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Rx for Disaster

Prescription pills are cheap, easy to explain, and even easier to score. But kids don't realize how deadly their new drugs of choice can be

By Annemarie Conte

It was just after dawn on one of those hot, sticky July days when the sun doesn't rise so much as slide up slowly like an egg poached by the humidity. Minutes earlier, a small platoon of police officers had eased their cruisers onto the side streets of Whippany, a prim New Jersey suburb. They drove past rows of vinyl-sided McMansions with fake-brick facades and matching Palladian windows, past Sports Authority basketball hoops and sleeping Audis and SUVs. Then, just like their cohorts from several other nearby towns, they parked and waited, the sweat trickling down under their Kevlar vests. More than 200 officers, each linked by radio to the task force headquarters, stopped at all-but-identical houses across three counties, pumped with the kind of adrenaline rush that comes from being part of a major takedown.

Less than an hour later, more than 50 kids and young adults with bed head, in T-shirts and flip-flops—many just roused by their shocked parents telling them that the police were at the door—stumbled into the central

PHOTOGRAPHS BY PHILIP FRIEDMAN

command unit to be processed. Among their number were recent graduates, star athletes, an actress in a school play, their wrists secured behind their backs with plastic handcuffs, just like they'd seen on *Law & Order* reruns.

At the center of it all was a baby-faced 18-year-old with gelled-back hair who was one class shy of graduation at Whippany Park High School. One of Evan Rokoszak's friends describes him as "sweet, goofy, and fun to be around." But for months leading up to that sweaty day in 2006, the police (later joined by the prosecutor's office in Operation Painkiller) had been investigating Rokoszak along with the students and recent grads involved in the drug ring he ran, which distributed and sold more than \$50,000 of the prescription painkiller oxycodone *each month*—mostly to other students and alumni.

Almost daily, officers in Whippany had scanned the increasingly complex board at HQ that mapped out the key players in the business, praying that their own chil-

dren's names wouldn't appear. Considering drug use was so rampant in the school that kids called it Whippany Perc (after the popular painkiller Percocet), how many students could remain untouched? "Everyone at school knew you could get pills from Evan if you were good friends with him," recalls a 2007 graduate who had attended school with the dealer for years. "Suddenly, *everyone* was good friends with him."

Statistically, too, the officers had reason to worry. Although high school drug use is down across the country, in the past 10 years the rate of *prescription* drug abuse among teens has risen steadily. Nearly one in five—4.5 million—admits to abusing medications not prescribed to him or her, reported the 2005 Partnership Attitude Tracking Study conducted by the Partnership for a Drug-Free America.

In December 2007, at a sentencing related to the bust, New Jersey State Superior Court Presiding Criminal

What Kids Are Taking

DEPRESSANTS

Xanax

Nicknames Z-bar, bricks, Benzos

Generic alprazolam

Legitimate uses Treats anxiety and sleeplessness; is an anticonvulsant

Kids take Orally, or occasionally by crushing and snorting

Effects Wooziness, floating feelings, mind-and-body numbness

Valium

Nickname blues

Generic diazepam

Legitimate uses Treats anxiety and sleeplessness; is an anticonvulsant

Kids take Orally, or occasionally by crushing and snorting

Effects Euphoria and sleepiness

STIMULANTS

Ritalin, Concerta

Nicknames Rid, vitamin R, jif, R-ball, Ritty, Rits

Generic methylphenidate

Legitimate use Treats attention deficit hyperactivity disorder (ADHD) in children and adults

Kids take Orally, or by crushing and snorting

Effects Intense feeling of energy and increased concentration

Adderall

Nicknames beans, black beauties, Christmas trees, double trouble

Generic amphetamine and dextroamphetamine

Legitimate use Treats ADHD

Kids take Orally; crushing/snorting

Effects Intense feeling of energy and increased concentration

PAINKILLERS

Vicodin, Vicoprofen, Tussionex, Lortab, Norco

Nicknames Vike, Watson-387, Tuss

Generic hydrocodone

Legitimate use Treats pain

Kids take Orally; crushing/snorting

Effect Intense euphoria

OxyContin, Percodan, Percocet

Nicknames OC, cotton, Percs

Generic oxycodone

Legitimate use Treats pain

Kids take Orally; crushing/snorting

Effect Intense euphoria

Avinza, Kadian, MS Contin, MSIR, Oramorph SR, Rescudose, Roxanol

Nickname Morph

Generic morphine

Legitimate use Treats pain

Kids take Orally; crushing/snorting

Effects Euphoria and hallucinations



Judge Thomas V. Manahan in Morris County described the Whippany teens' activities as "a large-scale drug distribution syndicate," adding that the abuse of prescription drugs "is not so much a plague on our society as a cancer that continues to grow." Rokoszak's family spearheaded a letter-writing campaign to plead for leniency—because the teen, as they put it, "is remorseful and has turned his life around"—but the 30-odd letters were of no avail: In February 2008, Judge Manahan sentenced Rokoszak to seven years in state prison (he must serve a minimum of five). Hearing the decision, his mother broke down, sobbing, "Oh, my baby, my baby."

Schools throughout the country have problems just like Whippany Park's. The difference is that there the authorities took action. But law-enforcement officials elsewhere are catching on, too. Seven youths, two still in high school, were recently arrested in Merrimack, NH, on charges of distributing the prescription painkillers Vicodin and Klonopin, as well as marijuana, to other high school students. In May, 75 students at San Diego State University were arrested in a massive bust where police confiscated vast quantities of illegal and prescription drugs, weapons, and \$60,000 in cash. Among the coeds picked up: a criminal-justice major and a homeland-security grad student. Perhaps most disturbing, in February, 14 students at Castle View High School and Castle Rock Middle School in Colorado—one of them a 13-year-old seventh grader—were caught using or distributing Vicodin and oxycodone, acts which would be felonies if adults committed them.

None of these arrests surprises the experts. Pharmaceutical abuse has

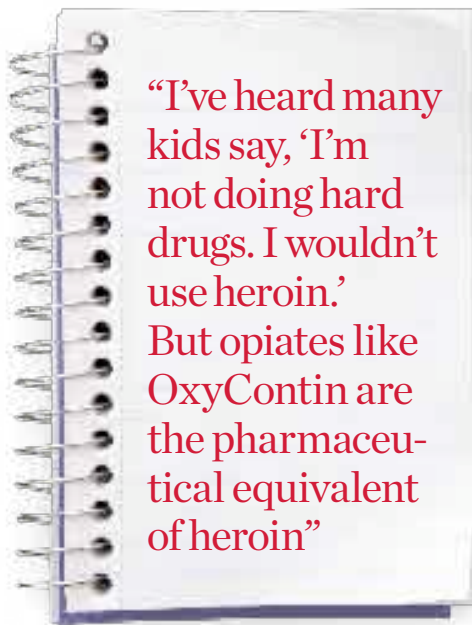
become so commonplace that it has filtered down to younger kids: Prescription drugs are now the number one illicit drug among 12- to 13-year-olds, according to the 2006 National Survey on Drug Use and Health. And their own kid's arrest or even conviction is not the worst thing parents have to fear from this epidemic.

PRETTY PILLS, AND DEADLY

Adults think of prescription drugs purely as medicine, but kids have come up with ways to create effects similar to what they'd experience from street dope—from crushing pills to circumvent timed-release controls to doubling or tripling dosages or simply downing handfuls. What's more, if parents are in the dark regarding these drugs' potential for abuse, they're also often blind to how deadly they can be.

"As a mother, I was worried about cocaine, crystal meth, and drinking and driving—but I had no idea prescription drugs were an issue," says Francine Haight, an R.N. who lives near Laguna Beach, CA. In the winter of 2001, her son Ryan, an A student and star tennis player, was looking forward to starting college later that year. So she suspected nothing that February evening

when he arrived home from his job in the plant nursery of a big-box store. He spent some time in their Jacuzzi, then went upstairs to bed. The next afternoon, when Ryan still hadn't gotten up, his mother went into his bedroom to check on him. He was dead, from an accidental overdose of Vicodin, Valium, and a trace of morphine. He'd been prescribed these drugs over the Internet by a doctor he'd never met; the prescriptions had been filled online by a pharmacist he'd never seen. "He didn't understand the dangers," Haight says. "He knew everyone had pills like these, so he figured they couldn't be dangerous. The doctor wouldn't" *continued on page 220*



"I've heard many kids say, 'I'm not doing hard drugs. I wouldn't use heroin.' But opiates like OxyContin are the pharmaceutical equivalent of heroin"

REAL KID'S STORY #1



RYAN HAIGHT, 18 AT THE TIME OF HIS DEATH

GREW UP IN: La Mesa, CA **DRUGS:** Vicodin, Valium, morphine **HIS STORY:** A top student and avid tennis player, Haight overdosed a few months before his high school graduation. He'd taken a cocktail of three prescription drugs that he'd purchased over the Internet. **WHY HIS MOTHER THINKS HE OVERDOSED:** A combination of curiosity and, ironically, intelligence. He was very bright and, on an intellectual level, thought he could control the drugs.

Photograph courtesy of the Haight family

Rx for Disaster

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prescribe them for you, and the pharmacist wouldn't give them to you, if they could kill you, right?"

Accidental-poisoning deaths among youths ages 15 to 24 increased 113 percent between 1999 and 2004, mostly due to prescription- and illegal-drug abuse, reports the Centers for Disease Control and Prevention. Upping overdose risks: Four out of 10 teens believe that prescription meds are much safer to use than illegal drugs—even when they are not prescribed by a doctor. What's more, nearly three out of 10 teens think these drugs are not addictive, according to the Partnership study. Kids trust prescription drugs because they're mass-produced, FDA-approved, familiar medicines. Even the nicknames teens give them—"jif," "Z-bar," "cotton"—suggest childhood treats and comfort food.

"I've heard many kids say, 'I'm not doing hard drugs. I wouldn't use heroin,'" says Troy Faddis, a licensed marriage and family therapist and the clinical director of the Aspen Achievement Academy, a wilderness recovery program in Loa, UT. "But opiates like OxyContin are the pharmaceutical equivalent of heroin."

"Your brain doesn't know if the high came from heroin or an opiate pill," agrees Roger Weiss, M.D., a professor of psychiatry at Harvard and the clinical director of the Alcohol and Drug Abuse Treatment Program at McLean Hospital in Belmont, MA. "Some teens who experiment with these drugs never use them again. Some try them and don't start using heroin but do get addicted to the prescription opiate. And some get physically dependent and progress to heroin. You don't know how you'll react." Like adults, kids

Real-Life Rescue Advice

Michelle and Rick Swanson went to hell and back with their daughter Sara, now 18 (see her story, page 223). Here's what they want you to know about talking to your kid when you think there's a problem—and after you *know* there's one.

Act quickly Kids change fast, so when something feels wrong—your child writes poems about drug trips; she stays out late—don't wait to address her behavior. Sara went from being an honor student who'd never smoked to a pothead who engaged in completely outrageous behavior (like lighting up a cigarette in her seventh grade classroom) within months.

Create a behavior contract with your kid At the first sign of trouble, sit down and draw up a written contract with consequences that you both understand and agree upon. "The first time curfew's broken, you're grounded for a week; the second time, for a month. The third time, we go in for a drug test." That way, your kid knows what your expectations are.

Don't be afraid of getting blood tests After Sara had been out all night without explanation, we finally told her that although she'd denied using drugs, we felt her actions spoke louder than her words, and we'd arranged for a chemical evaluation. A urine test costs about \$25; a hair test, \$80; and a blood draw is \$130 or more—but since it tests for more drugs than a urinalysis, it's worth it. Don't tell your child till you're en route: We let Sara

know in advance, and she drank bleach and took niacin pills to beat the urine test.

Bring in the big guns That means professional drug counselors, therapy groups, treatment programs—whatever best fits your family's needs and budget. The greater the degree of expertise you call in, the better your chances of success. Contact your insurance company to find out what it covers. A 28-day inpatient program keeps your child away from everyday triggers: We swear by Hazelden (the 59-year-old private, not-for-profit addiction-treatment center Sara attended) because we've seen the miracles performed there.

Look into sober high schools They can provide structure and support. Many inpatient treatment programs are related to or can recommend a sober high school in your state. Boarding schools may charge; many others, like charter schools, are free.

Go to Al-Anon meetings Designed for loved ones of an addict, they'll give you the skills to avoid being codependent with your child and help you figure out your role in her recovery. You didn't cause this, but you can help solve it.

can build up a tolerance to these drugs, and crave them in ever-greater quantities. And teens' common practice of mixing prescription pills together, or with alcohol, street drugs, or OTC products like cough syrup, increases the risk exponentially. "Combining creates a greater chance of accident or overdose," ex-

plains Dr. Weiss. "Kids are more likely to fall out of a window or to walk in front of a car because they're more intoxicated."

EASY ACCESS

Teens often don't even have to leave home to get their first taste of prescription drug highs, points out





Joshua Lyon, 33, author of the forthcoming book *Pill Head*, a chronicle of several teens' and young adults' struggle with prescription-painkiller addiction, as well as his own. "It's not like most parents are keeping unused marijuana or cocaine in the medicine cabinet," he says, but they often have old pills they don't keep track of. More than three in five teens say prescription pain relievers are easy to get from their parents' medicine chests; half say they're a snap to obtain through other people's prescriptions; and more than half say pain relievers are available everywhere, according to the Partnership study.

Case in point: Sara Swanson, who grew up in suburban St. Paul, MN, the daughter of two recovering alcoholics. "My parents always warned me about alcohol abuse," explains Swanson, "but my mom had back problems and never dreamed I'd take her muscle relaxants." Swanson moved on from her mother's pills to other drugs, trading cigarettes to her friends for their Adderall. "I loved the pills, and they were so easy to get," she says. "I'd look at the recommended dose and then double it."

Swanson, 18, has just graduated from Sobriety High School, a charter school in Edina, MN, attended by 60 students recovering from addiction through 12-step programs. But it took a failed suicide attempt—waking up to find friends asking her why

she'd purposely tried to overdose—to make her realize she needed help.

In addition to "borrowing" from relatives and bartering with friends, hooked kids often get their fix by buying from dealers—both teens like Rokoszak and career criminals with a history of distribution. Those dealers, as well as more enterprising kids, may fill their supplies by using falsified prescriptions on- or off-line, by visiting multiple doctors and going to pharmacies with legal prescriptions, or by out-and-out theft from drugstores or homes.

Thanks to Francine Haight, however, Internet drug dealers should soon have a tougher time selling to kids. "For three years after Ryan died, I was in shock and could hardly function," she says. Despite her grief, she made the effort to speak out at colleges around the country and at a drug-awareness symposium for the DEA, and she founded the drug-awareness organization Ryan's Cause: Reaching Youths Abusing Narcotics (ryanscause.org). In April, the Senate passed the Ryan Haight Online Pharmacy Consumer Protection Act of 2008, which forbids U.S. online pharmacies to supply controlled substances to anyone without a valid prescription from a doctor he's met with at least once. "Unfortunately, Ryan's story is just one of many. We know of at least 18 people who have died due to overdoses from drugs purchased on the Internet through rogue pharmacies, →

REAL KID'S STORY #2



MOLLY (Last Name Withheld), 17

GREW UP IN: Mesa, AZ **DRUGS:** marijuana, cocaine, OxyContin, Percocet

HER STORY: Molly started doing drugs in eighth grade to impress a boy. She smoked pot, sometimes laced with cocaine, and later moved on to prescription pills. She was in and out of treatment before attending Teen Challenge

of Arizona Springboard Home for Youth in Crisis. **STATUS:** Clean for almost 100 days at press time. She plans to get her GED and speak out against prescription abuse. **THE HARDEST THINGS ABOUT QUITTING:** "My body hurt really bad for a while. I was tired all the time. The worst was facing reality, the pain that I put my family through. Having to hear the other side."



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and even more who have entered rehabilitation or suffered injuries due to these drugs,” says Senator Dianne Feinstein, Democrat of California, a sponsor of the bill, which was working its way through the House of Representatives at press time. (To support this bill, see “Help Pass the Ryan Haight Bill,” page 224.)

EVERYDAY ABUSE

Easy availability, combined with kids’ misperceptions of prescription drug safety, may explain why pill popping has become so accepted as part of the weed-and-alcohol culture of high school parties. “I don’t think it’s bad. There’s no particular reason I didn’t do [prescription drugs],” says one recent Whippany Park graduate who was friends with several of the arrested kids. “It’s not any worse than drinking or smoking pot. Yes, it’s illegal, but taking pills doesn’t make you a bad person by any means.” The Partnership study found nearly one-third of teens (7.3 million) agree that there’s “nothing wrong” with using prescription drugs without a prescription once in a while.

The ways kids are taking the drugs now underscores this relaxed attitude. “We’re finding that teens are no longer holding exclusive ‘pharm parties,’ where they’d get together and bring all the pills they could find, the way they did in years past,” says the Aspen Achievement

Academy’s Faddis. Instead, they take them throughout the day, as a routine part of life. “School was really stressful, so kids would pop pills or snort Adderall during class to make it go faster,” explains Anders Torgersen, 17, of Huntington Beach, CA. Torgersen asserts that when he was an athlete and top student at a strict private middle school, pressure to excel led him to start taking prescription drugs. “I loved Vicodin because it made me feel like God,” he says. “If I punched a wall, I couldn’t feel it. I had more power and confidence on the pills.” He began dealing the meds in his freshman year of high school. He estimates that 70 percent of his schoolmates used drugs.

As Ryan Haight’s and Torgersen’s experiences suggest, any kid—even bright, motivated high achievers—can be lured by prescription drugs. But experts do see some common threads. “Many of our students have self-esteem issues. They start using the pills as a way of self-medicating for school or family problems and underlying depression and anxiety,” says Faddis, who in 2007 performed a small but suggestive analysis of 37 kids in his program. He found that 34 of them had been evaluated to have parent-child relationship problems, such as serious breakdowns in communication and mutual respect. Other research indicates that using drugs can make kids feel more independent and grown-up. Teens who take alcohol or any kind of illegal drugs report feeling older than their real age, found a 2007 study from the

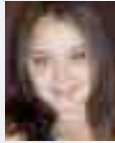
REAL KID’S STORY #3



ANDERS TORGERSEN, 17

GREW UP IN: Huntington Beach, CA **DRUGS:** marijuana, Vicodin, Xanax, a mixture of Robitussin and NyQuil **HIS STORY:** Largely to rebel, Torgersen started smoking pot in eighth grade, and then moved on to prescription drugs. He began selling pills at the end of his freshman year. Although his girlfriend left him and he tried to quit several times, he couldn’t stop until his father sent him to the Aspen Achievement Academy, a 57-day wilderness program. **STATUS:** Clean almost 10 months at press time. **Now a senior at the Oakley School, a sober high school in Oakley, UT.**

REAL KIDS' STORIES #4 & #5



SARA SWANSON, 18

GREW UP IN: St. Paul, MN **DRUGS:** muscle relaxants, marijuana, Adderall, Ritalin, alcohol, cough syrup

HER STORY:

Swanson started smoking pot and taking her mother's back medication at age 13. She also took her friends' ADHD drugs, drank alcohol, and swigged cough medicine. After her parents confronted her and took her to rehab, she was in and out of programs for a year before entering a sober high school. **STATUS:** Clean for four years at press time. Now a freshman at the University of Minnesota.



WESLEY WORSHAM, 22

GREW UP IN: Greensboro, NC **DRUGS:** at least 21 different prescription drugs, including Percocet, Vicodin, Valium

HIS STORY: Worsham experimented with prescription drugs at 16 but started using them regularly at 18, after a breakup with his girlfriend. When he realized he couldn't function

properly without pills, he knew he needed help. After attending an addiction wilderness program, he lived in a transition program for nine months, then relapsed. He re-enrolled in the wilderness program but left before finishing, to go it alone. **STATUS:** Clean for 25 days at press time. **WHY HE USED DRUGS:** "When I was high, I felt I didn't have to worry about real life."

University of Alberta in Edmonton. "One explanation: Kids are using drugs because they think of drug-taking as an adult behavior," says Kelly Arbeau, Ph.D., coauthor of the study. Torgersen, who just started his senior year this September at the Oakley School in Oakley, UT, an addiction-recovery high school, echoes Arbeau's analysis. "I was trying so hard to be independent. I thought I was mature," he says. "I wasn't."

PREVENTIVE PARENTING

In September 2006, a few months after the Operation Painkiller bust and with a newfound awareness of their drug problem, the townspeople stationed police officers at Whippany Park and its sister school full-time to

sure have been a deterrent," says Sibila Dubac, guidance coordinator and substance-awareness coordinator for Whippany Park High School. "They've increased awareness and decreased incidents." She adds that kids are afraid of getting caught, and don't want to lose on-campus parking or extracurricular privileges.

Regardless of what measures schools take, however, primary responsibility for keeping kids drug-free remains with parents—and there are steps you can take to reduce your child's risks. "Parents need to talk about drugs *with* their kids, not just *to* them," says Haight. "You learn so much when you let them talk, and once they know you're receptive, they're not afraid

Kids trust the drugs because they're mass-produced, FDA-approved, familiar medicines

get to know the kids and keep an eye on their activities. A year later, the school district instituted a random-drug-screening policy, whereby kids are tested and, if the results are positive, parents are notified. The policy has been controversial among parents concerned for their kids' privacy, but anecdotal evidence suggests a reduction in abuse. "These mea-

to come to you." As for when and how to approach the topic, "there's no easy answer that will apply to all families," says Faddis. You know your child and what she responds to best. "But your attitude is important," he adds. "If you seem to be disciplining, rather than nurturing, she may just get defensive." You want your child to be safe—that's what →

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you need to communicate to her. He recommends starting with something like, “I’m worried, because drugs are a big problem and anyone can be sucked in, especially if they have bad information. I don’t want you to get hurt.” Be brief (experts say that the effectiveness of the discussion falls off after the first few minutes); have this conversation more than once; and be honest—it’s your conviction, as much as the facts, that will carry weight with your child. If you want a supplement to fill her in on the details, the DEA has an educational Web site for teens on the topic of drug abuse: justthinktwice.com. In accessible language, the site covers all kinds of drugs, including controlled-substance prescription meds, and offers advice from peers, as well as links to where kids can find help.

Another critical step, says *Pill Head* author Lyon, is to remove temptation from your house. Though it may sound obvious, few parents take the precaution of locking up their prescriptions, noting on the bottles how many pills should be left in each—and checking them every two weeks. “If you buy a gun, you don’t just keep it lying around,” he points out. “You lock it up in a safety box.” If your child takes a daily prescription, like Ritalin, keep the bottle yourself and give him only a day’s worth of pills at a time. The Partnership for a Drug-Free America’s Not

HELP PASS THE RYAN HAIGHT BILL

In June, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 was introduced in the House of Representatives with bipartisan sponsors; it's now in committee. "These rogue pharmacies must be stopped," says Senator Dianne Feinstein (D, Calif.), a sponsor of the bill in the Senate. "I encourage people to call their representatives in Congress and urge them to support and pass this important bill, H.R. 6353."

For more information on how to help, visit goodhousekeeping.com/ryansbill

in My House campaign suggests further that you dispose of any leftover pills by mixing them with kitty litter or coffee grounds to make them unpalatable, putting the mixture into an empty can or bag, and throwing it in the trash. (Flushing pills down the toilet can cause them to leach into the water supply.)

Finally, parents should watch for behavior change. “Signs could be alterations in your son’s or daughter’s sleep/wake cycle or mood patterns—or you might observe a new level of secretiveness and sneaking around,” says Dr. Weiss. The specific indications can be as seemingly minor as your child copying song lyrics about drugs in her notebooks. “Granted, all of these things can occur normally during adolescence, and every kid is different,” Dr. Weiss adds, “but parents tend to know their kids well—and when they are really changing.”

Like Torgersen, whose grades

REAL KID'S STORY #6



NICK BARTH, 22

GREW UP IN: Centennial, CO **DRUGS:** at least 11 different prescription drugs, including OxyContin, Vicodin, Percocet, morphine

HIS STORY: After a serious car accident at 15, Barth was prescribed various pain meds, and later bought OxyContin from a dealer. At 18, after a three-week nonstop binge, he suddenly realized that the sickness he felt was withdrawal. A few years later he had trouble eating or sleeping and knew he had to get straight. He completed a wilderness expedition with Four Circles Recovery Center in March; he is now living at Inner Connections, a sober house in Keene, NH. **STATUS:** Clean six months at press time.



barely dipped, many kids become functioning addicts, and even observant parents may miss or misinterpret what symptoms there are. When Francine Haight looks back on the last months of Ryan's life, she realizes that there were small clues: He was more quiet than usual, slept more, and started hanging out with friends she didn't like. At the time she rationalized that he was reacting to her divorce from his father, the death of their dog, school pressures, or his sister's leaving for college—anything but drugs. “I just didn't pick up on the signs,” she says.

If you do suspect a problem, it's essential to address it with your child, say experts. Admittedly, this is easiest to do when you already have a strong, communicative relationship; if you don't, Faddis counsels bringing in outside help, like a therapist, right away. While parents may feel conflicted and worry about antagonizing their child with accusations, Sara Swanson's mother, Michelle Swanson, can testify that discovering the truth and following through should take precedence. “I was scared to death that Sara would hate me for confronting her and accusing her of using drugs,” she says, “but I was more afraid of finding out one day that she was dead. I wanted to be my daughter's best friend, but at that critical time in her life, I had to be the parent.” (For more on helping kids with prescription drug abuse problems, see “Real-Life Rescue Advice,” page 220.)

“They were willing to listen to what I had to say and decide on the right consequence,” remembers Sara, who says she benefited much more from the counseling and treatment her parents got her than she might have from stern lectures and grounding: “If they had shut me in my room, I'd have been so much more depressed than I was.”

Several months into Evan Rokoszak's jail sentence, his Facebook page, strewn with postings, was a virtual memorial to him and his former life. “[Everything] is so different without you, we all miss you so much,” reads one post. And, apparently without irony, “What doesn't kill you, will only make you stronger.”

Drugs didn't kill Sara Swanson—but she has a different take on what's

helped her grow stronger. “When my parents intervened, I hated them for ruining my fun, but I respect them 20 times more now that I can think clearly,” she says. “They were there for me when I needed them. If they hadn't figured out what was going on with me and spoken up, or if they just turned their heads, I would probably be dead right now.” ■