



# 'Is rehab better than crack?'

The Tories are gearing up to select 'rehab' as its key weapon in the war against drug addiction. But, says **Diane Taylor**, rehab is far from being a sure-fire success for people with severe drug problems.

**G**OING into rehab has never been more fashionable, if the pages of *Heat* and the other celebrity mags are to be believed. Pete Doherty, Robbie Williams and Kate Moss's forays into the world of drug treatment have been well documented. Meg Mathews, former partner of Oasis's Noel Gallagher has joined the throng beating a path to the door of an upmarket rehab. She confessed to *Hello!* in January that checking into the Capio Nightingale psychiatric clinic in north London was "the biggest, scariest thing I've ever done. It was also one of the most worthwhile."

Across the Atlantic 20-year-old Lindsay Lohan has done the same, going into the Wonderland Center in Los Angeles in a bid to tackle her addiction to alcohol and drugs. "I have made a proactive decision to take care of my personal health," she announced before disappearing into the inner sanctum to mentally and physically scrub herself clean from addictive substances.

But does the fact that rehabs have become a stylish lifestyle accessory for some celebs mean that they're actually any good? Well the Tories certainly seem to think so.

## MAGIC BULLET

In *Addicted Britain*, a report penned by their Addiction Working Group in December 2006, they, predictably, say that Labour has failed miserably to tackle the scourge of addiction. The report is particularly critical of maintenance prescribing with methadone, saying that people given the substitute opiate are simply being left to rot. The authors question whether the prescribing of methadone is replacing illicit addiction with the state-sponsored variety.

But, according to the report – a document likely to influence the next Tory manifesto, the key to solving the scourge of drug addiction is rehab. It condemns the number of empty rehab beds – half of the 2,400 available according to their report – and say that all those who

experience addiction should have the opportunity to get clean by going into rehab. Another report containing recommendations for action will be published in June 2007.

Yet addiction is a far more complex business than politicians of all parties are prepared to acknowledge and if there was a magic bullet, it would be such a vote-winner that politicians of all hues would be clamouring to use it without delay.

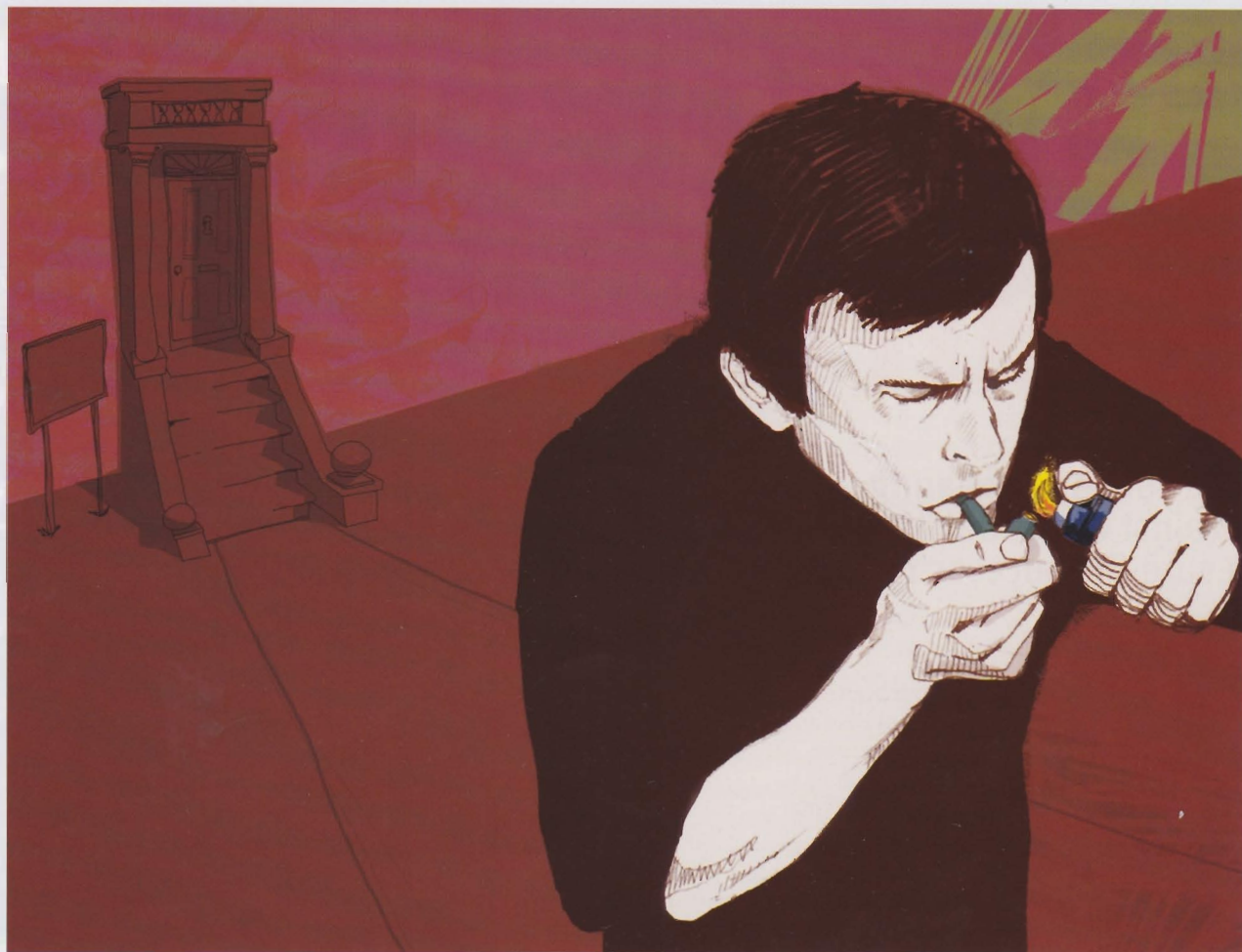
In fact there are a variety of approaches to treating addiction and different things work for different people. While having a drug-free population might be desirable for politicians who want to be able to say they have cured a whole host of social ills, it's unlikely to be achievable any time soon. Many people who use class A drugs heavily are self-medicating to tackle painful situations in their lives. Getting through the day without some sort of chemical crutch is simply not an option and for them methadone or Subutex maintenance therapy can work well in stabilising their lives and breaking the link with street drugs.

## SUCCESS RATES

There are no entirely reliable statistics on the long-term success rates of rehab. The National Treatment Outcome Research Study (NTORS) examined outcomes after discharge from 16 residential rehabilitation programmes. It found about half of clients had been abstinent from heroin and other opiates in the three months prior to follow up. Rates of drug injection were halved and rates of needle sharing were reduced to less than a third of intake levels.

However, those who keep in touch to allow their progress to be charted after completing a stint in rehab tend to be a self-selecting sample of people who have stabilised their lives. The ones who revert to their former lifestyle are much less likely to keep in touch. In addition, those who drop out before the end of a programme, many of whom do so to resume drug-taking, are not recorded as pass or fail in the statistics. ... 22

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21... Some experts say that there is little difference in success rates between those who detox at home and work autonomously at remaining stable afterwards and those who go into a treatment centre to shake off their habit, although no data exists to back this up. Monitoring success and failure accurately is also complicated by scenarios such as this one: someone may go into rehab, relapse, then try and get clean again several months or years later under their own steam. If they then succeed does their spell in rehab statistically count towards their recovery or not?

There are many different types of rehab on offer – short or long stay rehabilitative programmes which provide accommodation and structured activities, supportive programmes which people can access after going through rehab, programmes where rehab and detox are combined, 12-step programmes and other forms of therapeutic schemes. It is certainly a case of different strokes for different folks.

Paul Ryder, 38, found his stay at a six-week, residential rehab, was successful in helping him to shake off his addiction to alcohol and cannabis.

“There were a mix of NHS and private clients there and I found the diversity really helpful. The people in there ranged from bankers and advertising executives to professional criminals and sex workers. What blew my mind was that although all our stories were different our

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ILLUSTRATION:  
www.peter-mac.com

thinking was the same. Various members of my family had problems with alcohol and through the counselling and psychotherapy offered at the rehab I gained new insights into myself and my family.”

#### TEMPORARY FIX

Despite the positives, Paul says the course was far from perfect. “I don’t think there’s enough support available to people when they come out of rehab. I felt very lost for the first year, although it does get easier and I’ve been clean for six years now.” He believes that for some, particularly the more chaotic users, there are still too many hoops to jump through before treatment can be accessed.

However wonderful the treatment users receive inside the safe and closeted environment of a rehab, they will be unlikely to maintain their sobriety if they return to their previous drug-using environment when they leave.

In addition, while waiting lists have improved for some, others remain in the queue too long – losing that slender window of opportunity when a user is determined to change.

Good aftercare, as the NTA acknowledges, is vital too. Rehousing with appropriate support after a spell in residential rehab is often vital to consolidate the changes that have occurred while ‘inside’.

Another key issue is tackling emotional pain. Many people began using drugs in the first place

to blot out painful aspects of their lives. If they stop using drugs, these issues are unlikely to have magically resolved themselves and in fact may have got worse. Looking such things in the eye, stone-cold sober, is far from easy.

As one crack and heroin user who has repeatedly tried and failed to stop using drugs and has lost her children as a result of her drug use said: "There needs to be something better than crack and smack in my life to make me stop using and unfortunately at the moment there isn't. When I stop using drugs the pain of losing my children is unbearable, it's too much for me to handle."

Phil, a long-term class A drug and alcohol user, had been into detox five times before a 14-month spell in residential rehab.

### REHAB JUNKIE

"The previous times that I detoxed and then began using again I wasn't doing it for me but because a partner or parents urged me to do it. This time I was doing it for me. I was becoming increasingly aware of my own mortality and my health was failing. I was so keen to sort myself out that I would have gone to a rehab in a cardboard box. I chose a therapeutic programme rather than a 12-step one which I felt would be too controlling. There was counselling and cognitive behaviour therapy on offer."

"There is a real issue with accessing affordable housing after rehab though. Some people remained in rehab for too long because they were waiting and waiting for suitable housing to come up. Rehab is an unnatural environment and there's a danger of ending up a 'rehab junkie' if you stay too long."

Tom, also an ex-user, had a less successful outcome to report following his stint in rehab. "The clinic was split into two levels – drug users downstairs and drunks upstairs. The place was a joke: the lads coming off drugs were buying tablets off the guys upstairs and weed was smoked all day and all night in the common room. They even had a member of staff on night duty who would give out sleepers to the drug users if they promised him to give him a stress free night. The place was crazy. No wonder within a hour of getting out I was back on the brown."

Robert, another rehab graduate, says that aftercare is a key component of successful rehab.

"I spent six months in a residential rehab and learnt a lot about myself. However the aftercare was rather poor. I went from a high-support environment to a half way house, which offered no support at all. Many of the other residents were committed to getting off their head whenever the staff went home at five o'clock. As soon as the dole cheque arrived I went out and bought a cocktail of drugs."

He believes that there are some suspect players in the rehab field.

"It seems that people seeking help for drug problems are fair game for any unscrupulous charlatan who fancies having a go. In the current environment the easiest way to get funding for

NTA and the Healthcare Commission are reviewing the quality of rehabs in 2007-2008

treatment is to be arrested for acquisitive crime and to test positive for a class A. Then you'll be in rehab before you can say DTTO."

Bill Puddicombe, a consultant in the drugs field, says that while residential rehab is only needed by a minority of users, some in that group are failing to get places quickly enough. As a result, he says, "people are almost certainly dying".

### SPACES

He also believes that family rehabs can be very effective, but only a handful exist and some of those have been closed down due to lack of funds. "We don't have good enough methods of selecting the right sort of rehab for each individual," he says. "In other areas of social care there is much more of an infrastructure and more guidelines about the different kinds of provision on offer."

The NTA and the Healthcare Commission are reviewing the quality of rehabs in the 2007-2008 financial year and will be producing a national benchmark for these services. In 2005-2006 3,171 people dropped out of rehab before completing the programme.

An NTA spokeswoman said that the agency acknowledges more work needs to be done in this area. "We would like to see dedicated provision replacing detox in psychiatric hospital settings for those where dual diagnosis is not present," she said.

She added that changes to the process of commissioning rehab services are in the pipeline. As *Druglink* went to press, a national reference group was due to meet for the first time at the end of February to look at 'cluster commissioning'. New guidance is expected from April.

"Rehab is certainly a growth industry," says Gary Sutton of Release. "There are so many establishments in the south west of England now that it sometimes feels as if the whole of that part of England is one giant rehab."

"In the olden days people got four or five shots at rehab. It was known as 'learning through lapsing', but the same opportunities aren't available now. We do get a lot of users who want to get into rehab and say that they've heard there are spaces in certain rehabs but they can't get a place in them."

Celebrities will no doubt continue queuing up for top of the range rehabs while lesser mortals will be subjected to establishments of variable quality. It is important that rehabs are available for those who want to use them.

But politicians proposing rehabs as cure-alls need to remember that the before and after is just as important as the during and that herding reluctant, resistant users into these places is likely to be a huge waste of time and money. ●

For information about residential rehab services for adult drug and alcohol users in England and Wales visit

<http://www.nta.nhs.uk/residentialdirectory/index.html>

Diane Taylor is a freelance journalist