



VERN FISHER/MCT

Guidance specialist Kim Ford, right, is part of a team of people who work with former gang members and drug addicts at the New School, an alternative high school in Watsonville, Calif. Students like Ulises Palacios, left, have access to services like rides to Alcoholics Anonymous meetings and after-school 12-Step classes.

# The danger zone

## America's 1.6 million addicted kids shape new outside-the-box treatment strategies

By RICHARD SCHEININ  
Public Access Journalism

**W**ith her bright pink nail polish, pancake makeup and darting, penciled eyes, Sarah looks older than 16. But being too old has never been her problem — not since the age of 11, when she sought help from a California drug treatment program for adolescents and was turned away for being too young.

By then, she had already been smoking crystal meth for at least a year. She had been expelled from the sixth grade after 17 suspensions; run away from five foster homes, and was, in her own later estimation, looking “pretty gross” — skinny as a stick, with five different hair colors and a face full of self-inflicted scars.

Ineligible for a program “developmentally targeted” for teens, an adolescent Sarah fell through the cracks. Although a social worker from Child Protective Services, familiar with her case, offered alternative counseling, it was years before Sarah quit, and then it was on her own terms.

The overwhelming fact is that of the 1.6 million young people between the ages of 12 and 18 with serious alcohol and drug problems, fewer than one in 10 receive treatment. Of the estimated 175,000 who do, only about 25 percent stay in treatment for three months, as recommended by the National Institute on Drug Abuse; less than 50 percent stay for even six weeks, according to the Office of Applied Statistics in 2005.

And there is virtually no continuing care for teenagers who struggle to stay straight once back in the larger community. A 2002 study in the *Journal of Substance Abuse Treatment* found almost 80 percent of teenagers relapse within a year of treatment.

There is an explanation for this public health embarrassment: The epidemic of drug and alcohol abuse among young people was until recently an invisible problem, either unrecognized, ignored or wishfully dismissed as too awful to be true. Until 1997, there were only 14 studies published in the field of adolescent drug treatment, and those were widely regarded as being of questionable quality.

Today, the field is moving from an uninhabited backwater to a state-of-the-art discipline, with dozens of new federal grants, hundreds of published studies, promising new interventions and — finally — evaluated program outcomes.

One of the most telling developments is the rapid growth of recovery high schools and colleges — some with waiting lists — whose



VERN FISHER/MCT

New School students — from left, Marcos Soto, Oliveras Lopez, Jose Ortiz and Francisco Avila — attend a “gender group” session that is made up of teenage boys.

**“To think a teenager is going to go for treatment for 30 days and then come back to his old environment ... that’s not realistic for a vast majority of kids. For them, school is a danger zone. It’s like an adult alcoholic being required to go to work in a bar.”**

— Andrew Finch,  
Association of Recovery Schools

main focus is abstinence and recovery for students after treatment. At the high school level, there are 30 of these schools for abusers around the country, each built on a 12-Step model, offering mentorship and concrete rules for staying straight, as well as the sort of peer bonding that reinforces new patterns of positive behavior, something that generally isn’t possible in a typical high school.

“To think a teenager is going to go for treatment for 30 days and then come back to his old environment — where he bought his drugs, where his peers are using and where he was seen as a drug user ... that’s not realistic for the vast majority of kids,” says Andrew Finch, executive director of the Association of

Recovery Schools, which represents the 30 recovery high schools, from Alabama to Alaska.

“For them, school is a danger zone,” Finch says. “It’s like an adult alcoholic being required to go to work in a bar.”

Finch says the programs work: Between 20 percent and 30 percent of the young participants relapse, but that’s a substantial improvement over the national norm of 80 percent.

The field is exploding with new knowledge about adolescence and substance abuse. It is now understood, for example, that the vast majority of teen substance abusers — more than 80 percent of girls, according to some recent academic studies — have been sexually, physically or emotionally abused. With that in mind, many experts have put out a call for routine screening for sexual abuse when young drug and alcohol users show up for treatment.

“The issue of traumatic victimization is an unspoken elephant in the counseling rooms,” writes Michael L. Dennis, a research psychologist at Chestnut Systems, a research and treatment center in Bloomington, Ill., and author of well-regarded drug assessment tests. “Physical, sexual and emotional abuse is the norm.”

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## It takes a village

For Santa Cruz’s young drug offenders, the town becomes the treatment team

By RICHARD SCHEININ  
Public Access Journalism

**A**s soon as a teenager gets arrested for abusing drugs or alcohol in California’s Santa Cruz County, the treatment and support services begin.

Home supervision is strengthened; electronic monitoring may start. Weekly meetings bring the probation officer together with the teen and his family members; school administrators and teachers; counselors and social workers.

Santa Cruz County — which includes the southern agricultural town of Watsonville, home to a growing Latino and Mexican community, as well as the more affluent beach city of Santa Cruz to the north — provides a pretty accurate snapshot of teens in the U.S. juvenile justice system: Eighty percent are involved with drugs.

But that picture brightens considerably when a teen comes into the county’s Alcohol and Drug Program, which has undergone major reform in the past few years. Incoming youth are immediately screened and assessed; families are encouraged to take part in a “wrap-around” treatment team that can include everyone from parents and cousins to probation officers, mental health counselors and the family’s clergy.

Frequent urine testing — used despite heated debate in the field over its value — leads to swift consequences; one drug court judge keeps a grab bag on the bench, to reward a teenager’s good test results with movie passes, CDs and cookies. A bad outcome may result in anything from an essay to a strict curfew.

“What we do better now is coordinate the different offices,” says Jeffrey Bidmon, assistant division director of the Santa Cruz County Probation Department. “In the old days, the treatment provider would have to hide any knowledge about the teen’s drug use from the probation officer. They weren’t on the same page about therapeutic treatment; it was more about law enforcement, a belief that ‘We’ll teach ‘em a lesson.’”

The Santa Cruz County Mental Health & Substance Abuse Services also has supplemented the traditional 12-Step programs associated with Alcoholics Anonymous with something called The Seven Challenges, a behavioral therapy designed to help adolescents make healthy decisions about their lives. It builds on studies that have found that those who successfully break addictions pass through five stages: pre-contemplation, contemplation, preparation, action and maintenance.

The changes in Santa Cruz are part of a broad-based, \$21 million initiative introduced in 10 cities around the country by the Robert Wood Johnson Foundation. Called Reclaiming Futures, the program is aimed at improving drug and alcohol treatment for young people in trouble with the law over a five-year period.

As evidence-based practice becomes the guiding principle of all medicine — from cancer to heart disease, and now depression and addiction — the science has begun to trickle down from the lab to the real world. Multi-systemic therapy, also known as “ecological intervention” and “integrated treatment,” is one of the strongest. Regardless of its name, it draws on family involvement and looks at the teenager within a larger universe of family, school and the criminal justice system.

The paradigm shift — looking at drug addiction as a public health problem, not a criminal justice matter — has had remarkable results. Officials say the number of youths incarcerated in Juvenile Hall has been drastically cut, from a daily high of 60 to 70 in 1997 to 12 on a recent day this year.

“You can provide effective treatment in the community for \$4,000 a year,” Bidmon says. “Or you can spend \$45,000 to \$80,000 a year for a residential, in-custody program. We had to take a look at what position we wanted to stand for.”



■ For a comprehensive list of adolescent treatment centers, visit [www.silenttreatment.info](http://www.silenttreatment.info).  
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# 'It was just unbelievable, the depths of addiction I had in my body'

By RICHARD SCHEININ  
Public Access Journalism

At 23, Tony Landecker is a college sophomore making up for lost time. He's on the dean's list at Augsburg College in Minneapolis, an amazing turn of events given his flagrant 12-year history as a drug and alcohol abuser — drunk, crack smoker, paint huffer.

Landecker has two words tattooed on his back: "Never Forget." He was a child prodigy of substance abuse. Now, living in special housing for students in recovery, he is a believer in the 12 Steps. "If you don't start having a higher power and start cleaning out the wreckage of the past," he says, "you don't have a chance."

## VOICES THE FIRST DRINK

Landecker's downward spiral is a cautionary tale; it doesn't take much to start a habit.

He grew up in a middle-class home in Minnesota's Breezy Point, set on a lake in the north woods. His grandfather gave him his first beer when he was 9, while on a family trip in Canada. "I remember thinking, 'I'm one of the guys at 9 years old!'" he says. "And I was slurring my speech and I remember everyone thinking it was kind of a joke that I was feeling drunk."

Next came more drinking on family hunting and fishing trips; then, cigarettes, shoplifting and mixing "Windsor-7s" — Windsor Canadian Whisky and 7-Up cocktails — for his parents, Kim, a homemaker, and David, a land surveyor.

"Pretty soon I started having friends over after school and we would drink. One of the most memorable times was we got drunk before going to the eighth-grade football game; we took a bunch of shots, then played. It wasn't looked down on in my family, drinking."

Still, his parents saw red flags and enrolled him in an adolescent treatment center in nearby Brainerd, Minn. "It was kind of hardcore that I was in treatment at 14 and I definitely thought it was cool. ... As with most treatment centers, you get what you put into it. And I wasn't putting anything into it."

He spent eight days at the renowned Hazelden treatment center in Minneapolis. Landecker complied only enough to "keep the heat off;" then became an outpatient at a hospital clinic — and went straight.

He didn't touch alcohol for more than three years. He went to 12-Step meetings, excelled in school, played varsity basketball. Still, "it kind of lingered in my head that I'd never done drugs."

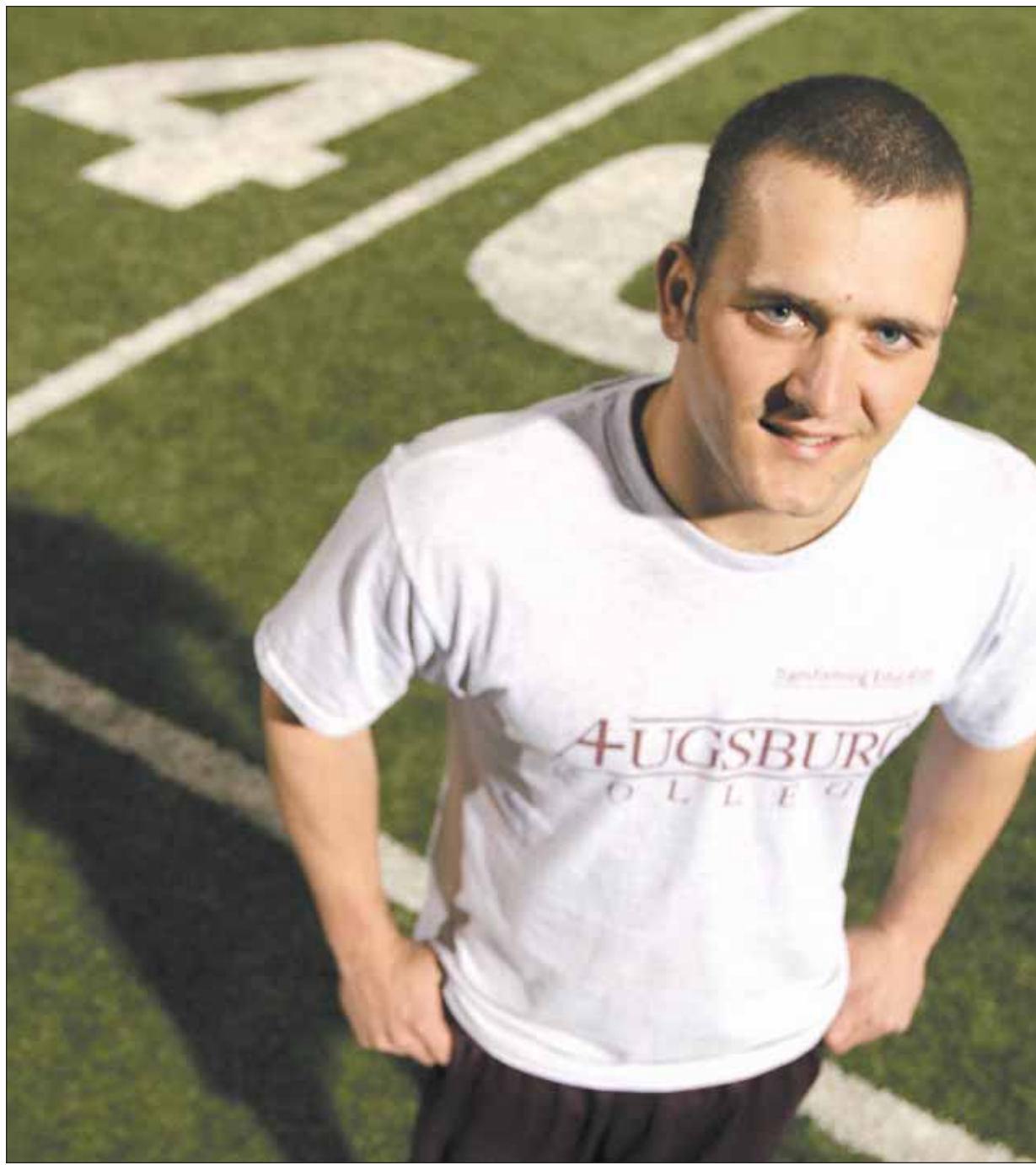
After 10th grade, while working for his dad's surveying business, an employee "showed me how to huff paint, and I was instantly hooked. I huffed paint, butane. And I smoked pot for the first time. And from there it was off to the races: acid, methamphetamines. I'd be a spree person: acid for four or five months, then Ecstasy."

During senior spring break, Landecker went with friends to Fort Myers Beach, Fla. They promised themselves to drink only once, but got drunk "four or five nights in a row." Back at school, he didn't stop. Why bother? He was popular and a star athlete: "I hit the longest home run in school history, drunk."

He was also a "menace": Landecker claims he introduced many of his classmates to alcohol and drugs. He was pushing his mother around, threatening his father, frightening his little brother. His parents "would lock their door because they'd fear I was going to kill them."

Graduating high school in 2002, he won a scholarship to play football and baseball at the University of Minnesota in Crookston and immediately "got mixed in with people who got drunk, smoked, did cocaine." He never went to class: "The only time I woke up to shower was at night to go to the bar."

Having been through the 12-Step program as an adolescent, he only too well understood the cycles of his dependency: "Every time I used, I'd think about how stupid I was, how this was going nowhere but bad. And every drug I used, I got addicted to. So I hated myself. And then to stop hating myself, I used. And the more I



Tony Landecker, 23, was a child prodigy of drugs and alcohol. Clean for two years, he's once again a college football star, this time at a Minnesota school that offers sober dorms, counseling and other specialized programs for recovering students.

used, the more I forgot about what I was doing. It was a great escape route."

Back in Breezy Point during the summer of 2003, he worked in a marina owned by alcoholics. "I was doing a lot more cocaine now, probably \$500 a week. And I'd start drinking at 8 in the morning, vodka Red Bulls, and I wouldn't stop drinking until 2 or 3 the next morning. I started having an enlarged liver — people could see it; you can see it wump out when it's swollen. I was doing 1.75 liters of hard liquor a day and pretty close to going to treatment. I'd always end up getting drunk and forgetting about it."

At school that fall, he dealt cocaine and marijuana. "And, finally, one day, I wrote like \$2,000 in bad checks. My court fines (for a DUI and underage drinking violations) weren't being paid. I called my dad and told him that I needed help.

"They sent me to this place called Glenmore in Crookston, and I had seizures while detoxing. It was a five-



"Never Forget": Landecker's tattoo is a daily reminder of his 12 years of bingeing and relapsing.

day process of puking and waking up hot and cold and seeing hallucinations of little purple men. It was just unbelievable, the depths of addiction I had in my body."

He transferred to Hazelden and landed in a halfway house. He didn't drink.

But he also didn't do prescribed chores or attend 12-Step meetings. Instead, moving to a privately owned "sober house," he began visiting casinos and strip joints.

School was history. He moved in with an ex-roommate and "started smoking crack. I started drinking all

**“If you don't start having a higher power and start cleaning out the wreckage of the past, you don't have a chance.”**

day long again. And I had never been to such a low point in my life. I was calling my parents drunk from the highway.”

In August 2004, his roommate took him to The Lodge at Hazelden. This was the turning point: Landecker says he "had a spiritual experience, really got in touch with the higher power. They take you on nature walks. They make you pray in the morning and in the night and in the day. And they made you fill out a list of things you were grateful for, like having a family that actually cared about you, like having friends who cared enough about you to take you to this place.

"And I've been sober ever since."

His relationship with his family is "outstanding. They want me to come home. They trust me again."

His parents have banned alcohol from their lives; his mother is earning a degree toward becoming a chemical dependency counselor.

In his first year at Augsburg, Landecker has a 3.66 GPA. "Football's going exceptional," he says; he plays free safety. He hasn't missed a class, avoids parties and is a rock-solid follower of the 12 Steps, attending three meetings a week off campus. "I've never been this strong."

He's now a role model for the newly sober, because he was mentored himself — and because he needs to "vicariously feel the pain" of addiction, so he doesn't forget his own and slip back.

Landecker speaks about addiction in schools and clinics and is helping to establish a national online recovery network to help college students, especially athletes, find sober roommates and maintain sober lifestyles.

Augsburg, a Lutheran liberal arts college with 1,700 day students, has its own "StepUP" recovery program, with sober dorms, counseling and regular community meetings for about 40 young men and women, as well as StepUP alumni. The 12-Step philosophy is integrated into the program. It all serves to reinforce Landecker's sobriety.

Yet he doesn't believe most treatment programs are effective, at least not for stubborn young people: "Let's say my kids end up alcoholic; I'd never even send them to treatment unless they were so deep into their addiction that they needed to get out of there."

He is convinced that recovery comes only from the 12 Steps and what they teach: faith in a higher power and "service to the newcomer who's got one day of sobriety.

"In the end," he says, "no one could have told me to stop using drugs and alcohol until I was ready. You just can't push someone to that."

## Check yourself: An addiction test for teens

Have you noticed a change in your behavior? A sharp drop in your grades? Have you had unexplained accidents? Gotten in trouble with the police?

Don't write it off as typical teen behavior. Your parents and teachers shouldn't dismiss it, and neither should you. You may have a problem with drugs or alcohol.

But how do you know? Let's start where most kids do — with alcohol.

Alcohol is almost always the first drug of choice for teens. Many begin drinking at an early age; according to the Centers for Disease Control and Prevention, almost one-third of teenagers report having had their first drink before age 13.

Still, a 1998 survey by the American Academy of Pediatrics found that you're widely misinformed about alcohol. Nearly one-third of teens mistakenly believed that a 12-ounce can of beer contains less alcohol than a standard shot of distilled spirits, like scotch or whiskey. Eight in 10 thought there was nothing wrong with underage drinking as long as you were responsible about the amount you consumed.

That's a problem, because here's something you probably weren't taught in health class: If you have a family history of alcoholism, you have a 50

percent risk of becoming an alcoholic. When you drink large amounts of alcohol, your brain not only reacts, it changes, increasing your susceptibility to alcohol throughout life. And if you start drinking heavily when you're very young — say, 12 or 13 years old — you're seven times more likely to develop a dependence on alcohol later in life.

And some parents may not be helping the situation. Often parents condone their kids' drinking, regarding it as a "lesser evil" than drugs. Despite the fact that 1.6 million teens need treatment for alcohol abuse, a 1997 Robert Wood Johnson Foundation survey found that 56 percent of adults cited drugs as the biggest problem facing you and your friends; only 8 percent mentioned alcohol.

So, how can you find out if you need help? Try checking yourself by taking this short quiz:

- Have you ever felt you should cut down on your drinking?
- Do you ever try to stop drinking or drink less — and fail?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?

■ Do you ever get drunk when you drink even when you don't mean to?

■ Do you ever have memory loss after a night of drinking?

■ Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

■ Have you ever been in a car driven by someone, including yourself, who was drunk or high on drugs?

■ Have you ever gotten into trouble using alcohol or drugs?

■ What are your family's beliefs or values around drugs and alcohol?

■ Is there a pattern of family substance abuse? Do you ever drink or do drugs with your family?

One "yes" response suggests a possible problem. More than one means you should get help — from parents, teachers or your doctor — ASAP.

— Richard Scheinin

# Tips to finding addiction treatment for your child

By RICHARD SCHEININ  
Public Access Journalism

If you're a parent looking for a substance abuse treatment program for your teen, most likely you're in crisis mode, without a lot to go on.

Only 10 percent of the estimated 1.4 million adolescents who need treatment receive it, according to a September 2004 article in the Archives of Pediatric & Adolescent Medicine. When they do, it often isn't targeted to their developmental needs.

The fact that adolescents have different triggers than adults for drug and alcohol use may not be addressed in treatment. And programs too often fail to integrate two key ingredients: families and social services.

But there are plenty of good programs out there, even though few provide enough long-term data to help you make an educated decision. So when starting your search, ask these questions:

■ **What is the program's success rate? How many teens actually finish?**

This answer may be hard to come by, because few programs track how their adolescent clients fare after treatment. So be aware that an overly inflated success rate may be a sign to question further, warns Thomas Freese, director of training at the Integrated Substance Abuse Programs at the University of California Los Angeles.

■ **How long is the program? How successfully does it keep teens engaged and enrolled?**

Many experts flatly state that any program shorter than 90 days isn't worth the money or time because it takes that long to begin to see a change in behavior. Randolph Muck, lead public adviser of the federal Center for Substance Abuse Treatment, isn't sure it's that simple.

"What's really important is not whether it's 30 days or 90 days," he says, "but to make a connection."

"I did a focus group (last) August with 30 youths who had all been in treatment more than once," he says. "The thing that succeeded in their last recovery was that they got engaged with a person who helped teach them to practice the skills they'd learned to reintegrate into the community."

The question for many is what defines a successful life.

"It's not just the absence of drugs," says William Manov, administrator of Santa Cruz (Calif.) County's Alcohol and Drug Program. "You need something better than drugs, something to replace drugs. So a probation officer will look at getting a kid into a soccer league, getting him guitar lessons, finding him a job in an auto body shop."

■ **Does the program address gender and culture?**

Programs fail when they neglect to consider their community. A few years ago, Santa Cruz



Sixth-grader Janelle Maldonado, 12, gets help with math homework from youth advocate Liz Keltner at the Mi Casa center at Lake Middle School in Denver as part of CASASTART. The national prevention program keeps at-risk kids out of trouble by getting involved in every aspect of their lives.

administrators planned to use a hefty grant from the Robert Wood Johnson Foundation to create a "natural helping" program that featured one-on-one mentoring similar to the Big Brother/Big Sister model. They had their sights set on the Latino community, but when they approached its members, they were quickly set straight — the families told the county they would never send their children off with strangers. Instead, the money was used to develop a family-strengthening program, "Cara y Corazon," loosely translated as "Face and Heart." It's attracted hundreds of families.

By contrast, authorities in Dayton, Ohio, a primarily black city, used the same grant money to set up the very kind of mentoring program that Santa Cruz had first envisioned. This time it was welcomed with open arms, with its natural helpers largely drawn from churches, the heart of the community.

■ **Is family a big part of the program?**

Every good substance abuse treatment model starts with a strong family component, including therapy, to work to change to the home environment.

CASASTART, developed by Columbia University and now operating in 72 schools in 16



Schoolwork is key priority for CASASTART students like Julian Marrufo, 12, at the Mi Casa center.

states, has had significant success in combining these elements. One of its national prevention programs, run by the Mi Casa Resource Center for Women in Denver, focuses on "the usual suspects" among the predominantly Latino 8- to 13-year-olds who have been identified as at risk because of family problems, substance abuse in the home and school behavior issues.

"We let them know up front that we're going to get involved in every aspect of your life," explains Brigid McRaith, director of the program. That means a classroom tutor, anger management classes, family meetings, after-school programs four days a week, weekend excursions to college campuses and rock-climbing adventures.

As she speaks, a high school senior has dropped by her office, asking for help to complete his college applications. The youngest of six children, he is the first in his family to graduate from high school.

He was in elementary school when he entered the program six years ago. His parents, both addicted to alcohol and drugs, constantly moved the family from one place to another.

The program addressed his particular needs: arranged counseling, provided anger management workshops, along with boxing classes; found him an adult mentor, and perhaps most important, met regularly with his parents, finally persuading them to stay in one place.

"To me, the piece about the family is key," McRaith says. "If we're not in the home, we don't understand what's happening. We're just looking at it from the outside."

## Youth: Helping kids stay clean requires targeted treatment, continuing care

From YOUTH, page 7

Many adolescent substance abusers — federal estimates say 70 percent — also have a mental health issue, such as attention deficit disorder, bipolar disorder or post-traumatic stress disorder. In a Catch-22 scenario, mentally ill youths and adults are routinely turned away from drug and alcohol treatment centers, told, typically, that they have to get their depression under control before being treated for their addictions. The consensus among experts today is to treat it all.

Slowly, local public agencies across the country are responding, some even consolidating mental health and substance abuse agencies into single entities, its counselors expected to be trained to deal with both. Multi-tiered programs are becoming the new norm: A teen meets regularly with counselors, parents, clergy, probation officers; every one is around the same table, considering the teen's interests.

This sort of wraparound approach is partly a response to the growing body of research that unmasks the effects of alcohol and marijuana on the adolescent brain.

Among the findings on alcohol's effects: A teen with a family history of alcoholism has a 50 percent risk of becoming an alcoholic. When a teenager drinks large amounts of alcohol, his brain is changed; researchers suspect that specific proteins are activated, increasing the susceptibility to alcohol throughout life. Adolescents who begin drinking before age 15 are four times more likely to become alcohol-dependent later in life.

"And when youth drink, they tend to drink heavily," notes a recent report from the American Psychological Association. "Underage drinkers consume on average four to five drinks per occasion about five times a

month. By comparison, adult drinkers age 26 and older consume on average two to three drinks per occasion about nine times a month."

Among kids who move from one high to another, a taste for alcohol can easily escalate to one for drugs — and there are more choices out there now than ever.

In the past five years, methamphetamine has become a severe problem throughout the West and Midwest. In a recent survey, 70 percent of county and regional hospitals in the Midwest attributed 10 percent of all emergency room visits to methamphetamine. "We're really in an epidemic," says Brent Kelsey, assistant director of the Utah Division of Substance Abuse and Mental Health. "Methamphetamine is now the No. 1 drug of choice for people between 26 and 35, and the public health consequences are enormous."

While treatment for meth addiction has been shown to work, it is typically more intensive than that for other drugs; experts often liken the damage from meth to a brain injury requiring unique and long-term treatment needs. In fact, meth addicts' needs have begun to crowd out treatment for alcoholism.

"In Utah, the number of alcoholics entering treatment is much smaller and I don't think it's because there are fewer alcoholics," Kelsey says. "What's happening is that — because of the criminalization of drugs — it's become harder and harder for the alcoholic to get services in our system. Methamphetamine and other drug users are really squeezing them out."

Despite the flood of information pouring in from academia, families and adolescents with problems all too often face questionable practices and scant alternatives. Parents can go broke looking for help, since private insurers don't cover the cost of treatment. Even for the few who can

afford to pay the typical \$20,000 cover charge of a 30-day private residential treatment program, there are few effective programs available and no guarantees from those that do exist.

In 2004, an expert panel evaluated 144 of the "most highly regarded" drug programs for adolescents and concluded that most of them failed to address the key elements of successful treatment: individual assessment at the start of treatment; tailored therapy for teens with psychiatric disorders; gender and cultural differences; continuity of care; staff evaluation and treatment outcomes.

What the study neglected to mention is that there are, in fact, no licensing standards for adolescent drug counselors. A handful of states, including California, Washington and Colorado, are now working to establish them.

"If I were a parent trying to navigate something for my child, even I — knowing everything I do — would have a very hard time trying to figure it out," admits Yolanda Perez-Logan, project director of the Reclaiming Futures program in Santa Cruz, Calif.

Introduced in 10 cities, Reclaiming Futures is a five-year initiative funded by the Robert Wood Johnson Foundation in response to the "treatment gap" that occurs when an increasingly drug-dependent teen winds up in trouble with the law. The gap is more like a canyon: Four out of five teen arrests involve the use of drugs or alcohol, while 80 percent receive no treatment for the problem that got them there.

The juvenile justice system serves as a kind of laboratory for what

works, since most young drug and alcohol abusers first enter treatment through its doors. Which means they don't come willingly. By far, the majority of youths in residential treatment are sent there through the criminal justice system. Even then, parents have to shoulder a huge part of the financial burden.

In California, for example, the cost for court-ordered residential treatment is nearly \$6,000 a month. Individual counties then bill families for about 60 percent of that cost. At that rate, a six-month stay can easily cost a family — one already likely living on a financial precipice — more than \$20,000.

For those who can get to private treatment, many youth programs are now moving away from the classic 12-Step model, as embodied by Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). A philosophical split has emerged in the treatment community, with some on-the-ground programs endorsing alternatives to 12-Step and its insistence on total abstinence.

"Many treatment programs are using new evidence-based practices that meet youth where they are with their current substance abuse and help them make a decision what they're going to do about it," says Randy Muck, lead public health advisor for Adolescent Treatment Programs at the federal Substance Abuse & Mental Health Services Administration.

Many experts argue that the language of 12-Step programs, with their

starting point of sobriety, grew out of a therapeutic model aimed at adult males. Its requisite call to a "higher power" is often a major sticking point with teens who, in the words of one probation officer, often "think they are the higher authority."

"For years, the problem we've encountered is that treatment for kids is basically treatment for adults repackaged," says Scott Reiner, program development manager in the Virginia Department of Juvenile Justice. "They changed a couple words, perhaps, but never addressed the developmental needs of kids."

Small wonder, then, that an 11-year-old girl like Sarah could be told to come back for treatment when she turned 14.

Sarah now takes classes at The New School, an alternative high school largely comprised of former gang members and drug addicts in Watsonville, Calif., that offers some services you won't find at your typical high school — including rides to nearby AA and NA meetings, after-school 12-Step classes, routine urine testing and a dog that comes in to sniff backpacks a few times a year.

Like many of her peers at the school, Sarah claims she had to find a way to get clean on her own, without professional treatment. She says it happened like this:

"I'd run away from a group home and no one knew where I was for a month. One day I came home and my niece asked me, 'Are you going back to jail?' That made me feel really bad because she was only 6 years old."

"I saw my niece going through the same exact thing I went through. Fighting with her mom, her mom always hitting her," Sarah says. "And I thought, how am I going to help her if I don't stop?"

Richard Scheinin is a reporter for The San Jose Mercury News.