

# Drug rehab—what works and what to keep in mind when choosing a private treatment provider

May 2 2018, by Nicole Lee

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Credit: Karolina Grabowska from Pexels

The public alcohol and drug system is [chronically underfunded](#). About 200,000 people receive treatment for alcohol or other drug problems

each year in Australia, but the demand is estimated at closer to 500,000. The result is long waiting lists for some publicly funded treatment, or people [choosing private services](#) to fill the gap.

But there is currently no overarching regulation of private alcohol and other drug [treatment](#). This means anyone can set up private rehabilitation services, regardless of whether they have the skills, experience or qualifications to do so.

There are many good private alcohol and [drug treatment](#) providers, but lack of regulation means some [unethical practices](#) are being uncovered. So, if you're looking for private drug treatment for yourself or a loved one, here are some things to keep in mind.

## **Types of rehabilitation**

When people hear "rehab" they usually think of residential rehabilitation, but rehabilitation options are much broader.

Treatment types vary by state, but the main ones are residential rehabilitation, day rehabilitation and outpatient treatment. The public and private sector both offer these treatment types.

### **Residential (live in) rehabilitation**

Residential rehabilitation is the most intensive of the three, and requires a high level of commitment. It can go from a few weeks to a year or more, and much of the day is spent in either group or individual therapy, or working in the centre.

Some people may be ready for treatment but not for the level of intensity that requires them to live and negotiate interpersonal relationships with

people they don't know; and to be without the day-to-day support of family or friends.

Residential rehab can be a good option for people who don't have a stable home situation, or who need a complete break from their environment, or as a step up when less intensive treatments have not been effective.

## **Day rehabilitation**

This is where a person lives at home but attends treatment typically three to five days a week, for around six to eight weeks. The program is usually similar to residential rehabilitation, except you go home in the afternoon.

This can be a good option when someone doesn't need or want the intensity of residential rehabilitation, has commitments that make it difficult to be away from home for long periods (such as kids), or as a step down when residential rehabilitation has finished.

## **Outpatient treatment**

The most common outpatient treatment is counselling (group or individual talking therapy, typically occurring once a week for an hour at a time, for six to 12 weeks). It may also include case management (help with accessing other services such as housing, medical or mental health services) or pharmacotherapy (prescribed medicine, such as methadone for opiate dependence).

Outpatient treatment can be a good option for people who don't want or need intensive treatment, have daytime commitments (such as work), or as a step down when day or residential rehabilitation has finished.

People with quite severe and complex problems can still do well in outpatient counselling, especially when they have good professional, community or family support. Severity of dependence isn't a consistent predictor of [treatment outcome](#).

The exact nature of these treatment types may differ between providers, whether they are in the public or private sector. So it's worth knowing what evidence shows works when making a choice of treatment type and provider.

## What we know works

It may take a few attempts, but with the right treatment, [most people recover](#) from an alcohol or other drug problem.

An average of about [three months of residential treatment](#) seems to be effective. The optimal [treatment time](#) seems to be similar in non-residential treatment, suggesting a combination of residential and non-residential treatment might be effective over that time. But [completing](#) the treatment program and actively [participating](#) seem to be more important than treatment setting or length.

The [completion rate](#) for all treatment types among publicly funded services is about 65%, and the relapse rate after treatment of about 50% is similar to that of other types of [chronic health conditions](#), such as asthma, high blood pressure and diabetes.

Independent data from private agencies are not collected or published so we don't know their completion or success rates.

Programs that are one-size-fits-all or have overly punitive rules are less likely to be successful.

## Program content

A small number of therapies have been well researched, so we know they are effective in alcohol and other drug treatment. These include cognitive behaviour therapy, which helps to strengthen skills to manage cravings and difficult situations or emotions that might trigger a relapse and [motivational interviewing](#), which helps to develop and strengthen the motivation to change, is also effective.

These interventions have been tested hundreds of times in different groups of people with good outcomes, so we have some confidence when a service uses these strategies that they will be effective.

If a program doesn't include these type of approaches, or claims to use "new" strategies, ask to see an independent evaluation of their program outcomes. An evaluation should measure whether the service has had a positive impact (on drug use, dependence or mental health) and what the completion rates are. It can be conducted by independent specialists, or sometimes by the service itself.

There should be regular individual counselling available, even when the program is primarily based on group therapy. Individual counselling is associated with [better retention](#).

Involvement of families and partners in a person's treatment generally results in better outcomes, so look for a program that has a well developed and integrated family program, beyond just information sessions and visits for family members.

Twelve-step groups like [alcoholics anonymous](#), and more modern alternatives such as [SMART Recovery](#), are peer support groups. They aren't considered a treatment, and don't need to be a compulsory part of a program. But they may be offered as [additional support](#), which can be

helpful when treatment is finished.

## Accreditation

Publicly funded services are required to adhere to certain standards that private providers are not. Publicly-funded services need to maintain health [accreditation standards](#) and are externally assessed regularly.

Private hospitals, which sometimes offer drug rehabilitation, need to be registered with the appropriate [state authority](#) and meet specific hospital standards.

Some individual private health professionals, including psychologists, medical practitioners and nurses, are required to register with the [Australian Health Practitioner Regulation Agency](#) (AHPRA). The relevant board of AHPRA sets ethical and practice standards and hears complaints against registered practitioners.

Others, including social workers and counsellors, have no requirement for registration, but some professional bodies may set voluntary standards of practice and the Health Complaints Commissioner in each state may deal with complaints.

However, beyond these, registration and accreditation is optional for other alcohol and drug providers, like private residential or day rehabilitation. Ask to see their current accreditation endorsement and evidence of staff qualifications and registration with professional bodies.

You can then check directly with the accreditation or registration body they say they are endorsed by to confirm these details yourself.

## Cost

As a baseline, when the government funds residential treatment, the cost has been estimated to be around [A\\$117 per day](#). Plus people are usually asked to contribute to their day-to-day living costs (usually A\$200-300 a week) through their government benefits or other income.

In Australia, private residential rehabilitation can cost from A\$7,000 to A\$30,000 per month. Private hospital-based rehabilitation can cost around A\$800 a day. You can expect to pay between A\$150 and A\$250 per session for counselling. Some costs for hospital stays and private counselling with some health professionals, such as registered psychologists, may be recoverable through private health insurance or Medicare.

Some overseas residential facilities are less expensive, but the same considerations about program content, accreditation and cost apply. Effective and ethical treatment is the same whether it's offered in Brisbane or Bali.

There's no evidence that a higher cost of treatment leads to better outcomes, so there is no need to re-mortgage your house or take out large loans to pay for expensive [rehabilitation](#) when a more affordable evidence-based option is available.

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