

What is 'success' in drug rehab? Programs need more than just anecdotes to prove they work

April 13 2017, by Stephen Bright And Nicole Lee



Peter Lyndon-James turned his life around and went on to establish a private rehabilitation service in Perth. Credit: YouTube screenshot

This week's [Australian Story](#) was a compelling narrative of redemption. After a long history of problem drug use and related crime, Peter Lyndon-James's life was turned around and he went on to establish a private rehabilitation service in Perth, [Shalom House](#).

Shalom House [calls itself](#) the "strictest drug rehabilitation centre in the country", portrayed as a military-style boot camp with a strong Christian focus. But [evidence](#) of its so-called "success" is anecdotal at best and warrants analysis.

Anecdotes and evidence

Monday's program about Shalom House presented a number of convincing stories to demonstrate the success of the program, but anecdotes are not evidence.

When treatment is said to be "evidence based", this means it has been subjected to rigorous scientific trials that show it works, not just for a small number of [people](#), but for the majority of those with a particular problem.

Imagine you are sick and you go to your GP. They say "I can give you this treatment that has been researched and is known to be effective for about 70% of people; I've had good success with it". Or, "I have this new treatment that hasn't really been tested, but I gave it to a couple of people yesterday and they said they felt better".

Which would you choose?

It's important to have both experience and evidence to inform treatment services, but we need to be careful not to confuse a few positive anecdotes with real outcomes.

Evidence tells us what works. Anecdotes give us a richer understanding of the problem and how treatment can be adapted and applied for individuals. Both are important, but they are not interchangeable.

Treatment services should provide options based on the [best available](#)

[evidence](#) and be able to demonstrate outcomes with data.

Success rates

There are a number of documented evidence-based interventions for people experiencing substance-use disorders.

[Effective treatments](#) include [motivational interviewing](#) that facilitates motivation in the client, the psychological technique of [cognitive-behaviour therapy](#) and [mindfulness-based relapse prevention](#).

There is [little evidence](#) that hard-line confrontational approaches, such as bootcamp style rehab and the much popularised "intervention", are effective. They may even be harmful to some people.

The drug treatment field moved away from these types of interventions more than 30 years ago because we realised they just don't work.

The reality is the reported 40% dropout rate at Shalom House is no better than any other drug treatment [service](#). In fact, it's slightly worse. [Data collected](#) from drug treatment services in Australia for over a decade shows, on average, around 35% of people drop out of mainstream treatment unexpectedly, or are discharged before completion.

Further reading - Drug rehab and group therapy: do they work?

Shalom's unsubstantiated 50% "success" rate (80% of the 60% that didn't drop out) is no more successful (in fact slightly worse) than any other available service in Australia. On average, [65% of people](#) who enter alcohol and other drug treatment complete it.

And without proper follow up of participants after they leave, there is no

way anyone can say what the success rate really is. To be honest, most people find it relatively straightforward to get off and stay off drugs while in a contained environment like residential rehabilitation.

The real test is after treatment. When you go back to the real world with its endless temptations, pressures and frustrations. Unfortunately, the most common [outcome from treatment](#) is [relapse](#), with 40 to 60% of people returning to drug use.

Finding effective treatment

One of the biggest issues in the alcohol and other drug sector is the lack of regulation of treatment services. There is no way of knowing exactly how many private services are operating, and no systematic monitoring of what they do or their outcomes.

Government-funded alcohol or drug treatment services, and public and private hospital services, are at least required to maintain [quality standards](#) through established health accreditation processes.

But anyone can set up a private rehab clinic, and the ABC has previously reported how some [unscrupulous operators](#) prey on people who are desperate for help and unable to access the [overstretched, underfunded public system](#).

Accreditation protects consumers and their families by ensuring the treatment they receive is evidence-based and underpinned by best practice.

Until the government establishes accreditation requirements for private [drug](#) treatment services, if you are looking for treatment, check whether the service is accredited through a recognised health accreditation standard, such as those developed by the [International Organisation for](#)

Standardisation.

These standards cover a range of quality indicators including staff training, consumer input and use of evidence-based practices.

Alternatively, ask to see published evaluation data that has been independently reviewed.

If you are concerned about a service, there is a health complaints commissioner or health ombudsman in every state that can hear your concerns and act on them.

It's important to remember there is no "one size fits all" in health care. Like any other health problem, not every [treatment](#) will suit every person, and it might take a few attempts to find what's right for you.

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