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DOES "REHAB" NEED REHAB?

The real costs of the drug epidemic and the "rehabilitation-medical-pharmacological-media complex"

The tragic death of Philip Seymour Hoffman due to an apparent heroin overdose has unleashed deep and sincere feelings of grief and loss; depressing consideration of what his death has cost his family, his friends, the community of artists and entertainers and the public at large; yet another re-awakening to the horrible tolls of addiction and substance abuse; handwringing indignation at the inadequacy of the legal system to deal with illicit drugs – as well as a full onslaught of "public education", publicity-seeking and greed by the "rehabilitation-medical-pharmacological-media complex." Even the NYC Police Department has joined the highly visible and intense reaction, quickly arresting several persons for alleged drug-related crimes proximate to Mr. Hoffman's addiction – as if it were not possible (if the motivation and will was present) for the legal authorities to detain or at least dissuade scores of probable drug pushes daily, from thousands of well-known street corners, as easily as catching falling snowflakes.

There is nary a media outlet that is not prominently discussing the obvious pain and costs of drug addiction (particularly heroin) and the need for better intervention – most often, information is provided reasonably effectively and accurately; albeit not infrequently, with a good dose of over-the-top sensationalism. In a society that has forgotten how to truly mourn, there is once again what has become the typical outpouring of sincere grief in the aftermath of a public tragedy – but grief that is also, sadly, somewhat out of proportion to the individual loss suffered by the average person who did not personally know Mr. Hoffman. We no long grieve as individuals or families – most businesses believe that it is financially wise (and implicitly, emotionally sufficient) to only allow at most a few days "bereavement leave" for personal loss; and at that, only for losses in the very immediate family that are carefully documented. We bottle up our emotions until a publicly-sanctioned tragic event allows for a mass expression of grief that often proves shallow, short-lived and ultimately ineffective in providing sufficient solace.

As a psychiatrist who has been involved in mental health hospital administration, front-line evaluation and treatment, the California Workers' Compensation system and addressing severe trauma (having participated on a community mental health panel in Newtown the week of their tragedy) I am well aware that the true costs of addictions run wild, an inadequate and broken mental health system, toleration of abuse and the corporatization of medical care and disability management are far deeper than is appreciated. The loss of an individual to untimely death, disruptive addiction or paralyzing mental illness can impact a family for multiple generations, with multiple persons across generational boundaries being negatively affected in regards to their general emotional well-being and stability, their ability to function productively in society and in the workplace, their exercise of sound judgment, their ability to tolerate and safely cope with frustration and anger, and their ability to care for and about other persons in all avenues of life. If you fully evaluate the pathology and dysfunction of over 10,000 patients as I have thus far during my career, you can map out how the specific pathology you identify not only may have roots in biological dysfunction but has longstanding, complex yet direct and important connections but to multiple tragic and traumatic events.

But we do have "Rehab." If "Rehab" were merely a semantic substitute for "therapy" or "treatment", a term less-laden down by theoretical and practical errors made in the past (in a field of study that is, realistically, relatively quite new), so be it. But "Rehab" has become a *substitute* for true treatment and therapy. "Rehab" is spoken of as if problems can be solved by a few weeks in a "special" setting, whether it be a run-down "sober house" or a $50,000 per month exclusive program – followed by participation in a self-help-type of intervention (A.A., N.A., etc.); and in the case of politicians and the "rich and famous", self-righteous public pronouncements and apologia regarding their transgressions and transformation.

The very vigilant (and attention-seeking) media is constantly informing us of those in public view who have "entered rehab" for a variety of issues or problems. Immediately following the death of Mr. Hoffman, we learned that Selena Gomez reportedly "secretly" was in "Rehab" for two weeks for "emotional issues"; it had recently been publically announced that Ke$ha had been in "Rehab" for an eating disorder; only a few days ago it was publicized that the next stop for Dennis Rodman after North Korea and media interviews was "Rehab"; and not all that long ago, we were informed that disgraced San Diego Mayor Bob Filner entered (or was considering entering) "Rehab" in order to learn (at age 71) that it is not wise to participate in sexual inappropriate behaviors towards women.

"Rehab" programs to detoxify addicts and *begin* the process of education regarding needed treatment and therapy can be very valuable. But "Rehab" must be seen as only a beginning. I will not debate that "addiction is a disease" and that once heroin (or similar drugs) invade the brain, powerful biochemical mechanisms gain a great deal of control. But whether it takes the form of an addiction, depression, disruptive obsessional behaviors, etc. – those pathologies do not exist of and by themselves. They exist in individuals, all of whom are unique in his or her own way; all of whom have had different

personal experiences and histories, and all of whom have developed distinctive personality traits and psychological defense mechanisms. Further, each individual exists within the context of social, occupational and family relationships that are often co-dependent to the pathology present.

"One-size-fits-all" intervention can be useful for educational purposes and for an initiation into treatment. "Evidence-based medicine/treatment" (which is all too often chiefly pharmacological) succeeds with the statistically "average" person/patient. But education is not treatment and individuals are not statistics. When a theory or intervention depends on "all other things are equal" it is basically impotent and futile – all other things are *never* equal. When treatment is based on "average" results from statistical studies it can be as effective as concluding that if you have a hot coal in one hand and an ice cube in the other, "based on the evidence of the average temperature", you should be safe and comfortable.

In-depth, long-term, individualized treatment is expensive, no question. In-depth and long-term suffering and dysfunction is more expensive – by many orders of magnitudes, affecting many more areas of life, and extending far into the future of individuals, families, businesses and societies.

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