

TWISTED SISTER

A 19-year-old youth sporting a punk-style haircut and T-shirt with "Twisted Sister" written across the front is brought, by ambulance, at midnight to a hospital emergency room in Baltimore. He is accompanied by a 23-year-old male friend who called the ambulance because he was afraid his companion "was going to die like that basketball player" (a reference to a famous basketball player who died from a cocaine overdose).

The patient is agitated and argumentative, his breathing is irregular and rapid, his pulse is rapid, and his pupils are dilated. Reluctantly, the patient's friend admits they used a lot of cocaine that evening.

In addition to attending to the patient, the medical staff attempts to contact the patient's parents. As often happens at this inner-city hospital, the patient is not carrying any identifying information. The friend is hesitant to say anything, but he finally provides the patient's name and home phone number. The patient's mother, sounding groggy and confused on the phone, has difficulty understanding the seriousness of her son's predicament, and only after a lengthy discussion does she finally agree to come to the hospital. Worried about her state of mind, the hospital sends a police car to pick her up.

By the time the mother arrives, the patient's condition has improved somewhat, although he creates a commotion in the emergency room with his loud singing and gesticulations. The mother, looking disheveled and smelling of alcohol, is distraught and tearful. She tells a disorganized story about her son's problems at home: he is disobedient and resentful of authority, unwilling to take part in family activities, and violently argumentative when confronted about his carrying on and partying at all hours of the night. She reports that he has been arrested twice for shoplifting and once for driving while intoxicated, and that he spends almost all of his time with an older crowd. "They drag race a lot and hang out in the streets," she says.

Divorced for almost 15 years, the mother admits that not having a stable father figure in the household makes disciplining quite difficult.

She suspects that her son uses drugs because she has heard him talk to his friends about drugs, but she does not have any direct evidence. She claims that her son is not all bad, that he is a fairly good student and even a star member of the basketball team. (In fact, the son is quite successful in deceiving his nonvigilant mother into believing that he is a good student and star basketball player. Actually, the patient never completed high school, had poor or failing grades, and never played on the school's basketball team.) When asked about her own drinking habits, the mother becomes defensive and claims she drinks only occasionally and in small amounts.

Within 24 hours the patient is physically well and quite willing to talk. He states, almost boastfully, that he has been using alcohol and other drugs regularly since age 13. Initially, his drug use was limited to alcohol and marijuana, particularly because alcohol was readily available in his home and marijuana was commonly sold in the neighborhood. Once he reached high school, however, he began to associate with an older and more experienced drug-using group. Choice and level of drug use were largely a function of availability and price. By the time the patient had reached age 17, he was regularly using various combinations of alcohol, marijuana, speed pills, and cocaine, with no one drug predominating. After about 1 year of this pattern of mixing several drugs, he settled on a preference for cocaine.

He tells of repeated instances in which he and his friends have each consumed an entire case of beer in a day ("I can drink a lot before I feel anything. We call ourselves the 'Andre the Giant Club.'") in addition to using other drugs. These drug orgies have often included a dangerous game called "hurricane drag racing," in which intoxicated contestants engage in drag racing on side roads until somebody "chickens out" to avoid an oncoming car. During this heavy drug use, it is common for him to skip school because of the drug activity; when he has to be in school, he typically is intoxicated. To help support his drug involvement, he has devised various schemes for acquiring money, such as "borrowing" money from friends that will never be repaid, or stealing car radios from the student parking lot, plus blatant stealing of money from his mother. This behavior is justified by a "Robin Hood" attitude: "I take from people who have a lot of money anyway."

Despite the patient's admission of heavy drug involvement, he stops short of admitting that he has a real problem. In response to a question about his ability to control drug use, he replies, hostilely, "Of course I could. No problem. I just don't see any damn good reason to stop."

Somewhat fidgety and restless, the patient says he is finished with the interview. Before the interviewer has an opportunity to press him further about seeking treatment, the patient begins to roam around the hospital unit, looking for someone who has an extra cigarette.