BEING AN ADOLESCENT AND A DRUG USER
Responses to adolescent drug use towards the year 2000 in Greece

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In the present paper we shall undertake a presentation of the Therapeutic Programme of STROFI; its basic principles and theories which underlie its manner of intervention with regard to the problem of drug use as well as drug dependence, data concerning the results of the Programme so far, as well as its new targets for the forthcoming years.

STROFI constitutes a self-sufficient, complete and multiphase therapeutic programme addressing itself to adolescent drug users from 13 to 21 years of age, as well as to their families. It is a programme under the auspices of KETHEA (Centre of Therapy for Dependent Individuals) and its operation started on 21st June 1988.

STROFI consists of the following units: The Information Centre, the Non-residential Therapeutic Community, the Social Activation Unit and the Family Therapy Unit.

STRUCTURE AND FUNCTION OF THE PROGRAMME

The Information Centre

The Information Centre (I.C.) constitutes the initial part of the Programme which the adolescent user comes to know. Usually it is the participation of the user's family in the Family Therapy programme that precedes the adolescents first contact. The fundamental aim of the Information Centre is the provision of information regarding the Programme and the mobilisation of young adolescents aiming at their induction to the Therapeutic Community (T.C.); this can be achieved through individual or group sessions with the staff, or even ex-users, members of the first stage of the rehabilitation phase.

We view that as the adolescent drug users are at the beginning of drug use, without having had previous experience of the serious bodily, emotional and social consequences onto their way of living and are therefore characterised by total lack or weak initiative for therapy, the inclusion of their age peers ex-users in the effort of their mobilisation, constitutes a principal factor for the success of that effort.

Finally, apart from the information and mobilisation of the adolescents who address themselves to STROFI, the Information Centre organises a number of activities aiming at establishing contact of the Programme with the users in the "streets" in addition to sensitisation activities held at places such as pharmacies, police stations, social and judicial (court) services to render them sensitive to problems related to drug use.

Non-residential Therapeutic Community

The Non-residential Therapeutic Community (T.C.) constitutes the main phase of the Programme and lasts for about 15 months. It requires daily attendance and functions from 09:00 till 19:00 daily except Sundays.

The programme of the T.C. comprises therapeutic procedures, educational as well as entertaining activities, in addition to daily work. The above four fields of activity, each one of which comprises delineated procedures, constitutes separate fields, only in name. It can be well understood that a class of physics or language can at the same time be entertaining, or a basketball game can serve a therapeutic purpose as well, in the same way that an encounter group can be educational too. In essence, all that takes place in the T.C. has educational entertaining, as well as therapeutic elements.

Besides, one of the reasons why we pay particular attention to mainstream education as well has to do with the fact that we are dealing with teenagers some of whom have abandoned school. For a start we have decided that it will be a prerequisite for someone to complete the 9 year obligatory curriculum before graduating from the Programme. In effect a minimum of 5 hours out of the daily programme is

dedicated to an educational curriculum of various subjects. The members attend either evening school of secondary education or technical schools as well as schools of further education or University level from the 2nd month of their admission to the T.C. STROFI since December 1993 owns its private establishment for the educational activities of its members. It took us five (5) years since its foundation to achieve that, but it testifies to the ever increasing interest and importance we pay to education.

The principal aim of our educational programme is the education of the members of the T.C. as well as those in the Rehabilitation phase in subjects of general academic knowledge (Language, Ancient and Modern Greek studies, Maths, Physics, Chemistry, History, English) without over looking the development of their athletic and artistic interests. So Wednesdays and Saturdays are reserved for athletic and artistic activities according to each member's choice which results in the formation of corresponding activity teams; to be more precise there function 3 athletic teams (football, basketball, gymnastics) and 5 art teams (photography, music, painting, theatre and fairy story writing). All the above teams remain open to the graduates of STROFI.

For the realisation of our educational programme we are in association with 10 part-time teachers (high school teachers, gymnasts, artists) who are co-ordinated by a full-time employed head of education.

After their evening classes the members of the T.C. return home except for those whose parents live in the provinces or those who do not enjoy the family support. It is with the latter category of adolescents in mind that the hostel of STROFI was established in November 1989. This hostel is also open to adolescents from the provinces who having completed the T.C. phase and are in the process of rehabilitation. The responsibility of the Hostel lies with the older members who live in, whereas all the members of the T.C. who do not happen to live in are still helping in turn in the everyday duties.

Social Activation (Rehabilitation phase)

The last phase or the Therapeutic Programme for an adolescent is that of the Social Activation (S.A.) which lasts for about 8 months.

During this period members face the hardships of reality without enjoying the continuous everyday support and security of the T.C. any longer. They try out far from the protective environment of the Community the potential of their own new self. The hardships they have mainly to confront relate to their dealings with people outside the programme, their education, their work, the other sex, and finally with their families. The meetings of the S.A. take place on a two-hours basis, weekly, with an extra "going out" evening for all every Monday.

The Family Therapy Unit

The Family Therapy Unit of STROFI (F.T.U.) has been planned and has constituted from the very beginning an indispensable part of our therapeutic approach. We consider the work which takes place in the (F.T.U.) equally important for the successful result of the adolescent user's therapy as the one which is carried out in the T.C. as well as in the Social Activation.

In most cases it is the parents themselves who approach STROFI having found out about their adolescent son's/daughter's use. They are also first in achieving small changes until their child contacts the I.C. The Family Therapy Unit consists of the following therapeutic-counselling groups: information

— mobilisation groups, parallel groups, independent groups and the special groups. In the information

— mobilisation groups not only parents but other relatives or persons related to the adolescent user's life (except for siblings) take part receiving information on STROFI but also support in their effort to become active themselves and activate their child as well. The adolescent user's brothers and sisters take part in special siblings' groups their information being undertaken by other peers who have finished their courses in similar groups. In the parallel ones participate parents or guardians whose children are members of the T.C. or the Social Activation phase. Lastly there are the independent groups, the participants of which are the people whose children either were in the programme but have stopped attending or they have not started the programme yet.

The special groups of the F.T.U. are comprising the parents from provinces, the latter including both parents and guardians of the T.C. members living in the Hostel; the parents of Social Activation including parents and guardians of the members of Social Mobilisation phase; and finally teams of adolescent users' siblings who are either undergoing therapy or have not as yet joined the T.C.

All teams belonging to the F.T.U. are co-ordinated by volunteer parents or brothers/sisters who having completed the Family Programme remain under constant education and supervision. The supervision groups as well as the special groups, except of the sibling groups are all co-ordinated by the head of the F.T.U.

In addition to the above regular groups there is a number of specific purpose groups of limited duration. As such we can mention the groups for fathers, for mothers, for couples etc.

Apart from the private consultation sessions, the couples sessions, there are also family therapy sessions which complete the final number of therapeutic interventions that take place in the F.T.U.

We should add here that in the F.T.U. as in the T.C. of adolescents there are organised educational and entertaining activities as well as work teams also operating on voluntary basis.

Up to April 1995 the F.T.U. had enlisted 727 families alongside 557 adolescent users who had joined the Information Centre. Thirty one percent of the latter were girls and 9 out of 10 had received no previous therapy; Ninety five percent were regular smokers and 70% was broken away from school. Eighty six percent came from Attica region. The average age was 18.8 years (18.9 for boys and 18.3 for girls).

With regard to the motive for joining, half of the population gave us motive the exertion of family pressure, 29% gave "personal" reasons and 24% came because they had troubles with the law.

Nearly 7 out of 10 lived with parents, 1 out of 4 had divorced parents, 70% of the latter living with the mother; in 7% of the cases one parent was alive, that being the mother in the greater majority (92%).

With regard to the substance use, 53% registered as substance of initiation hashish, 38% the pills (minor-tranquillisers), 6% syrups containing codeine, 3% heroin, 3% alcohol, 2% the various volatile inhalants and 1% various substances.

Heroin was mentioned to be the ultimate substance of systematic use by 58%, pills by 34%, hashish by 28%, codeine syrups by 16%, cocaine by 5%, alcohol by 3%, LSD by 2% and other substances by 1% With regard to the average age of first contact-use of the substance, our data show that 11% had their first experience with drugs at an age under 13, 60% between 13 and 15 years and 26% between 16 and 18, whereas 3% between 12-21 years of age.

BASIC PRINCIPLES AND POLICIES OF THE THERAPEUTIC INTERVENTION

Every action of ours aiming at helping the adolescent users and their families is ruled by the principles as set and followed by the Therapeutic Communities (1, 2, 3, 4, 5) and take into consideration the theories of the existential-humanistic psychology (6, 7) as well as those of the systemic approach (8) and constructivism (9, 10).

The answers one provides to the problem of use abuse and dependence are definitely and strongly related to the causative factors which one believes as contributing factors to the overall creation of the problem.

The cause of dependence is an issue which many researchers have studied and formulated theories which relate use, abuse or dependence to a varying degree, and at various times, to factors such as biological, psychodynamic, family environment and social ones (11). We believe that the use or abuse of substances and very often the ensuing dependence is nothing else but the tangible manifestation of a dysfunctional condition which constitutes a far more complex issue which further touches on the fundamental problem of an individual to "invent" him/her self, to construct the world and to give meaning in his/her life. This remains an on-going process of human life-cycle. It is during this process that the individual is confronted with moments of crisis which s/he needs to overcome in a creative and evolutionary manner in order to ensure further maturity and accomplishment.

However there are times when for some individuals this becomes inaccessible with their

unsuccessful efforts to solve the crisis resulting into an opposite effect; so not only can't they help themselves to progress but bring themselves to a stall, covering up for their problem and so complicating it even further.

Adolescence constitutes such a transitional phase of crisis. One of the unsuccessful solutions in which a number of adolescents resort is the use or abuse of substances.

For us every answer to the problem of drug use whether it be preventive or therapeutic must take all the above into consideration. It is for this reason that in STROFI our answers are addressing the problem of being a drug user and the issue of being an adolescent at the same time with greater importance to the latter.

One can combat the problem of drug use and stamp it out fairly quickly in the final analysis. But to be an adolescent is a state that lasts longer period and is a lot more complex.

Adolescence, a bio-psycho-social phenomenon, constitutes the psychic structure transitional period of time between the infantile and the eventual mature adult personality (12). This transition is depicted on personal, interpersonal, as well as legislative level (13). On the personal level we have biological cognitive and psychosocial changes, in the interpersonal we have changes in the family, as well as in the peers relations, and finally in the legislative level there are marked differences in the school, work and social position. It is during this developmental stage that the psychological balance can become disturbed and the personality be characterised by fluidity. The adolescent urged by internal as well as external forces is seeking independence from parents, abandoning the idealised picture of them while at the same time accepting the limitations and failures of everyday life. In adolescence all conscious and unconscious elements of personality are composed to a long-term self image.

The result of this synthesis is called identity (14).

In STROFI we are concentrating our efforts at responding to the demands that adolescence is subjecting each young person. We are trying to give the adolescents the "second chance" as psychoanalysts say that we have in adolescence, to "solve" the psychological conflicts of our childhood.

Our efforts concentrate on providing the young person with an identification model outside the family so that the individual be able to accomplish the process of independence. We are trying to provide discernible and stable boundaries combined with the necessary control and guidance which derive from the principles of the stuff that works in STROFI. For as long as we subscribe to these principles there will be a steady framework of boundaries and a structure which will withstand the adolescent's aggressiveness without opposing their reactionary aggressiveness in a sense of revenge, but appreciating that such a reaction is deemed as necessary in the adolescent's struggle to define his/her limits. The therapists are in effect assuming a powerful and worthy parental role model; in so doing they won't fear the adolescent's antagonism lest it should defeat them. On a parallel line they will also assist the parents in the F.T.U. so that the latter can through their personal maturity achieve a similar status.

The T.C. constitutes the collective area within which the adolescents will come in contact with their peers; a force that during adolescence exerts a far stronger ally to their struggle for independence than in any other stage of development. The feeling of belonging to the peer group is very important as it gives the adolescent a temporary identity before achieving the personal one. The former user discovers within the T.C. the potential with which the peer group provides him/her for constructive rather than destructive activities.

Our experience has shown that whole teams of adolescent users who before attending STROFI formed a group and resorted into antisocial activities used the same processes of influence within the group, to join the T.C. and to graduate from it later.

Therefore we believe that if the age peer group is an important influence towards drug use (15) it can also be an important factor in influencing participation in and completion of therapy.

The educational processes within the T.C. and the Social Activation phase, as well as the adolescent's achievements within STROFI and the wider environment of school in general are those which can boost the user's self-esteem which as it is well-known is very low not only among the majority of dependent adolescents but among drug users in general (16, 17).

Furthermore the fact that the T.C. does not constitute their place of residence, gives the adolescents the chance to come in daily contact with the places that used to visit and they used to circulate in as users; in this way the adolescents can build a resistance to the attractive stimuli, something that can effectively strengthen their self-esteem. We believe that, despite all the potential dangers in adolescents' involvement, the strength of stimuli, the presence or absence of support, the whole experience can be supportive towards learning and developing an ability of acceptance and endurance of a considerable amount of pressure and rejection while the adolescent is in therapy (18).

Finally, STROFI helps an adolescent to face the future, to adopt within the group framework, an ideology, a philosophy of life, embracing a system of values and ideals. This helps give meaning to his/her existence and relations with the others, set targets and work towards his/her achievements.

For us however the whole family constitutes the unit of the therapeutic intervention. The drug using behaviour by one or more members of the family represents and expresses the disfunctioning of the whole family system at a particular time (19). Our therapeutic target therefore does not simply stop at confronting the symptom of a user's consumption of psychoactive substances. It aims furthermore at each family member's development and differentiation resulting to a new form of coexistence within a constantly evolving society, having at the same time acquired all those skills required in a world of constant changes and search for new balances (20).

The involvement of the family especially in cases of an adolescent's use of psychoactive substances constitutes a sine qua non factor. The family does not only represent one of the main factors related to the development as well as continuation of the existing problem (21, 22, 23, 24, 25, 26, 27) but the family is one of those factors which can be used at confronting the problem (28, 29, 30, 31, 32, 33, 34).

Not only the adolescent but the majority of older users too live with their parents (35) to whom they return after therapy.

Consequently this requires changing the structure of the family which is going to receive them again. The family is one of the major factors which turn the user to therapy (36). Therefore the F.T.U. targets at the parents mainly, in order to make them realise, as well as the user's siblings that they can't change the user; but what they can do is by changing themselves assist in the other person's change. By confronting and facilitating the "solution" of problems that parents experience being themselves middle aged and in a transitional period of crisis (37), we help them directly as individuals as well as helping the adolescent indirectly. The approach policy we follow towards the sibling of the T.C. members on the one hand and the non-user sibling of adolescent users outside the T.C. on the other hand, aims at firstly providing support and secondary preventing the same or similar symptom to arise; something which is a common phenomenon during the period of restructuring the family system.

Finally we must add a factor of great importance to us; the therapeutic intervention is realised within a "dry" voluntary and long-term programme, inspired by the philosophy and practice at self-help groups without at the same time rejecting the consideration of any other type of therapeutic approach.

We believe in a "dry" therapeutic programme as we consider that the substitution or change of a psychoactive substance for another is not a meaningful change in the sense we have set out to achieve it.

We also believe that our members' voluntary participation is a sine qua non prerequisite since therapy, as it involves a change of attitudes to life, cannot be forced upon them by legislative decisions. The latter are welcome if they can offer imprisoned users the chance to try out their participation in the Therapeutic Community.

We believe that the problem of using drugs is not happening in a vacuum far from other individuals, and it is for this reason that it cannot be dealt with on individual level but always in the sphere of "others", in the group environment.

We also believe that the therapeutic programme must be a long-term one because it aims at the foundation of a new way of life as advocated by STROFI, for adolescents and their families which requires a lengthy programme. Our programme lasts for an average of 2-3 years. In an era of easy and fast solutions we consider that the above length of time is necessary in order to ensure the post-therapeutic success as the relevant studies have shown too (39, 40, 41, 42, 43, 44).

NEW PROSPECTS TOWARDS 2000

The prospects regarding the use of psychoactive substances by adolescents in Greece are considered as neither optimistic nor pessimistic.

The latest study covering the whole of Greece, conducted by the University of Athens, in 1993 (45) has shown that the use of psychoactive substances by adolescent students 14-18 years of age, as well as by adolescents among the wider population, between 12-17 years of age has remained stable within the last decade and in low levels, with a slight perhaps tendency to increase with regard to the systematic use (last year's and month's use) among boys. Cannabis remains the major substance of use.

The use of unprescribed drugs (pills), presents a rising tendency irrespective of age category. From 16.5% to 18.1% (last year use) and from 6.3% to 8.8% (last month use).

A very encouraging factor has been noted in the average age of initiation to drugs, which has risen by one and a half year from 14 to 15.5 years of age. In comparison to 1984 fewer pupils have reported that there is a drug problem in their schools (16% vs 18.2%). However some worrying data of the 1993 research in contrast to that of 1984 are coming to surface. They describe the pupil percentage especially among boys who consider neither harmful nor slightly harmful the trial or regular use of unprescribed psychoactive drugs. For the Athens area there are corresponding percentages between 1984 and 1993 regarding the trial use at 14% and 19.4%, whereas the figures regarding the systematic use stand at 4.1% and 8.1% respectively.

Some other worrying data relate to the perception of availability of substances. In contrast to 1984 there has been a considerable increase in the availability perception regarding not only cannabis but heroin too, while with regard to the corresponding ratio concerning tranquillisers it remains steady, at the same high level. More than 7 out of 10 pupils reveal that it is easy for them to find tranquillisers, 4 out of 10 marihuana, 3 out of 10 heroin and other drugs.

The same researchers point out: "The data we have collected with regard to the use of narcotic substances among the school population (absence of increase of use among pupils, tendency of higher age for first use, relative decrease of use in technical/professional schools) are not disappointing". As for the slight decrease in the number of pupils who state that there is a drug problem in their schools, "constitutes, if nothing else, a further indication that at least among the pupil population of our country the use of psychoactive substances has not presented a rising tendency within the last decade" (45).

Our own data concerning adolescent users who approached STROFI, support the findings of the above study. The average starting age of use for instance, among those who approached STROFI within the last two years presents a rising tendency in comparison to the last five-year period. It rose from 14,4 years to 14,8 in boys and from 14,6 to 15,2 for girls.

In the 1993 study and in particular in the school population sample of Athens, there has been noted a rising tendency towards the use of hashish, and pills, whereas a decrease of heroin use was found in contrast to previous studies of 1984 and 1988.

Our own data concerning the last two years in comparison to the five-year period between 1988-93 point to a spectacular increase of hashish use from 19% to 47% and in the psychoactive unprescribed pills a rise from 24% to 55% as a main substance of systematic use; in heroin use on the other hand there is a reduction from 65% to 46% and in cocaine use from 7% to 3%. Hashish also showed a dramatic increase from 47% to 65% in addition to being used as an initiation substance.

The above tendency to use "softer" drugs observed in the adolescents who approached us within the last two-year period, combines with a reduced rate of involvement in sentence carrying offences, (from 30% to 11%) as well as a reduction in the percentage of those who left school (from 78% to 73% in boys and 58% to 50% in girls).

We should however show the appropriate caution. The data deriving from the University of Athens study concern mainly a school population. Studies of similar nature fail to report the true picture for a number of reasons. The adolescents-users give up school (7 out of 10 of the adolescents who

came to STROFI had abandoned school) and so cannot be recorded either in studies of this type, or in those of the wider population, due to the very nature of the research (personal interviews, absence of the adolescent user from permanent residence where the interview takes place). We should therefore, according to the researchers, show some reservation towards these findings until such time as they become confirmed from future studies given the fact that the phenomenon of substance dependence is undergoing constant change and fluctuation.

Besides, what should seriously alert us is the significant increase of drug use among young people of after-school age (18-24 years of age) from 8% to 14% as a permanent life feature from 3,9% to 7,5% within the last year and from 1,8% to 3% the last month.

The latter age group presents a doubling up of alcohol consumption as well.

What remains for us to do too, is the close monitoring of the effects of drug use in more recently sensitive groups of people, like the repatriated Greeks from Albania and the former Soviet Union, as well as the refugees from neighbouring countries especially of the former so called Eastern block. Their living conditions as well as their emigration itself to Greece constitute stressful factors which lead to substance use and dependence.

Our experience so far shows that the new type of substances (designer's drugs) and their ways of use have not reached our country's adolescent population. Up till now only sporadic references to the use of such substances we have noted. The ease however with which they are made and marketed does not allow us to rest assured that in the future we are not going to witness an increase in their use.

What certainly begs further study is the fact that a percentage of 6.5% of the school population mentions the use of solvents, petrol based, adhesives etc. as means of mood-conditioning changes. Despite the dangerous nature of such a practice (46, 47, 48) and the easy access to the substances, experiences from other countries (49) show that the percentages of users of such substances among adolescents remain stable within time ranging between 4-8% with only some minor geographical and chronological fluctuations.

Another phenomenon which requires close scrutiny is the tendency among some adolescents to use more than one substance (polydrug use). This is a common phenomenon observed in many European countries lately (50).

Finally, with regard to the extremely serious problem of AIDS and its relation to intravenous drug use, we believe that we cannot show any complacency. Up to know we have not come across serious problems in Greece in contrast to other European countries such as Italy, France, Spain, Ireland and Switzerland (50).

Up to September 1993 only 5% of the AIDS cases were intravenous drug users (51). In STROFI we have had only one case of a girl who was HIV positive. Nevertheless as Papaevangelou and Kallinikos of Athens University point out "there is a danger of an outburst of an epidemic in such a closed group of people triggered by the existence of a critical number of carriers" (51).

Within the immediate prospects of STROFI we enlist the development of existing and future services in order that we be able to respond to a wider than the present number of adolescents, apart from the existing number of dependent individuals. We reckon that the development of an intervention structure such as responding to secondary prevention, adolescents who are occasional users or have simply had a drug use experience, embracing their families too, would constitute for us a new move forward in the right direction.

Within the last two years not only an increasing number of adolescents' parents but a number of adolescents of the latter category themselves have started contacting STROFI.

STROFI may be a therapeutic programme but it is also interested in primary prevention. It is in this field that, after the successful realisation of a youth preventive programme of E. C. framework HORIZON which lasted 2,5 years (52), we continue the informative activities to students and school teachers, as well as adolescents in various fields. Up till now STROFI has held informative sessions and debates on the drug use issue with 31.500 pupils, 450 teachers, 2.000 parents, 50 professionals in psychology related posts and 220 representatives of Local Administration.

Finally it is within our intentions to be able to intervene directly or indirectly in Institutions of Young

Offenders where there is a serious problem of drug use. Our proposals to the government are for the creation and development of programmes based on the principles of T.C. as an alternative to the young people's institutionalisation as followed in Greece today. Such programmes have been developed in the United States of America (53), Norway (54), showing a lot better results than imprisonment.

Summing up, we would like to emphasise that the use of psychoactive substances by adolescents, like the majority of today's problems cannot be studied and confronted only within a national scale. We are citizens of the World, but primarily of Europe. Under this concept we value our participation in an ambitions inter-nations 3-year programme in co-operation with our colleagues from Italy, Ireland and Great Britain. As this will study the state of adolescence in the above countries with the purpose of developing the services responding to the adolescents' needs in the dawn of the year 2000, we stress once more that it would be to us as much a challenge as an opportunity for further development.

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