

Inside Rehab: Myths about Addiction Treatment and Recovery

Myth: To recover from addictions, most people need to go to rehab.

Facts: While the knee-jerk reaction when someone has a drug or alcohol problem is, “Get thee to rehab!” the truth is that most people recover (1) completely on their own, (2) by attending self-help groups, and/or (3) by seeing a counselor or therapist individually.

Myth: Most people who go to addiction treatment programs go to overnight residential rehabs.

Fact: Of the more than two and a half million people who go to a treatment program each year, the vast majority do not “go away to rehab.” Today, about 9 out of 10 people in addiction treatment are in outpatient care. Fletcher found that although residential rehab is appropriate for a select minority of addicted people, overall, there is no difference in outcomes of residential versus outpatient treatment.

Myth: Thirty days is long enough to “fix” most people with addictions.

Facts: The idea that someone goes away to a thirty-day rehab and comes home a new person is naïve. Rather, there’s a growing view that people with serious substance use disorders commonly require care for months or even years, just as they would for other chronic medical conditions, such as diabetes. (For *Inside Rehab*, Fletcher followed certain people for years as they participated in multiple rehab experiences.)

Myth: Group counseling is the best way to treat addictions.

Fact: While group counseling is the staple approach in the vast majority of programs, there’s little evidence that the type of group counseling used at most of them is the best way to treat addictions. On the other hand, Fletcher found that individual counseling, which is known to be helpful for many, is used infrequently at most programs and may not even exist at others.

Myth: Highly trained professionals provide most of the treatment in addiction programs.

Facts: Addiction counselors provide most of the treatment at rehabs, and states have widely varying requirements in both educational level and training for a person to become a drug and alcohol counselor. Thirty states don't require a minimum of a bachelor's degree for becoming a credentialed – some have no degree requirements, and many require just a high school diploma, general equivalency diploma (GED), or associate's degree.

Myth: The 12 steps of Alcoholics Anonymous (AA) or a similar program, such as Narcotics Anonymous (NA), are essential for recovery.

Facts: Although 70 to 80 percent of addiction treatment programs in the U.S. base their approach on the 12 steps or involve the 12 steps in some other way, research suggests that about 6 to 8 out of 10 alcoholics encouraged to attend AA while in treatment will stop going within 9 months. Research clearly demonstrates that people can recover without AA, but Fletcher found that clients are rarely told about the many alternatives.

Myth: Most addiction programs offer state-of-the-art approaches shown in scientific studies to be effective.

Facts: Although many say they use them, Fletcher found that rehabs commonly fall short on implementing practices shown to lead to the best outcomes for clients. Several recent reports affirm that the vast majority of people in need of addiction treatment do not receive evidence-based care and that the rehab industry is rife with gaps between science and practice.

Myth: If you relapse and go back to rehab, they'll try something new.

Facts: Rather than being offered new approaches, Fletcher found that clients who return to using alcohol or drugs are commonly blamed for “not getting with the program” or not trying hard enough, and often have to “start all over again,” even though they've experienced very similar programming many times before. Fletcher interviewed individuals who went to treatment 10 to 20 times and spent hundreds of thousands of dollars, only to be offered the same interventions each time they went.

Myth: Addiction treatment programs have high success

rates.

Facts: “Treatment works” has long been a mantra of the rehab industry, but reliable statistics supporting it are hard to come by. There’s a great deal of inconsistency in the quality of care provided across programs and in how success is measured, if it’s measured at all. As one expert said, “Anybody can make any claim they want and get away with it. . . . It’s essentially an unregulated industry.”

Myth: You shouldn’t use drugs to treat a drug addict.

Facts: Research clearly shows that certain prescription medications help people addicted to drugs and alcohol get sober and stay sober. Yet many rehabs are unfamiliar with them or refuse to use them because of the old-fashioned notion that drugs should not be used to treat an addict—or that they should be used *very* sparingly. Fletcher found that it’s not uncommon for rehabs to use helpful medications like Suboxone just to “detox” a patient addicted to heroin or prescription painkillers during treatment, when research suggests that most people addicted to these drugs need to be discharged on “maintenance” doses of such medications to prevent relapse and death.

Myth: More money gets you better treatment.

Fact: Not necessarily. Fletcher found that some community programs that treat clients who rely mostly on public funds have counselors with more qualifications and use more state-of-the-science approaches than expensive rehabs. Margaret F., who went twice to both an expensive high-end rehab and a community outpatient program said, “I thought the outpatient program was at least as good as the residential one.”

Myth: Treatment approaches used for adults work for teens, too.

Facts: According to the nonprofit research institute Drug Strategies, “Treatment experts agree that adolescent programs can’t just be adult programs modified for kids”—which is often what happens. And sometimes, kids are put in programs with adults, a practice definitely against professional recommendations. Also, despite minimal research support, the majority of teen programs incorporate AA’s 12 steps. What works best for adolescents, according to a plethora of studies, is family-based treatment, which Fletcher found rehabs seldom offer.