One size does not fit all in drug rehabilitation 3 September 2010

An opinion piece in a recent Sydney Morning Herald (Wednesday, August 11) by Brankole Johnson, provides a one-eyed view of treatment for substance use and lacks any real knowledge of residential treatment services or the considerable body of research which supports the efficacy of the treatment model.

While Brankole Johnson is correct in noting the considerable advances in neuroscience which have led to a greater understanding of how alcohol affects the brain, it is not surprising that "as a paid consultant to pharmaceutical companies developing medications to treat alcoholism" he would ultimately be in favour of a pharmaceutical response.

AA and NA have been difficult to research – they don't lend themselves well to randomised control trials. Nevertheless, research both here and overseas has shown benefits for people undertaking 12-step programs. For instance, an Australian longitudinal study showed that 40% of new members had maintained at least weekly self-help attendance at 12-month follow-up, resulting in a four-fold reduction in alcohol and drug use and improvements in social support (Toumbourou & Hamilton, 2003).

However, I will leave others to expand on 12-step programs and focus instead on the references to residential treatment.

Lindsay Lohan is one of a stream of celebrities who have 'gone to rehab' in recent years. Not all residential programs are the same, and not all are based either solely or even in part on 12-step philosophy, although many would consider 12-step and other self-help programs as being important in supporting the recovery process. However, 21-30 day programs, which are often favoured by people looking for quick solutions to difficult problems, will rarely provide the outcomes needed for ongoing recovery.

On average, short term residential treatment programs are of 28-56 days duration. Programs of this length are often provided within the private health sector. Outcome success will be dependent on a number of issues – the severity of the substance use and dependence, the age of the person, co-occurring problems and the level of support and aftercare following the period of residential treatment. In the big picture of addiction, 30 days is just long enough to dry out, get the drugs and alcohol out of the system and only scratch the surface of living without addictive substances and behaviours.

Studies have consistently shown that length of time a substance user stays in a treatment program is one of the most important predictors of successful treatment outcome (Condelli & Hubbard, 1994). In this regard, research has demonstrated that better outcomes are associated with treatments that last for 90 days or more (Simpson, 1980; Condelli, & Hubbard, 1994; Hubbard, Craddock, Flynn, Anderson & Etheridge, 1997; Simpson, Joe, & Brown, 1997; Simpson, Joe, Fletcher, Hubbard & Anglin, 1999).

Long term residential treatment is typically 60 or more days, varying by 30 day increments (such as 60 days, 90 days, 120 days, etc. and usually up to one year). Longer term residential treatment, particularly within a therapeutic community setting, is generally the most effective because of the

longer time spent within the residential treatment setting, the period of abstinence from illicit drugs and alcohol and the continuation of a prosocial lifestyle for an extended period of time (De Leon, 2000). It is particularly recommended for those who have more severe dependency issues. For example, someone who has had a dependency for 10 or more years, including during the younger and more developmental stages of life, would be a perfect candidate for a longer term residential therapeutic community.

While all residential treatment services have some commonalities, there are a range of program-types coming from different philosophical underpinnings. Generally, programs incorporate therapeutic and educational interventions which include living skills training, parenting skills, case management and counselling using a variety of therapeutic interventions, such as Cognitive Behavioural Therapy, Acceptance and Commitment Therapy or Motivational Interviewing , all of which have proven validity in working with substance-using clients. Most programs would also use groupwork as part of a structured program.

Therapeutic communities do this within the context of a program in which the 'community' is the method – ie. they emphasise a holistic approach to treatment and address the psychosocial and other issues behind substance abuse.

Certainly medications can be an important element of treatment, especially when combined with other interventions, including counselling and behavioural therapies. However, recovery from dependence is a long-term process and may require frequent or repeated opportunities for treatment.

If we accept that drug dependency is a chronic illness, and similar to other chronic illnesses, relapses may occur during or after successful treatment episodes, then we must also accept that prolonged treatment, as well as multiple episodes of treatment, will be needed to achieve long-term abstinence (if this is the goal) and fully restored functioning. Participation in self-help support programs during and following treatment will assist in maintaining abstinence.

One size does not fit all in drug rehabilitation. Pharmacotherapies will play a role, as will 12-step and residential treatment options.

The shame of it is that some would push one solution only – when there are a number of solutions to the many problems underlying substance use. Working together will provide the best chance for success.

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