

Stop Kicking People Out of Treatment

By: Bill White - April 4, 2014



In 2005, my colleagues Christy Scott, Michael Dennis, Michael Boyle and I co-authored an article entitled *It's Time to Stop Kicking People out of Addiction Treatment*. The latest (2002) data then available confirmed that 18% (288,000) of all persons admitted to specialized addiction treatment in the U.S. were administratively discharged (“kicked out”) prior to treatment completion. Those persons whose treatment was terminated in this manner were often those with the most severe and complex addictions and the least natural recovery support resources—in short, those most in need of professional treatment. The most frequent cause for administrative discharge (AD) over the past half century has been continued use of alcohol or other drugs during treatment in spite of threatened consequences, e.g., the central symptom of the disorder. In our 2005 article, we argued that AD practices were flawed on both theoretical and practical grounds.

AD practices in addiction treatment are unprecedented in the health care system. For other chronic health care problems, symptom manifestation during treatment confirms or disconfirms the working diagnosis and provides feedback on the degree of effectiveness of the treatment methods being used. In marked contrast, symptom manifestation in the addictions field results in blaming and expelling the patient. It is contradictory to argue that addiction is a primary health care problem while we continue to treat its symptoms as bad behavior warranting punishment.

Expelling a client from addiction treatment for AOD use—a process that often involves thrusting the client back into drug-saturated social environments without provision for alternate care—makes as little sense as suspending adolescents from high school as a punishment for truancy. The strategy should not be to destroy the last connecting tissue between the individual and pro-recovery social networks, but to further disengage the person from the culture of addiction and to work through the physiological, emotional, behavioral and characterological obstacles to recovery initiation, engagement, and maintenance.

These were among our contentions in 2005. In the years since then, there is at least some good news to present. AD rates for patients in addiction treatment have declined by more than 50%—from 18% of all discharges in 2002 to 7% of all discharges in

2010. But that still means that nearly 120,000 individuals per year are kicked out of addiction treatment in the U.S.

It is easy to look back with smug condescension on past ill-conceived addiction treatment practices, but it can be a humbling exercise to ponder how future historians will judge our own era. I am often asked which modern treatment practices I think will be judged most harshly by historians of the future. Our continued propensity to kick the very people out of addiction treatment who are in most desperate need of such treatment is close to the top of my list of answers to that question. AD from addiction treatment for continued AOD or for behaviors that have little nexus to long-term addiction recovery will have future addiction professionals looking back, scratching their heads and asking, "What the hell were they thinking?"

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