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Social behavioural and addiction psychotherapist

Saf Buxy

Buxy Recovery Process, UK

Behavioural and medical interventions assume that young people are particularly at risk of addiction due to the fact that their brain is still developing and they lack adult-level judgment and ability to regulate emotions. Thus, drug prevention programmes should be made and tailored to young people and focus on enhancing social skills and improving self-regulation ability (e.g. 'self-control'). As young people with depression and ADHD are also at risk, intervention programmes should focus on the young as well. Medical treatments can help restore healthy function in affected parts of the brain improving emotional and decision-making capacities. Methadone can help control withdrawal/ cravings and behavioural interventions – e.g. emphasis on healthy rewards from social contact or exercise and changing lifestyle to avoid drug-related environments/ peer groups- can change addicts cognitive and behavioural patterns and responses. Public health policy is based on the assumption that as brains do not emotionally mature until 21-25 years of age, policies such as the minimum age for buying alcohol in US (25 years old) are relevant. Therefore, smoking age could be increased to reflect this fact. The brain disease model has been used by MHPAEA to understand and treat addiction and this has resulted in increased enrolment and engagement by addicts. The disease model treats addicts as suffering from a disease and this reduces stigma and personal blame. Treatment of addiction can be much better managed by health providers if it is viewed as comparable to other illnesses. Snoek et al. (2016) argues that despite biological risk factors leading to a high predisposition to addiction, from the perspective of free-will as being defined as an ability to choose from multiple options, addicts are 'free to choose' and that addiction-type behaviours are always voluntary. Indeed many severely addicted individuals exercise free-will to quit when costs outweigh rewards. Strategies such as contingency management, cognitive training and Systematic Motivational Counselling can aid exercise of free-will to quit.

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Biography

Saf Buxy is a Social Behavioral and Addiction Counselling Psychotherapist. He is an Author, Speaker, TV and Social Media personality, and respected pioneer in Addiction Consulting. He delivers life-changing material and personal expertise to shift clients towards a more fulfilling future. Through gaining personal empirical knowledge, he incorporates this experience along with research, training, and vocation in guiding those afflicted by trauma and addiction. The complexity of human behaviour requires a non-prescriptive approach; Saf transforms people's lives through mentally disbanding the cause of their pain. As a proponent of breaking free from 'the madness', he has successfully liberated numberless individuals from tribulation so that they continue to lead a fruitful and inspiring life. His process, *The Buxy Recovery Process*, will liberate thousands of people from their burdens. He can candidly talk about his experiences to help others liberate themselves from the attachments to any addiction.