

## THE PAIN OF GETTING UNHOOKED - TREATMENT MAKES YOUNG ADDICTS FACE THE REAL WORLD AGAIN

*Seattle Post-Intelligencer (WA) (Published as Seattle Post-Intelligencer) - December 13, 1988*

- Author/Byline: Caroline Young P-I Reporter
- Edition: FINAL
- Section: News
- Page: A1

Treatment for drug and alcohol addiction hurts.

Kids who have filled their bodies with chemicals to escape the pain of life have to slam head-first into that emotional agony before they can escape their addiction.

"When you bring a kid into treatment, it's like tearing a scab off a wound," says Stephen Bogan, director of the adolescent alcohol and substance abuse program at Ryther Child Center in North Seattle.

"When you start detoxifying a kid, it's opening up an unbelievable barrel of worms. They're confronting feelings that they've dealt with by putting chemicals into their bodies."

Some of the kids have buried their feelings since they were as young as 8.

In King County, the average age of first use of alcohol is 11. Among kids now in state juvenile institutions, it's 8. A 1986 King County study showed that one-third of fifth-graders - 11-year-olds - had used alcohol. By 10th grade, that had jumped to 81 percent.

Some experts who work with addicted kids believe drug and alcohol use is a symptom of deeper problems. Perhaps they have been sexually or physically abused or have been told one too many times that they are useless. Maybe alcoholism runs in their family.

Taking away their chemicals is like taking away their medicine. Medicine that keeps them from feeling - anything.

In treatment, that progression is reversed. Therapists encourage the kids to open up, to feel, to be honest, to avoid violence, to experience anger in a safe way.

Often the sessions are heated, and angry words are thrown around like pillows. Sometimes the bewilderment on the face of a troubled teen is enough to move an observer to tears.

It is hard to treat kids without proper resources.

Statewide, there are only 27 state-funded inpatient beds and six transition beds for adolescent addicts whose parents can't afford to pay between \$4,000 and \$21,000 for private treatment. Between January and September, 259 kids were treated in those beds.

But the state estimates 80,000 boys and girls younger than 18 have problems with drugs and alcohol. Those children either need intervention - someone to step in and help them stop using drugs before they become addicted - or some kind of treatment.

The state-funded beds are full year-round and waiting lists range from three to eight weeks. The beds, which cost the state \$1.9 million over two years, are in Seattle, Renton and Spokane.

"What about the kids from Vancouver, Bellingham, Moses Lake and Pullman?" asks Bogan of Ryther Child Center. "It makes it real difficult to treat those kids when most of the centers are doing family-centered treatment. It's too far for families to drive."

Essentially, therapists try to break a child's addiction by stressing total abstinence. Kids must stop using substances and face the fact that they can never again drink or use drugs.

Although abstinence is the goal, many treatment professionals believe that drinking and using drugs after treatment is also part of the recovery process. Kids who slide backward learn they can't handle alcohol and drugs.

Most treatment programs are built around "12-step" models used by Alcoholics Anonymous and other support groups. The first step is for kids to admit that their lives are out of control and that they can't control their addiction.

Youngsters also need to understand the problems that their alcohol and drug use is hiding. Therapists talk with them about family problems, lack of self-esteem and the dangers of alcohol and drug abuse.

Most programs encourage kids to regularly attend meetings of Alcoholics Anonymous or Narcotics Anonymous. The programs also emphasize "after-care" following formal treatment, such as involvement in peer support groups for recovering teens.

Many treatment centers insist that parents, other family members or close relatives be involved in a child's recovery in an approach called family- centered treatment.

Family members are asked to stop drinking or using drugs while their children are in treatment. They are required to take part in family therapy and to attend classes on drug and alcohol abuse.

Kids who are treated while living at home are called "outpatients" by treatment professionals.

Being treated at home is an option for kids whose addiction hasn't progressed to the point of physical withdrawal, says Scott Lundberg, director of substance abuse services for Youth Eastside Services in Bellevue. It works best if a youngster has a strong support network of family and friends, he says.

Sometimes a therapist will make contracts with kids who live at home with the caveat that they will have to go to a residential treatment center if they cannot stay clean.

Kids who voluntarily move into residential treatment facilities for up to 60 days are called "inpatients." Although residential facilities are not locked and youngsters are free to leave, the kids promise to live by a strict set of rules while undergoing intensive therapy.

Many residential programs use a series of levels for kids in treatment. Kids who successfully complete portions of a program are rewarded by being promoted to a higher level where they receive more privileges.

Being treated at a live-in facility is an option for kids who use alcohol or drugs daily, or who live with family members who are alcoholic or addicted, says Bogan of Ryther Child Center. Ryther has a 60-day residential program that last year admitted to treatment 169 kids from 12 to 18 years old.

There is much disagreement about what sort of treatment is best, but Jule Sugarman, chief of the Department of Social and Health Services, thinks the growing drug and alcohol problem is too critical to put off.

"You can't wait for perfect knowledge," he says. "I consider the problem so alarming, I'm willing to recommend things that have potential for success."

Philip Showstead, manager of King County's Division of Alcoholism and Substance Abuse Services, says some studies show that residential treatment is no more effective than treatment for kids who stay at home.

"Inpatient (treatment) gets someone out of your hair for six to eight weeks," he says. "But send someone to Hawaii and you could accomplish the same thing."

Showstead favors treating children while they live in their own homes because it keeps them in their communities without the artificial surrounding of an isolated treatment center.

"The reason outpatient (treatment) works is because you're dealing with the everyday pressures in the world you're living in," he says.

But Showstead isn't even sure treatment is always necessary. A certain amount of rebelling is normal for adolescents and no form of treatment has a marked success rate, he says.

"The majority of kids who go through substance abuse treatment go back out and use (drugs or alcohol) again," Showstead says. "There's a very low success rate. We have a lot to learn about dealing with adolescents."

Success rates are difficult to measure, even if you could get a treatment center to quote a rate of success.

Is it success if the kid doesn't drink for a year, two years, five years? Is it success if a kid slides backward for a couple of months, then cleans up his or her act?

"When you (a person inquiring about treatment) ask about their success rates, they'll hem and haw because they don't know. That's part of the run- around," says Dr. Michael Young, former medical director at New Beginnings, an adolescent residential treatment center associated with Lakewood General Hospital in Tacoma.

Bruce Edgerton says, "I really don't know how to measure success. . . . Most kids drink and use (drugs after treatment) at some point. Our goal is to ruin the high." Edgerton is director of community relations for Pioneer Trail, an adolescent treatment center in Oregon, a state where parents can force their children to get treatment.

Young says: "It's a pretty dismal picture, with or without treatment. Either they're going to quit or not going to quit. High numbers of people

will quit on their own. In fact, that may be the most major way people quit, is on their own."

Young, however, does not believe in not treating kids. He says it is important to help people who ask for help. He advocates treating children while they are living at home, the least intrusive sort of treatment.

"You don't need to be warehousing kids for 45 days when nobody has ever shown whether outpatient or inpatient (treatment) is better," he says.

Counselors who work at Straight Inc., which has seven non-profit treatment centers in the United States, disagree.

The average length of stay for its clients, who are between 12 and 25, is one year, says Scott Wright, admissions counselor at the Straight program in Dallas, the center closest to Seattle.

Shorter programs don't work well because adolescents need more time to develop coping and decision-making skills, he says.

Last month, there were seven kids from Washington being treated in Texas. Facilities in Atlanta and Washington, D.C., each had one Washington youngster. The average cost of care, excluding travel, is \$11,000 a year, Wright says.

Kids live outside Straight's treatment centers with trained "host families" whose children have gone through the program. The kids practice their new skills in a family setting.

Straight, which gets calls from about five Washington families a month, won't treat kids unless their families agree to participate. Out-of-state families must travel to the center one weekend a month while their children are in treatment.

"It's a commitment that a lot of parents can't make," Wright acknowledges, but he thinks it contributes to the program's 70 percent success rate of sobriety for two years.

Treatment providers say it doesn't work to treat kids like little adults, because the youngsters can't step back into the past and remember the serenity of their lives before drugs and alcohol.

"Kids who start at 8 or 9 can't remember what it felt like before they were drug-free," says Bogan of Ryther Child Center.

"Most of these kids haven't (learned to fit into society). They haven't grown up yet. We end up wiping the slate clean. There's nothing to build on."

One of the challenges is convincing kids there are ways to get high without using chemicals.

"You're talking about the excitement of jumping out of an airplane," Bogan says. "And now you want to take them to the park to play on the swings.

"These chemicals are like sparklers. To tell them to go out and get a drug-free high isn't going to work. You have to understand their pain."

Tomorrow: Part Three of the series will focus on drugs, kids and crime.

cw/gh

- Caption: PHOTOMIKE URBAN/P-I Patients at Ryther Child Center can earn privileges such as smoking breaks, but they also can lose them for breaking the treatment program's strict rules.

- Memo: A P-I SPECIAL REPORT KIDS ON BOOZE AND DRUGS: GETTING UNHOOKED

• Index terms: SERIES CHILDREN JUVENILE DRUG ALCOHOL MAJOR STORY

• Record: 8802030545

• Copyright: Copyright (c) 1988, 2000 Seattle Post-Intelligencer (<http://seattlep-i.com>). All rights reserved. Reproduced with the permission of the Seattle Post-Intelligencer.