

10 Myths About Alcohol and Drug Treatment

Americans continue to be fascinated with alcohol and other drugs. Some of us are dedicated to stopping drug abuse in this country, while others push for legalization. Drugs and alcoholism are often glamorized in our movies, dramatized in our plays, explored in our books, and discussed at length on the Internet.

Abuse, treatment and rehab are also portrayed widely in our media, whether Alcoholics Anonymous meetings, or on television program or in the movies ("A Man and A Woman" "Clean and Sober" or "Leaving Las Vegas").

Given the level of coverage, treatment professionals still encounter a surprising number of myths about what treatment is really like. Unfortunately, these misconceptions often prevent people who could benefit from treatment from considering it.

Myth No. 1: I'd have to be unemployed, homeless, or on skid row need rehab.

Because of heightened awareness of drug and alcohol abuse, people now seek treatment much earlier than they used to. In the early days, "hitting bottom" often meant losing everything: home, family, possessions or job. Today, this does not have to be the case.

Myth No. 2: If I go to treatment, I'll lose my job.

Actually, many people enter rehab these days as a condition of keeping their jobs. Today's employers know that while they can't tolerate drug and alcohol abuse among employees, holding a job for someone in treatment generally makes good economic sense. If they fire the employee, they lose the investment they've already made and incur the expense of training someone new. Waiting a few weeks for someone to complete treatment is often considered a better decision.

Myth No. 3: Treatment centers are like "One Flew over the Cuckoo's Nest," or "The Snake Pit."

This is one of the most common myths about treatment and rehab, and one of the most inaccurate. Serenity Lane and most other centers are completely voluntary and patients are free to leave at any time. Surroundings are warm and caring, and though people are usually anxious about entering treatment, they often don't want to leave.

Myth No. 4: Alcoholics and drug addicts are coddled in treatment.

Just about anyone who has successfully completed treatment will report that the experience is a balance of compassionate care and a strong dose of reality. It's important to remember that addiction to alcohol and other drugs is a life-threatening illness that thrives on denial. That means that counselors must break down this structure, usually built and fortified over years, to change the person's life. It's sometimes said in treatment that "I'm more interested in saving your life than sparing your feelings." Alcoholic/addicts often demonstrate thinking errors, self-centeredness, immaturity and a lack of social skills. Each of these must be addressed as compassionately as possible and as directly as necessary.

Myth No. 5: Treatment centers force religion on their patients.

While the debate on the spiritual aspect of recovery continues, the treatment community has widely accepted the recovery model developed by Alcoholics Anonymous in the 1930s. Based on the admission that the addict or alcoholic is in rehab because he or she has clearly not been able to manage life successfully, this model encourages reliance on a "higher power" something outside themselves that is greater than they are. While some people in recovery join a religion or increase participation in one, AA strongly emphasizes that it is not allied with any denomination; each treatment center chooses its own approach to this question and most try to accommodate a wide variety of beliefs. Generally, though, treatment professionals use the spiritual model because, in many cases deemed "untreatable," it has been shown to work.

Myth No. 6: If I go into treatment, I won't see my spouse or children for weeks.

Statistics have shown that people addicted to alcohol or other drugs find much more success in quitting - and staying stopped - when their family members participate fully in treatment and recovery. That is why treatment centers now strongly encourage the families of residents to gain a better understanding of the role they play in the disease and to commit to their own programs of change and healing. Like it or not, alcoholism and drug addiction are "family diseases," so the whole family needs to have its own recovery program.

Myth No. 7: Rehab centers make you go "cold turkey" from Day 1.

Of course, the point of treatment is to stop the abuse of alcohol and other drugs. But today, physicians specializing in addiction medicine can use a wide variety of techniques and medications to help combat the more difficult physical and emotional problems of withdrawal and early recovery. While each case is taken individually, doctors may prescribe drugs to help with the craving for opiates, alcohol and cocaine. Antidepressants or anti-anxiety products may also be medically indicated and necessary. Today's treatment centers, however, generally take a "holistic" approach addressing the mental, physical and spiritual needs of the person in treatment. In addition, a healthy diet and moderate exercise program are always recommended.

Myth No. 8: Once treatment is completed, the battle against addiction is pretty much over.

Everyone involved - the addict, his or her family, insurance companies, elected officials, corrections officials, even treatment professionals - would love treatment to be a "quick fix," permanently ending the problem of alcohol and drug addiction for the person and his or her family. Unfortunately, this is not the case. It is generally accepted that addiction to alcohol or other drugs is an incurable disease that can be arrested only if the addict finds and maintains a lifetime commitment to recovery. The time in treatment offers a solid foundation for this effort to begin.

Myth No. 9: Treatment is only available or effective on an inpatient basis.

When people think of treatment, they generally think of inpatient treatment - what we would call "residential." As a result of greater awareness, earlier detection and efforts to control costs, outpatient treatment has become a more important treatment option. 10 to 15 years ago, 80 to 90 percent of all drug and alcohol treatment was done on a residential basis. Today, the ratio of residential to outpatient treatment is roughly 50-50. Outpatients continue on a regular work schedule and have time for family and other activities.

Myth No. 10: I can't afford to go to a rehab center.

While concerted efforts are made to control costs, treatment, like all other forms of intensive medical care, can be costly. To keep costs in perspective, it is important to recognize that a single DUI can cost \$8,000 - \$10,000 in legal fees, court fees and fines (and alcoholics often rack up two or three DUIs). It is also common for addict/alcoholics to spend hundreds of dollars a month on their habits. American businesses alone lose more than \$100 billion each year to drugs and alcohol. Today, we know that 70 percent of addicted people are employed; many are under some kind of health insurance plan that covers treatment for alcohol and/or other drug dependencies.

Faced with years of drug and alcohol abuse, it is difficult for addicts and the people who care about them to know where to turn. Understanding the realities of treatment in the face of these kinds of myths is critical to determining how best to address the problem.

The previous article, written by Jerry Gjesvold, was first published in the Register Guard newspaper, Eugene, Oregon as part of "Straight Stuff" a monthly newspaper column about substance abuse and related topics. © Serenity Lane, Inc. 1997