



Safe haven

In the fourth of our series on the aetiology of addiction, Melody Treasure argues that the concept of therapeutic respite could make 'Every child matters' more than just an empty slogan

As a contributor to this series of articles I need to state from the start that I am not going to offer a theory of addiction – I have many problems with the word addiction, especially when applied to young people. Too often I have young people referred to me and am confronted with 'little Jimmy' in his baseball cap, hoody and varying degrees of 'bling', earnestly informing me that he has been referred 'cos I'm an addict'.

A shudder goes down my spine and the thought 'there's a title to live up to'. Invariably, I discover that Jimmy does smoke too much weed – he says he can't sleep without it, it chills him out and stops him being hyper. It's true he may also be causing a problem to his family, school and community, often because of his weekend alcohol binging sessions with his mates. But addict? No.

More often than not I discover that Jimmy is a deeply unhappy boy, who is in so much trouble all over the place and has so many appointments with so many different professionals that he hasn't had time to stop and think about why he does what he does. But somebody gave him as good a reason as any other – he's an addict. And therefore he can't help what he does.

As an experienced practitioner in young people's drug services, I am aware that many of the young people we work with are simply going through an episode in adolescent life. For many their early dabbling or recreational use is something they will grow out of, learn to manage or be helped to stop. Many of these young people view their experimental drug use as a rite of passage and they are often more perplexed by the professionals' interest in it than they are bothered about why they do it.

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However, there are a few young people that we come across whose use is more problematic. I am not referring to the drug of choice – some troubled, anxious, traumatised young people are using any drug to mitigate their emotions or numb their pain, and therefore it's not just an issue of dependence, health or legality. The real problem for these young people is that they are simply not coping with their lives without drugs, and often their lives wouldn't be easy for anybody to cope with. These are young people who, for example, have been bereaved, bullied, suffered abuse, have low self esteem, don't feel that anyone loves or cares for them, are in the care system, have been neglected or are young carers themselves.

Their inability to make changes is often nothing to do with the drug, aetiology or genetic disposition – it is because they are trapped in a cycle of trauma and chaos. It is these young people that I believe present challenges to us, because we have to look at other ways of enabling them to make changes and we have to face up to the fact that, in many ways, drugs are the least of their problems. But because drugs are there, and everybody surrounding them is focused on that – often because of their own fears and lack of training or awareness – they send them to us.

So how do we help these traumatised young people? Traditionally our concern has been the drug – can we substitute it, can we reduce it, can we stop it? But how do we hope to do this when nothing else around them changes and they are surrounded on a day-to-day basis with all the stresses, strains, expectations, trauma and chaos that make up their lives.

We can of course try to engage them in a therapeutic relationship, but even this has to be carefully measured and managed. Can we really ask a vulnerable young person to 'open up', relive their traumas and admit their fears when they are not in a safe place? Because we know that when we have finished our hour-long session with them they return to the chaos of their lives and, of course, to the thing that has helped them cope with this – mind and mood-altering substances.

If we are to truly realise the ideals, aims and outcomes of *Every child matters*, we need to develop ways in which these children and young people can be healthy, stay safe, make positive contributions and achieve economic wellbeing. Because if we don't it is these young people who will populate our adult dependency services in the future, not little Shaz, Baz and Caz who are simply enjoying a bit of weed socially at the weekend.

It is these unhappy young people that I believe we fail – we write them off and we describe them as immature. The few services that we do have to cope with their diverse needs are often staffed by workers from adult services and young people are expected to engage in an adult referral route – despite everything else that is going on, they are somehow supposed to keep appointments in surgery-type venues. The programmes devised in many of these services are adult programmes, or a relive-creation of the school structures they have already rebelled against or

deemed to have failed.

These programmes are often proud of challenging philosophies, attitudes, behaviours and beliefs. Has it ever occurred to anybody that perhaps the greatest challenges you could give a young person are choice, unconditional respect for them as a human being, serenity and an opportunity to make informed choices and actions?

But often the biggest barrier to a young person gaining access to any of these provisions is that, even before they get there and before they have escaped their chaos, they are expected to sign up to the 'gold seal' of recovery – lifetime abstinence. When these young people are trapped in the chaos of their lives, how can they possibly contemplate the one effective coping mechanism being taken from them? And at age 15 is that appropriate? Could any of us have signed up to that as teenagers?

While abstinence is an admirable achievement for many people, and an acceptable goal for others, it cannot be a condition for these young people to get the support and help they need. If, after they have gained some balance in their lives, learned to cope and learned to be the happy young people they should be, then lifetime abstinence – if freely chosen by them – may be an appropriate lifestyle choice.

There is also the possibility that these young people could be sent to something called 'brat camp', a residential environment offering them a 'therapeutic' programme. How do therapists seriously imagine that the way to therapeutically engage with a troubled, stigmatised unhappy child is to start the process by naming them a 'brat'?

It is because of these concerns that I have, in partnership with other dedicated youth workers and a group of ex-using young people, looked at what else could be done. We have come up with the idea of 'therapeutic respite', a 12-week residential that incorporates fun, calmness and therapy.

Our initial ideas began when we realised that many of these young people are so caught up in their own chaos that they have no space or time to see the wood for the trees. We believe that time out in a therapeutic environment – that will require them to be drug free for the time that they are there – will give them the safe place from which they can explore their issues. They can begin to regulate their emotions, understand their hyper-arousal, develop self-esteem and, with therapy and positive youth work interventions, be enabled to express their emotions in appropriate ways. They can develop resilience to stresses and they can enjoy life, feel safe and have a sense of achievement.

We believe that this can be done, in a supportive, person-centred, therapeutic manner, by using non-invasive therapies that help rebalance the nervous system, by positive psychological interventions and by focusing on these young people as the unique and wonderful individuals that they are, not by bullying or behaviour modification type regimes. When these young people have reached calmness, then they can make informed and rational decisions about their lives for themselves.

As well as therapy and calmness, this centre should also have access to other activities, whether creative, sports or IT. Whatever it is, it should be an opportunity for these young people to achieve their own diverse and unique potentials, rather than the self-destruction they have experienced in the past. These activities will enhance their self-esteem and give them practical and achievable diversionary opportunities for the rest of their lives.

An essential element to the success of this is that young people should also be allowed and encouraged to continue to enjoy their normal activities, such as listening to, making and enjoying their music, even if it is hardcore or drum and base! They can't be denied in recovery the activities that they will take part in when they get home, because part of what we, and they, need to do is to prepare for their relive-entry to normal teenage life.

Cooperation and partnership with families, communities, schools and other professionals and services is also an important element. It's not appropriate to simply remove a young person, 'fix' them and put them back – they are not cars in garages. So constant dialogue, involvement and an integrated approach with other carers throughout the process should be encouraged.

Family work and therapy should also be a part of the process, as many of these young people come from families where intergenerational dysfunction has been a pattern, and to enable them not to replay this in their own futures they need to understand the process. And effective, planned after care should be an essential element of the process. All of this can only be achieved with consultation, participation and cooperation of young people.

I have written this article as a means of opening this discussion and would welcome suggestions, particularly on how to progress this idea, from others.

Melody Treasure CQSW, melodytreasure@btinternet.com