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HEADLINE: TURNING KIDS OFF DRUGS

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BODY:

PAULA HAS BEEN A PROSTI-tute. She has stood on street corners hawking cocaine just to be able to afford it herself. She has been a vagabond, a truant and a criminal, but in her 15 years she has barely been a child .

"I started seeing my druggie boyfriend when I was 9," Paula says, her blond hair clipped back in barrettes, her face swollen from crying. "I let him beat me up, he broke my lip, gave me a black eye. I started having sex with him when I was 12, then I started to do drugs. That's all I cared about after a while. If I couldn't get money for drugs, I'd abuse myself, I'd beat myself with a brush so I would forget about the drugs. I would go to disgusting hotels with men and let them do anything to me just to get more drugs. I got diseases, this terrible infection. When I was 14, I got pregnant. The day I had my abortion, I went out on the street to sell drugs so I could buy some PCP. I was bleeding. I was sick. But I didn't care. Only drugs mattered."

While Paula talks, about 125 people listen and stare intently. What she says does not shock her young audience; it only reminds them of how their own compulsions drove them to similar horrors. As the day goes on, many of them will describe their own experiences. Some stories will be even more appalling than Paula's.

The confessions, blunt, humiliating and public, are the heart of a three-year-old program in Hackensack, N. J. - KIDS of Bergen County - that treats adolescents with compulsive disorders, mostly drug and alcohol abuse. For the sake of privacy, the teen-agers in the program are identified by first name only. KIDS, a private nonprofit group, is unusual and somewhat controversial. As the photographs on the following pages dramatically show, the process of treatment is painful. It does not rely solely on social workers, psychologists or doctors to help an addicted child. It uses the two strongest influences on a child as its primary therapeutic tools: peers and family.

O Reneu in 1984

For a teen-ager to be accepted, parents and siblings must agree to participate actively. They must attend therapy sessions and two evening meetings a week for the duration of the treatment and, when their teen-ager progresses in the program, they must allow newer clients to stay at their home.

In the initial stages of the five-phase program, the teen-ager sleeps in the home of another participant further along in treatment and spends 85 hours a week in intensive peer-group therapy. Because the counselors are themselves former addicts who have graduated from the program, the teen-agers cannot dismiss them as a bunch of adults who don't understand.

Rehabilitation programs vary; experts say no one approach is right for all children, and all programs have their advocates and critics. KIDS is sometimes labeled coercive and rigid. Although former addicts often become counselors, more traditional therapists have questioned their use as the mainstay of KIDS. The architect of the program, however, believes their role is vital.

"Kids push each other to get honest, the same way kids push each other to start taking the drugs," says Dr. Miller Newton, a medical anthropologist, psychotherapist and the founder of KIDS, who a year and a half ago was appointed by Gov. Thomas H. Kean as a charter member of the New Jersey Substance Abuse Advisory Council. "Truthfully, though, it's a tough program and a lot of people are looking for a magic wand."

The program was born of Dr. Newton's own confrontation with teen-age drug abuse. Mark, the youngest of his three children, started using alcohol and drugs when he was 12 years old. It was 1979, and Dr. Miller was then executive director of the Florida Association of Alcohol Treatment Programs; his wife, Ruth Ann, was a counselor with an alcohol rehabilitation program for adults in Tampa. They had missed the signs they were trained to spot.

"You never know which kid is going to end up using drugs or alcohol," says Dr. Newton. "I would have guessed Mark was the least likely of my kids to get involved. But adolescence can turn a kid around."

The Newtons enrolled their son in STRAIGHT, a treatment program for teen-agers in St. Petersburg. Within a few months, Dr. Newton became director of STRAIGHT and Mrs. Newton joined the staff. In 1983, a former patient's father persuaded the Newtons to develop a similar program in northern New Jersey. In May 1984, KIDS of Bergen County opened its doors. (A second KIDS program now operates in El Paso, Tex.) "It's very scary, very frightening when you realize it's your kid and he's addicted," says Dr. Newton. "You realize, there's no guarantee he's going to get well." Mark survived and is attending college in Florida.

Although recidivism is hard to measure because the program is so new, about 40 percent of those who enter KIDS drop out before the program ends, according to statistics provided by Dr. Newton. Of those who complete the course, 70 percent can be expected to stay straight, a figure comparable to other successful rehabilitation programs.

But that is not always the case with young people who let their guards down to peer pressure and drugs. Last March, in Bergenfield, N.J., four teen-agers locked themselves in a car and ran the engine until they suffocated. Traces of cocaine and alcohol were found in their blood. All of them had been, at one time or another, in rehabilitation programs.

News of the suicides echoed painfully among the teen-agers in KIDS. Almost all of them, at least once, had imagined themselves in the same position. CELESTE IS A BRIGHT, ARTICULATE 18-year-old with gentle, brown eyes and a raspy laugh. For three years, she had been using pot, alcohol, cocaine,

mescaline and PCP, or angel dust. Last spring, she tried to kill herself.

"I hated the person I became," says Celeste. "I thought it would never get better. I walked into my druggie boyfriend's bathroom one day and put a bunch of pills in my hand. I felt so trapped. Should I? I thought I had nothing to lose. Why not?"

Her parents had heard of KIDS through a local support group. On Sept. 13, 1986, Celeste signed herself in.

Experts struggle to explain why so many young people today abuse themselves with drugs, alcohol, even food. In the past decade, while overall mortality rates have declined, the rate of teen-age deaths has risen by 16 percent. Automobile and other accidents accounted for the most fatalities, followed by suicide and homicide; alcohol and drugs are believed to have been a factor in a significant percentage of the deaths. Professionals offer all manner of hypotheses: disintegration of the family; proliferation of violence, sex and drug use on television and in the movies; fear of nuclear war.

The teen-agers themselves have no ready answers. At KIDS, their stories usually are not of unloving parents, brutality or poverty, though there are many about broken families. Mostly, they speak of the traumas of growing up - of poor grades, unpopularity, lack of self-esteem, strict homes. While their parents and grandparents also knew these pains, the difference today is that drugs are easily available. At some point, someone who seemed to the children self-confident offered them something that made them feel better, too.

"I used to look at those people at school and think, 'I want to be happy like them,' " says Jason. "When I drank, everything felt easier."

"Drugs produce a chemical high. It feels good," says Dr. Newton. "But the high is so bright and shimmering, it makes regular life look gray, so they become more and more attracted to and reliant on drugs to feel good."

THE DAY A TEEN-AGER comes to KIDS for a diagnosis is the start of treatment. No time to call friends, stash drugs or reconsider. From that moment until the Phase 1 is completed, a newcomer is never left alone, not even to go the bathroom or to shower. An "oldcomer" is a constant, hand-to-belt escort, a reminder that a newcomer cannot be trusted.

And yet, the first is the loneliest phase of treatment. Though crowded by other clients, other families, the staff, the teen-ager is isolated - from his own family, the people once considered friends, the familiar drugs.

There are no distractions. The walls are bare but for self-help posters. The chairs are hard blue plastic. Music is forbidden, as is cigarette smoking, even socializing.

Janice is in Phase 1, still resisting acknowledgment of the way drugs changed her from an honor student, gifted in music, to a liar, a runaway and an addict. As with most others, she had no drug of choice; her only preference was for what was available.

"I just want to crawl into a ball," she says, clenching her fists and staring at the floor. "I don't want to share how I feel because I don't want to admit to myself what I did."

"Oh, no you don't," says June, a staff member."We're not going to let you off that easy."

Other kids wave their hands, competing to be called on to urge Janice to "get straight." Tears streaming, Janice finally recounts lying in a rat-infested garage, doing drugs with her boyfriend and then losing her virginity to him.

"I just wanted to be serene," she says. "I just wanted to be liked. I hurt inside so much."

When Janice finishes her story, the rest of the kids shout "Love you," a ritual after anyone talks in therapy.

"Love you, Paula," the group says in unison, after Paula admits once combining pills and hard alcohol in a suicide attempt.

Paula is in the first phase of treatment. So are her 19-year-old sister, Lynn, and her 17-year-old brother, Paul. There are several sibling groups in the program; KIDS demands family participation partly to prevent brothers and sisters from following the same destructive life style.

Twice a week at open meetings, the families sit on one side of the room, facing the teen-agers. There is no one type of parent, as there is no one type of teen-ager in KIDS. For hours, they listen to public confessions by their children. If their son or daughter has not yet earned the right to talk privately with them - a privilege gained in Phase 1 by demonstrating effort -they must speak publicly, across the room. Often, what parents tell their troubled youngsters is as painful as what they are told.

"I feel like I'm living on a detour," Sue's mother says. "I feel like the angel of death is at our door."

Once a youngster earns "talk," he or she has 5 to 10 minutes with the family after the meeting to speak and hold hands. It is then that a child must tell the family all the ways drugs ruined a young life.

"I sold my body for drugs and I pushed you away when you tried to help me," Paula says, sobbing and clutching her mother's hands. "I don't want to push you away. I didn't think I deserved your love. But I want to get well, Mommy. I want to come home."

If she continues to be this revealing, Paula may advance to the second phase. This step up, when a youngster can go back home, is one of the program's most emotional moments. At the Monday and Friday night meetings, in front of peers and their families, the teen-ager rushes across the room and into his family's arms, shouting, "Coming home!"

A few weeks ago, it was Michael's chance to embrace his parents with those words. "I feel like I've given birth again," said his tearful mother, cupping his face. That night, Michael slept in his own home for the first time in weeks and began to rebuild the family he almost destroyed.

In the next two phases, the teen-agers return to school or work and face the outside pressure that has already stolen precious time from them. They begin to socialize with "straight" friends and family. Still, they must report back to the center for continued treatment. The recovery is still incomplete.

Sometimes, a teen-ager "cops out," goes back to drugs or runs away. If he or she returns to KIDS, it is usually to Phase 1. The initial fee of $7,200, which often is partly paid by a scholarship, covers the teen-ager for as long as treatment takes - the average time is 12 to 14 months, according to Dr. Newton - including a refresher, if needed, sometime after graduation.

DANIELLE REACHED Phase 4, went back to work, and pretty soon was smoking cigarettes and hanging out with the people who had introduced her to drugs. "I still wanted their approval," she says. "It was so confusing." She started at the beginning again and has worked her way up to Phase 2.

The last bridge before returning fully to society is Phase 5. A client no longer takes home newcomers, has an individualized schedule at KIDS and helps staff. Graduates say it is a tangle of fear and anticipation.

Celeste is still a few weeks away from entering the fifth phase. When she leaves KIDS at night, she still takes home a newcomer, a reminder of where she was just a few months ago. Her charge now is Paula.

"Sometimes I don't want to talk anymore," says Paula, as they get ready for bed. "Sometimes I don't even believe I'm there."

"There were so many times I thought of copping out," says Celeste. "I resisted everything. I kept to myself in group. Then I started to realize the person I became on drugs and I saw that I couldn't give up or I'd be that again."

"I still feel like I'm out of control," says Paula, "like I'll never get well."

When the lights are turned off, Celeste wedges her bed in the doorway, to keep Paula from leaving unnoticed. The nights now, says Celeste, are filled with dreams and hope. For Paula, huddled beside her in a sleeping bag, they are still terribly frightening and lonely.

GRAPHIC: Photos of teens (Mary Ellen Mark) (pg.28-32)

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