy" is well-supported by the ambient population with allegiances that are deeply rooted in the soil of ethnic, cultural and neighborhood identity in such a way as to be inaccessible to outsiders.

It is not surprising, therefore, that some teenage gang members will identify themselves as revolutionaries fighting heroically to protect the rights of oppressed minorities in their neighborhoods. Conversely, many police officers perceive themselves (and are perceived by others) to be soldiers fighting a war of attrition on behalf of us, the suburban middle classes, to keep the crime and the violence of the barrios and ghettoes away from our children and our homes.

At another level, inner city gangs can be seen as products of a wartime economy that provides a wide range of highly profitable business opportunities for adolescents to traffic in drugs, guns and stolen property. At a societal level, the thriving inner city drug abuse industry does triple duty as a pillar of the nation's economy, a major supplier of exciting and lucrative jobs for teenagers, and a bastion of urban riot control.[25] At the level of the neighborhood, it is a destructive, disastrous, maladaptive short-term response to a century of unresolved social conflicts around issues of race, class, gender, property and entitlement. (Lest the reader should think that the above scenarios are based on sentimentality or naive romanticism let him or her try them out for size on a gang member or a police officer to see if they correspond with their experience on the street).

---

25. Garrett O'Connor et al., *The Drug Addiction Business*, 1 DRUG F. 3, 8-12 (1971).

VIII. QUO VADEMUS?

A diplomatic process is needed to end the war on drugs. This process means that we should stop talking about how to *win* the war through the use of superior firepower, and instead consider ways to bring about peace through negotiation. All the technical knowledge in the world will prove to be worthless unless it is supported by a genuine desire to make contact with the enemy.

The first priority should be education of health workers, policy makers, police chiefs, teachers and community leaders about adolescent substance abuse and the urgent need to strengthen treatment and probation programs with follow-up urine tests and formal sanctions for continued drug use.[26] Because alcohol and other drugs are primary and proximal causes of violent behavior in humans, any professional involved with the design and implementation of public policy or programming on teenage violence and substance abuse *must* be equipped with a working knowledge of both topics. This is not to say that social scientists and police chiefs should become experts in addiction medicine or psychology; far from it. However, the relationship between drugs and violent behavior is so fundamental that for a social scientist or a sheriff to remain ignorant about the connection between the two would be analogous to a cardiac surgeon operating on a patient without understanding the circulation of the blood!

In addition to clinical and epidemiological information about substance abuse and the psychology of adolescence, the curricula of educational programs should contain opportunities for participants to examine their personal views about substance abuse in an open and forthright manner, and to share their experiences and opinions with each other, particularly with respect to their own abuse or misuse of alcohol or other drugs during adolescence. The aim of this exercise would be to break down the barriers of shame, stigma and denial that continue to block understanding of alcohol and other drug abuse, and to help the participants develop some degree of empathy for the violence and other anti-social consequences of substance abuse in today's teenagers. This kind of exercise should be conducted in confidential small groups led by facilitators. The task of the groups would be to help the participants to identify value system conflicts in their thinking about adolescent substance abuse in preparation for later discussions on controversial topics such as legalization of drugs or mandatory urine testing in schools. Participants would also be encouraged to resurrect and reveal in the small groups personal recollections of gang membership and/or other delinquent behavior that might have accompanied their passage through adolescence.

---

26. ROBERT L. DUPONT, THE SELFISH BRAIN: LEARNING FROM ADDICTION 448-54 (1997).

As mentioned in the introduction to this article, the conference preceding this symposium itself was a living laboratory which afforded myriad opportunities for spontaneous affective and cognitive learning about adolescent substance abuse and violent behavior. An instructional sequence of events took place in the afternoon of the first day of the conference. Two sessions were scheduled: (1) *Gangs and Guns: Teenage Involvement in Firearms, Violence and Homicide*; and (2) *Substance Abuse, Treatment and Youth Welfare* (the speakers for the latter session had been selected by me at Dean Gaffney's request). During the first session, one of the commentators questioned the validity of a paper which reported a dramatic reduction in teenage homicides during 1992 because he thought he had "heard a taint of racism in the research approach."[27] This challenge led to a spirited exchange among the panelists during which this and other critical questions were debated with passion and vigor. So much so, in fact, that the session exceeded its allotted time by thirty-five minutes. This unauthorized overrun reduced the time available for the next session (ours) from one hour and forty-five minutes to one hour and ten minutes, a reduction of 26%.

I was the first speaker of the second session. While I was quite happy to see affect and controversy bubbling up in the conference, I voiced my irritation on behalf of my fellow speakers because the carefully delineated time boundaries of our session had been rapaciously violated without permission or authority by a panel of speakers who appeared to have lost control of both their conduct and their discipline even though the topic of their discussion was both valid and meritorious. I suggested to the audience that what we had all experienced was a demonstration of "gang behavior" in which one group of individuals had acted out its feelings by riding roughshod over another group, and in so doing had quite literally stolen territory (time, in conference currency) away from us who had been powerless to defend ourselves against the unwelcome incursion.

I believed then, and I believe now, that this incident constituted an important opportunity for learning in the context of the conference. Why? It suggested a similarity of behavior and attitudes between a group of university professors engaging in aggressive behavior against a group of colleagues, and the activities of ethnic gangs fighting amongst themselves for territory in the inner cities.

Having made this point, I proceeded with a didactic review of the relationship between adolescent psychology, substance abuse and the group dynamics of gang organizations. However, because these topics seemed flat and

---

27. Professor Albert Alschuler, Address at the *Valparaiso University Law Review* Conference on Teenage Violence & Drug Use (Nov. 16, 1996) (discussing statistical information supplied by Eric R. Lotke).

lifeless after what had happened in the room just minutes before, I elected to abandon my prepared remarks in favor of talking about how feelings such as shame and guilt can block access to sources of personal experience and emotion that are essential for the proper understanding of adolescence, substance abuse and violence, and without which little real progress can be expected.

I attempted to incorporate the story of my personal problem with alcohol into the didactic content of my lecture and described how recovery had eventually proved to be possible. I shared the truth about alcoholism in my family of origin, and about drug dependency and recovery in my family of choice. Having completed this brief review of alcohol and other drug problems in my family by referring to the tragic drug-related suicides of my daughter-in-law and nephew, aged thirty-one and thirty-three respectively, I moved on to recall some of my experiences as a teenage gang member in a comfortable middle-class suburb of Dublin, Ireland, where I was born and brought up.

We were a tiny group of four adolescent boys, each one of us demented by terror at the distinct possibility of being sent to hell forever as punishment for the mortal sin of solitary sexual excess. An occasional sip of altar wine was all we ever drank, and drugs such as marijuana or cocaine were unknown in our country at the time. Men of the Treetops, we called ourselves, because like a small band of apes, we held our meetings high up in the dense foliage of tall trees where we could be safe from scrutiny and invasion by rival groups, most particularly our sworn enemies, the Dodder River Gang. This gang consisted of a large number of working class boys who administered especially brutal and sadistic forms of punishment to anyone who crossed then. Even though we looked down on these "guttersnipes" from the lofty pinnacle of what we imagined to be our superior class, we more than matched our enemies in the exercise of sadistic zeal. Once, we captured a small boy who had been foolish enough to stray from the safe proximity of his companions. In imitation of a torture sequence we had seen in some movie about the British Army in India, we removed his shirt, strung him up by his thumbs to the branch of a tree, and tickled him under the arms with nettles. Impervious to his squeals, we left him hanging in the tree to be cut down later by his infuriated gang mates. On another occasion, we set fire to a wooden hut containing three hapless members of the Dodder River Gang, fortunately without injury to anyone. This amateur effort at pseudo-homicidal arson led to a week-long battle between our two gangs fought with catapults and BB guns. I was able to show the audience the scar from a pellet which struck my face about one-eighth of an inch from my right eye.

Public sharing of personal or subjective material in academic settings is generally frowned upon and thought to be inappropriate because feelings and

emotions are not considered to be data from which reliable conclusions can be reasonably drawn. In my opinion, an exception needs to made in conferences about substance abuse which is a subject that cannot be understood adequately without some degree of personal reference and affective participation. Even if a person never had a drink or took a drug in his or her life, it is certain that they would have encountered friends or family members with substance abuse problems, and would have been affected by their behavior in some significant way.

I would like to reiterate here as I did at the conference, that my boyhood experiences in Ireland forty-five years ago cannot be equated with the life-and-death reality of urban gang warfare in America today. I was a child of privilege who played rugby, joined the Boy Scouts and went to France on holidays every summer. Even though I was physically brutalized during five years at an exclusive boy's boarding school, nevertheless I had a certain future to look forward to. Gang membership for me was very much a part-time activity, although it did provide me with a peaceful sanctuary from the sometimes painful chaos of my family, and taught me a great deal about the principle of belonging, not to mention the virtues and dangers of loyalty. Reflecting on my experiences back then continues to be instructional in that I firmly believe that I would be capable of committing almost any imaginable kind of crime to survive in a social environment which fostered racism, promoted the sale of drugs and guns, and stood silent in the face of poverty, injustice, abandonment and despair.

I did not share this personal information with the audience to be exhibitionistic, but rather to dramatize the value of attempting to develop empathy for socially deviant adolescent behavior by bridging the gap between their experience and ours. We are all experts on adolescence, and must be prepared to accept the fact that there may be more similarities than differences between ourselves, our adolescent children, and the violently aggressive and drug-crazed teenage gang members of whom we are so desperately afraid. Unfortunately, this observation could not be examined at the conference because, to the best of my knowledge, there were no current gang members on the faculty involved or among the participants.[28]

IX. CONCLUSION

From the threat of a drug Armageddon caused by the Yellow Peril of the 1890s to contemporary warnings about the emergence of "super-predators" from

28. However, as a substitute the reader may find it worthwhile, as I did, to read an extraordinary book written by a former gang member. *See* SANYIKA SHAKUR, MONSTER: THE AUTOBIOGRAPHY OF AN L.A. GANG MEMBER (1993).

the inner cities,[29] the American middle class has always invested drugs with a sinister power to destroy the nation from the inside by precipitating moral decline. Because of the correlation between crime, violence and the drug abuse industry in minority communities, our national response to this threat, the war on drugs, has, at least in part, degenerated into a prolonged battle against brown, black and Asian teenagers whom we stereotype as projections of our own fear. A neighbor of mine in Los Angeles, now dead, had a machine gun permanently mounted on the roof of his house which he intended to use on that fateful day when hordes of "barbarians," as he called them, would pour out of the inner city to commit murder and mayhem in the suburbs. Another acquantaince, who lived in a white, working-class neighborhood in Baltimore during the 1960s, had a similar weapon positioned behind the lace curtains of his living room.

It is time to declare defeat in the war on drugs which, even now, as Westley Clark points out in his article,[30] continues to be the preferred metaphor for United States government initiatives against substance abuse at home and abroad. Although it will require a paradigm shift in thinking at the national level, the metaphor of making war could be converted to one of seeking peace with the right amount of effort, vision and support.

Substance abuse in America is a public health problem requiring public health solutions. Numerous outcome studies performed in the past fifteen years have shown that addiction treatment works.[31] Based on this critical finding, health authorities, law enforcement agencies, politicians and community activists *must* be willing to bury their hatchets and be taught to work in harmony. Treatment for *all* addicts should be available on demand in cities, suburbs and jails, and state-of-the-art marketing campaigns should target the teenage population, just like cigarettes and beer. (The radio and television commercials created by The Partnership for a Drug Free America are a good start.) Because racism and sexism are endemic in all ethnic groups, demonstration of cultural competence at a personal level should be a minimum standard for public agency officials and other professionals wishing to work in the field, not to mention adequate education and training in adolescent psychology and substance abuse. Indigenous grass-roots programs such as MADD (Mothers Against Drunk Drivers) and MAD DADS (Men Against Drugs and Destructive Social Disorder) should be supported and encouraged to turn their attention toward teenagers.

The most hopeful programs and approaches identified at the conference to engage adolescent substance abusers involved direct contact with dealers, users

---

29. WILLIAM J. BENNETT ET AL., BODY COUNT 26-34 (1996).
30. Clark, *supra* note 23.
31. DUPONT, *supra* note 26, at 361-417.

and other community operatives in the drug industry. For example, Mark Kleiman of UCLA emphasized the need for programs to change the level of economic opportunity for dealers and to take into account the adolescent attitudes and mentality of the users.[32] Harvard's David Kennedy described his novel and highly successful approach to stopping gang violence in Boston by negotiating with gang members to stop the violence![33] Patricia Seitz of the Office of National Drug Control Policy stressed the need for a public health approach which would ensure "consistent and persistent treatment for adolescents" as well as closer cooperation between health workers, law enforcement agencies and interdiction authorities.[34] And there were more.

In Califonia, State Senator Tom Hayden has initiated a promising new dialogue in which I hope to play a part. He aims to build a peace process in place of gang violence in Los Angeles. Assuming, like many of us at the conference, that an actual war is in progress in the United States, Senator Hayden poses the following question: "If our government can support a peace process in the Middle East, in Northern Ireland and in Bosnia, why not in Los Angeles and other American cities?"[35] He argues for credible alternatives to gang-banging through "education, training, investment, jobs and empowerment without which the official establishment tends to demonize, scapegoat and target inner city youth in general, and gang members in particular, as incorrigible subhumans fit only for life sentences."[36]

Future government approaches should meet gang members and other inner city residents on their own turf. Treatment needs to be provided in a context that appeals to adolescents who are accustomed to living at risk, and should ultimately provide addicts with the opportunity to become involved with Twelve Step and other mutual-aid programs including Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), Al-Anon family groups and Rational Recovery (RR), to name a few. According to public policy expert Robert DuPont, addiction programs based on the Twelve Steps of Alcoholics Anonymous are "the bedrock of lifelong recovery," and should be given a thorough trial before turning to other recovery approaches.[37] With regard to

---

32. Professor Mark A. R. Kleiman, Address at the *Valparaiso University Law Review* Conference on Teenage Violence & Drug Use (Nov. 16, 1996).

33. Professor David Kennedy, Address at the *Valparaiso University Law Review* Conference on Teenage Violence & Drug Use (Nov. 16, 1996).

34. Patricia Seitz, Director-Counsel, Office of National Drug Control Policy, Concluding Address to the *Valparaiso University Law Review* Conference on Teenage Violence & Drug Use (Nov. 16, 1996).

35. Telephone interview with Thomas Hayden, California State Senator (Nov. 2, 1966).

36. NORMAN J. HOFFMAN, ASSESSING TREATMENT EFFECTIVENESS, AMERICAN SOCIETY OF ADDICTION MEDICINE 1 (1994).

37. DUPONT, *supra* note 26, at 361.

risk, purpose-designed Outward Bound-type programs for inner city addicts would likely garner more applicants than kitchen jobs at McDonald's. Is it too much to imagine the possibility of a modified VISTA program consisting *exclusively* of recovering adolescent gang members who would be paid well to share their experience, strength and hope with their still-addicted urban cousins in other cities and elsewhere in the country? While it is true that casualties might paradoxically enhance the prestige of the program in the eyes of adolescent gang members who place a high premium on courage and risk, American martyrs for a noble cause would be infinitely preferable to needless casualties in a lost one, as is the sad case today with our failed war on drugs.

X. APPENDIX[38]

A. Substance Abuse

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a twelve month period:

(1) recurrent substance use resulting in failure to fulfill major role obligations at work, school or home (e.g., repeated absences or poor work performance related to substance-related absences, suspensions, or expulsions from school; neglect of children or household);

(2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use);

(3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct); and

(4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

38. Adapted from DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 176-94 (American Psychiatric Association ed., 4th ed. 1994).

B. Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same twelve month period:

(1) tolerance, as defined by either of the following:

(a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect;
(b) markedly diminished effect with continued use of the same amount of the substance;

(2) withdrawal, as manifested by either of the following:

(a) the characteristic withdrawal syndrome for the substance;
(b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptons;

(3) the substance is often taken in larger amounts or over a longer period than was intended;

(4) there is a persistent desire or unsuccessful efforts to cut down or control substance abuse;

(5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use of the substance (e.g., chain-smoking), or recovery from its effects;

(6) important social, occupational or recreational activities are given up or reduced because of substance use; and

(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problems that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).