

Detox and Rehab Programs

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When one is so firmly entrenched in hard drug use or alcoholism, detox and rehabilitation programs can be useful. Just like anything else, there are great ones that really help the patient if the patient follows the program. Unfortunately, a very few border on cult brainwashing and abuse of the down-and-out. One of our regular contributors used to work as an orderly for a variety of these places and can help dispel some of the myths and give a heads up as to what to expect.

The BigMed Rehab System

Rehab is divided into two main models: outpatient and inpatient.

The current school of thought within social services and psychology is that outpatient is preferable to inpatient. The reasons being is that outpatient uses much less staff, allows the patient to still work while getting treatment, and is covered by more insurances. Some of the CorpGov conspiracy nuts can make a claim that it is so the patient is more likely to be picked up and put in jail to do forced labor, but that is another story. Outpatient is often a sentence of choice for judges in some jurisdictions with the "cost" of the meetings being added in with probation and fines (with kickbacks to the judges... We will rant on that later). As such, the number of inpatient facilities has been on the decline in recent years.

Inpatient Rehab is usually the domain of some hospitals, for-profit institutions, religious organizations, and a few state agencies. As CorpGov oppression and general stupidity drives more folks to drug overdoses for a decreasing number of beds, waiting lists can be long. With the exception of the for-profit rehabs or certain VA programs, one does not merely 'walk into' a rehab. Inpatient is typically reserved for folks with either great insurance or a ton of cash, or those who are an immediate danger to themselves in the opinion of a doctor.

While there are some facilities strictly for drug rehab, many inpatient rehabs are also combined with behavioral health. This means that a variety of patients are admitted from schizophrenics, folks with severe anger management issues, suicidal and depression, and delusions as well as folks trying to kick a drug.

Unlike other fields of medicine, psychology and sociology are still in their infancy when it comes to motivation and the human brain. Addiction treatment is widely regarded as not being 100% effective. Unlike fixing a broken bone or removing a cancerous tumor, the patient has to want it to work.

Outpatient

Outpatient treatment can be obtained fairly easily in many areas of the Empire. If you are broke, check around as there may be some that are adjusted to income or act as a charity. Most good social workers have a full list of all outpatient programs in most areas and have hotline numbers where anyone can call 24/7 anonymously. Stuff like free nicotine patches, methadone, trained counselors, and free clubs can be found depending on area. Google can reveal programs, too. Of course, many judges force folks to an outpatient program as part of probation. Some areas that have higher than normal drug conviction rates may very well have a judge sharing kickbacks with social workers who run programs and earn paychecks for a captive audience.

If you have the luxury to choose an outpatient program, be sure to go to those that actually talk to the patients. Some psychologists and psychiatrists are only making folks fill out questionnaires and giving prescriptions based on the answers. If the program is religious and comes on a bit too hard with cult-like bull, either go along if you have no choice or hunt for another one on the list. Many programs only consist of group meetings with rap sessions, like AA. While being around and talking with folks who share a common goal can increase the chances of getting better, there are many who are only faking because they have been FORCED to attend by a court order or risk jail and are merely going through the motions. Indeed, many go to these groups only to come out with better drug connections, so beware! Some groups even keep a a cult atmosphere along with making you keep labels like 'addict' to keep you coming back. Realize YOUR agenda, and keep with it. The unfortunate reality is that free help is rarely without at least some price.

A great addition to any outpatient drug rehab is an exercise regimen. Vigorous work-outs, while not everyone's favorite thing, are scientifically proven to release non-BigMed brain chemicals that can cure depression and many chemical imbalances that got you into addiction in the first place. You do not need money to go for a jog, do push ups, or watch a yoga video on youtube. The BigMed, BigChurch, and Social Work bureaucracy overseers of the rehabs know about this secret, but seldom tell anyone about it. After all, people are generally lazy and it can not be sold in a pill you have to take the rest of your life to be normal or provides a life-long convert to cough up tithes.

Inpatient and Behavioral Health Units

A few have suggested that inpatient rehabs and behavioral health units could be a preferable alternative to jail or the streets. After all, these places do have private beds, food, and prescription meds. However, budget cuts have reduced the number of available beds, and many areas have waiting lists. The places tend to be very structured by necessity and freedoms can be very limited. Many times, a referral from a doctor, social worker, or judge is needed.

If the patient is a minor, parents must sign off on this. Parents can send their kids to a behavioral health unit without the minor's permission. Fortunately, even the for-profit facilities are better than the 'Gulag Schools' talked about in Free High School - but Gulag Rehabs do exist. If the patient is between 18 and 21, there is a black hole in available facilities. Most places specialize in either adults or kids and have cutoff ages. Since 18 to 21 is considered a bit too old for pediatrics and a bit too young for adult, there are sometimes limited choices and long waits.

The quickest way into a inpatient facility is to have a large sum of cash or good insurance. For-profit facilities are always around to 'fix' broken kids and well to do professionals. The waits are shorter for these places because they typically are not forced to take charity or medicaid and are under pressure to sell beds.

As we mention in Free Medicine, the emergency room is required to discharge you in a stable condition or if they can not stabilize your condition arrange long term care. If you come in with a drug overdose, failed suicide attempt, acting bizarre, or saying you want to kill yourself, they must look into further treatment. Doctors can issue emergency orders to detain you (even using physical and chemical restraints) until placement in a mental health unit is made. The hospital social worker will then call many places to look for empty beds. The patient can be stuck in the ER for anywhere from several hours to several days depending on the time of year (suicides and depressions spike during the winter), age, and insurance or lack thereof.

Gulag Inpatient Rehabs

In Free High School, we mentioned that for enough cash, parents can send minors to "tough love" prison camps to be abused. Well guess what? Gulag rehabs exist too. Most of the time these are for profit or religious organizations. Abuse can be common in these places and many times desperate parents will not research abuse allegations.

Remember that any licensed rehab that locks you down must give you a PRIVATE phone call to a state ombudsman if for any allegation of abuse. This includes restraints both physical and chemical if not ordered by a doctor (they CAN if you are agitated or violent). Psych techs and staff can grapple you if you are violent but CANNOT hit you. Of course, ANY sexual touching is COMPLETELY off limits. Be sure to have your facts straight. See Free High School if this concerns you.

Rehab and Behavioral Health Unit Life

Admission stays range from 2 weeks to 30 days and sometimes beyond. If you enter voluntarily, you can usually leave at anytime, but the staff will insist on waiting till the next day to clear with the doctor. If you are under 18 or under a court or doctors order, the time they can keep you varies but usually is not more than 2 weeks to a month.

The wards have a long list of contraband that is not allowed in. Of course, this includes drugs. Not that you would have much privacy to do this anyways with all the staff and cameras. Plus, doing drugs in rehab defeats the purpose of going in the first place. Shoelaces, revealing clothes or clothes that have drug or alcohol symbols or ads, mouthwash, razors, etc are also included.

Most of these places are locked down units. Personal rooms are furnished like jails but a bit nicer. This includes stainless steel unbreakable mirrors, no electrical outlets, and one piece unstopable toilets. There are usually no TVs in the private rooms to force folks to socialize and not mope in the room during their stay. Showers are usually locked and toiletry use like shaving monitored directly by staff. Most of the time bathing itself is watched by staff of the same sex, as well.

Most facilities are equipped with a seclusion room for patients that get violent. Sometimes this is the classic padded room. Other times, it is a room with one bed where physical restraints can be applied. It is useful because the effect of some drug detox can be violent and irrational behavior. After all, who wants to be knocked upside the head by a frothing, drug-deprived person - medical staff or fellow patient? Restraints (including chemical) are, by law, NEVER to be used as punishment or the convenience of medical staff. If you feel that you have been abused with restraints, all facilities are REQUIRED to let you have a phone call to a state ombudsman. If you talk to an ombudsman, be sure to not talk bullshit, though - ombudsman offices get too many calls from sick folks who merely want to make up stuff to get out and do more drugs. You can be sure that any bad behavior is videotaped and monitored as well as extensive medical documentation made to cover the facility's butt.

Each day is usually extensively scheduled down to every 15 minutes. There are set times everybody wakes up, times for groups (which are many), TV times, meals, and even the amount and when cigarettes are allowed to be smoked (if at all). Failing to follow with the program can be met with sanctions like revoking cigarettes, less phone calls, no visitation, or even restraints and seclusion. If you are a smoker, it may pay to ask the doctor for a nicotine patch or Chantix.

Half-way Houses

Unfortunately, 2 weeks to 30 days in a locked down ward may get you off of drugs, but puts you right back on the street often without a job or housing. Social workers can place some in less restrictive halfway houses though, if there is an open bed in the area. While kind of sexist, more beds available for women as opposed to men. Indeed, many men are kicked right back on the street or a relative's home right after detox.

The conditions in a halfway house range all the way from a hostel type environment in a converted house to a converted nursing home type facility to full-blown rural ranch retreats. Most half-ways are much more permissive than lock-down inpatient detox. However, you will most likely find strict curfews and house rules in place. Bringing drugs or booze into this place will undoubtedly earn an eviction. Failure to meet milestones like actively seeking a job, not attending meetings, and being disruptive can also get you kicked out.

The amount of time you can stay there varies widely. Some places have a hard cap of a month or less, while others have stays available for up to one year.

Some folks may make friends in the ward and attempt to arrange to go to live with that person after discharge. Some coed wards may even have two folks try to hook up afterwards. This is particularly the case with folks with no social network due to pissing off folks with drug use, bad families, or other issue where there may be few places to turn. Maybe it is for a relationship, maybe it is for a more liberal environment than a half-way house. However, this is almost always not a good idea. For one thing, the ward will almost always refuse to give you a ride to another patient's house after discharge. This is not because the facility is being jerks, but to protect you. Hardcore relapse, emotional problems, and hard times can make life a living hell and put you in a real inconvenience. You have no idea what problems a person you have only known for a week or two may REALLY have. We have heard stories of misunderstandings about sex, police being called, domestic violence, both getting back on body fuck drugs, and worse!

Staying away from Future Slavery

Sometimes the battle with addiction may need to be made several times. Addiction can be conquered - and many people from CEO's sons to former bums off the street have successfully quit. Overcoming addiction displays enormous strength of mind and character.

Sometimes years of hard drug use can leave some on criminal record blacklists for jobs, economically crippling folks towards depression and temptations of relapse. Yes, life can suck... but does destroying ones self make this better when there is hope and resistance? We wish you luck.



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