

Drug and Alcohol Rehabilitation Continues to Fail: How Many Kids Must Die Before We Change?



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Last updated: 8 Jul 2018

As I write this article I am disgusted, feel responsible and I am ashamed to be a part of an industry that continues to flourish in spite of continued failure. I reflect on 20 years of being around the drug and alcohol rehabilitation industry and I am appalled how little we do to change an industry that 1) Lives on repeat business; 2) Denies a 95% failure rate; and 3) Takes credit for the 5% success rate but blames the addict for the 95% failure rate. A few recent facts regarding Opioid (synthetic heroin) and Heroin:

- Connecticut, Florida, Kentucky, Maine, Maryland and Massachusetts all saw over 20% increases, year-over-year, between [2014-2015](#);
- Heroin-related overdose deaths have quadrupled since [2010](#);
- Over [2 million Americans](#) abuse or are dependent on prescription opioids;
- More than 1,000 people per day are treated for opioid misuse;

It is clear from the data, the epidemic is not getting better, but rather, drastically worse.

A mother's story about her child who was a father:

A woman called me on the phone last week and stated, "My son just died from a heroin overdose... he was 23 and had a 4-year-old daughter. What do I tell my granddaughter?" The woman went on to describe that 15 "kids" overdosed in her town of 20,000 in 5 days! Then, came the shocker!

"My son went to rehab for 20 days. He was supposed to stay 28. Our insurance stopped paying at 20 days. I begged the place to keep him longer. We didn't have any more money to pay. They said he would be fine if he went to meetings and got a sponsor! He is dead."

I hung up the phone with this mother and tears were running down my cheek. I was angry, sad and ashamed to be a part of the drug and alcohol rehabilitation industry. Sure, I could blame the insurance industry (I don't give them a pass and I am disgusted by their actions) but, I asked myself, "What is my personal responsibility to help change things?" I played the tape all the way through and asked myself, "What could I do different if I was faced with the decision to send someone home, who wasn't anywhere near ready, because insurance refused to pay?"

I don't run a not-for-profit organization; however, the vast majority of individuals who operate and run drug and alcohol rehabilitation centers, including myself, make a

decent living. Bottom line, I can and do afford to scholarship over 15% of our census. Would I prefer to have these individuals pay for services? Do I think that insurance companies have a duty and responsibility to pay? The answer to both is a resounding yes. But, once again, I don't have control over either of those issues. I take personal responsibility for what I believe is compassionate, loving and helping to avoid tragedy. The second part of the mother's comment "he would be fine if he went to meetings and got a sponsor" was also troubling. For over 50 years the drug and alcohol rehabilitation industry has focused on 1) don't drink; 2) go to meetings; 3) get a sponsor; 4) work the steps; 5) help others; and 6) pray. Although I believe these are important parts of recovery, they put the cart before the horse. As the preamble of Alcoholics Anonymous states "our primary purpose is to stay sober and help other alcoholics achieve sobriety." The question to be asked is how do I achieve sobriety and what is sobriety? From a clinical perspective and clinical experience, sobriety includes uncovering the core issues in a loving, compassionate and empathetic environment, *before an individual has the ability to benefit from the twelve steps*. The continuation of a model that is broken and offers success rates of 5% is unacceptable. To provide a crash-course on the 12-steps in treatment, when the 12-steps are free, borders on negligence and is a disservice to the clients we serve. Furthermore, the model isn't working. Treatment needs to focus on problems such as abandonment, abuse, neglect, fear and lack of self-love. These are the issues that create a perfect storm for an individual to continue acting out through addictive behavior and substances. Without addressing these issues, sobriety is non-existent, regardless of whether an individual works 12-steps or not. Going back to the mother who called me, my answer to her questions were simple, "I don't know *the* answer, but I take personal responsibility for doing something different than we have always done." I feel a personal responsibility, as a member of the drug and alcohol rehabilitation industry, to not give up and make an attempt at changing or supplementing models and solutions that are failing. I don't accept 5% success without trying to improve.