



HOW
TO GO
TO
rehab

Right this second, more than five million young people in America are struggling with addiction to alcohol, pain pills, benzos, heroin, and other drugs. And most will never get help. The obstacles are huge: stigma, cost, access. But rehab saves lives. It could save yours. It could save your friend's. Start here.

By
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Photographed by
PETER HAPAK

For me, this is personal.

By ANDREA STANLEY
Cosmo features editor

When I was in my 20s, just starting my career, my brother was descending into what would become a years-long heroin addiction. I watched helplessly as he lost weight, lost jobs, lost friends. As he stole and lied and sold my iPad to a pawn shop. Once, he showed up at my door, homeless and high, his arms still tender from plunging needles into them too many times. I'd

already written his funeral speech in my mind. I'd cry on the subway, mourning him while he was still alive.

It's not news that drugs are killing us. Among women, the number of drug overdose deaths spiked 260 percent between 1999 and 2017, according to the CDC. For the first time ever, you, a woman living in America, are more likely to die from an

overdose than in a car accident.

Which makes *this* addiction story even more devastating: More than 90 percent of addicts will never get the rehab they need, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). An addict is more likely to die than to get help. That's the truth, and it sucks.

I saw firsthand how hard it can be to get to rehab. Five years into my brother's heroin addiction, my parents found him slumped over and not breathing. My dad pounded his chest in wild desperation until paramedics arrived and administered Narcan (a drug that can sometimes reverse overdose effects).

After that, finding a program should have been the easy part—but it was frustratingly, maddeningly difficult. I scoured the internet, trying to differentiate among options that billed themselves as “most effective” and “highly effective” and “extremely effective.” Would 14 days do it? What if he needed more—would his insurance cover it all? Could I trust the syrupy-voiced woman on the phone who said she had one spot left and if I didn't pay now, it would go to someone else? *Don't you want to save your brother?*

It took weeks of research and thousands of dollars, but eventually, we got him into an inpatient rehab that offered

continuing treatment after he left. They put him on a payment plan for things his health care wouldn't cover (like room and board, which his insurer denied because they didn't consider “heroin a life-threatening addiction”). Other addicts from my hometown in Pennsylvania never made it to a place like this. One friend's brother didn't survive.

Mine is now 32 and seven years sober. He just ran a marathon, knows more about the stock market than I do, and is backpacking through Asia as I type this (hi, Justin). For him, addiction was not a life (or death) sentence. It was something he beat with commitment and the right kind of treatment.

What if every addict could have this?

Like I said, there's been a lot of news about America's drug problem. But it's time to talk solutions—about how we can get out of this. How you can.

3 women on when they knew

Admitting you need help is the first hurdle.

I lost my dream job.

“I was a food editor living in New York and alcohol was a big part of my life. I'd start drinking on Friday night, continue into Monday, then call in sick. I was often hungover during the week. My boss told me I needed to get my shit together, and when I didn't, I was let go. I knew something needed to change.”

—IRINA, 33, FOUR YEARS SOBER

I tried to kill myself.

“I had driven to see a guy I was in a bad relationship with and it was clear he didn't want me there. On the way home, I bought extra-strength Tylenol and swallowed a bunch of the pills. I woke up in the hospital and wondered how I could make a life-ending decision and not even remember most of it because I'd been drinking. I cut off the toxic people in my life and focused on myself instead.”

—MEGAN, 27, FOUR YEARS SOBER

I realized I had nothing and no one.

“I was 30 and living in my parents' basement. I had just lost my job because my partying interfered with my work. My boyfriend had been locked up for possession, and I had no friends. The only person I spoke to was my heroin dealer. I looked around and thought, *Why am I still doing this?* I sold my car and entered rehab.”

—JAMIE, 34, FOUR YEARS SOBER

You might need help if...

Todd E. Thiele, PhD, a professor in the department of psychology and neuroscience at the University of North Carolina at Chapel Hill, breaks down the signs that it's time to seek rehab.



You had a shit semester (or three).

Addiction can take control in sneaky ways: “You may gradually start losing interest in your old routine and stop going to class,” says Thiele. Sure, plenty of people party in college—but they also show up for finals.



You're always bailing on your friends.

If you're replacing group *Bachelor* binges with solo [insert vice] binges, that's a hint. As addiction gets worse, “the brain's reward system changes so that only drugs and alcohol are enough to produce pleasure,” says Thiele.



Your relationship combusts.

Because TBH, you're more obsessed with getting high. You're also more likely to do something impulsive, like cheat. Drugs weaken the brain's prefrontal cortex, which keeps you from doing what you know you shouldn't.



You start lying or stealing.

Drugs aren't cheap. You may start bumming money off friends and family—and never Venmo them back. Eventually, you'll stop asking and you may resort to just taking what you need to support your habit.

HAIR: YUKIKO TAJIMA AT SEE MANAGEMENT USING KÉRASTASE. MAKEUP: ASHLEIGH CIUCCI AT SEE MANAGEMENT USING RMS BEAUTY. MANICURE: SHIRLEY CHENG AT SEE MANAGEMENT USING ORLY. PREVIOUS SPREAD: GETTY IMAGES. ALTERNATIVE APPAREL TOP: THIS SPREAD: GETTY IMAGES. ENZA COSTA TOP. 7 FOR ALL MANKIND JEANS. RIGHT: GETTY IMAGES (3). PHOTOS ARE OF PROFESSIONAL MODELS AND USED FOR ILLUSTRATIVE PURPOSES ONLY. COSMO DOES NOT SUGGEST THAT THE MODELS ACTUALLY ENGAGE IN THE CONDUCT DISCUSSED IN THE STORES THEY ILLUSTRATE.

How politicians want to improve rehab

The system could serve you better. These candidates told us their ideas.



Elizabeth Warren

“Last April, I introduced the CARE Act with Representative Elijah Cummings. Our proposal would send billions of dollars to the hardest-hit communities. We'd invest in early intervention for those at risk and long-term support for those in recovery, including stable housing and employment. We'd also expand access to medication-assisted treatment and ensure treatment programs meet high standards.”



Bernie Sanders

“We must give people struggling with addiction the care they need through Medicare-for-all, which will guarantee health care, including inpatient and outpatient substance-abuse and mental-health services, with no co-payments or deductibles. Health care is a right, not a privilege.”



Kamala Harris

“We need to tackle the lack of public health resources in communities, specifically communities of color and rural communities. As president, I will make sure that every American has access to drug treatment on demand.”

What kind of rehab do I need?

Neeraj Gandotra, MD, chief medical adviser at Delphi Behavioral Health Group in Fort Lauderdale, Florida, demystifies your options.

	This is for you if...	Level of commitment	What to expect	So basically...
Detox	You're addicted to alcohol, opiates, or benzodiazepines. There's no need to detox from cocaine or meth.	3 to 10 days.	A detox medically rids your body of substances under the watch of a doc (since you can die from withdrawal). You may feel sick. This. Is. Temporary.	This isn't <i>rehab</i> rehab—it's what you do first, so you can heal and not be distracted by withdrawal symptoms.
Intensive inpatient	You are suicidal or have withdrawal seizures or other medical or psychiatric issues.	5 to 90 days in a hospital or medical setting under 24-hour supervision.	Intensive counseling and, if you need it, medical treatment.	This is not casual. It's an SOS option for those in real danger. "Once done, you'll need to go on to one of the treatments below," says Dr. Gandotra.
Residential inpatient	You're an addict. This is what you picture when you think of "rehab."	14-, 28-, 30-, and 90-day (or longer) options are available. Experts recommend staying as long as you can.	A structured program of individual therapy, group counseling, AA or NA meetings, and sometimes mindfulness training.	There are rules, but it's not prison. You'll have free time but probs not your phone. "They won't be checking in on you every minute," Dr. Gandotra says.
Outpatient treatment	You have a mild addiction or can't afford inpatient.	3 months to a year. You'll live at home but attend treatment for 10 to 12 hours per week.	Similar to an inpatient program: lots of individual and group therapy.	This is a cheaper option but may have lower success rates because it's easier to slip into old habits (e.g., take a detour to your dealer's house).
On-campus treatment	You're a college student who's popping more Xanax than usual.	If your school has a program, it will generally require a few hours a week.	Counseling and treatment that work around your class schedule.	The pro: You can keep living in the dorms. The con: You can keep living in the dorms. Be wary of triggers, and ask if your school has sober housing.
Specialized rehabs	You want a program geared toward women, pregnant people, millennials, the LGBTQ+ community...even nature lovers (seriously).	A variety of options including 14-, 28-, and 90-day programs.	Similar to regular rehab but with counseling tailored to common traumas and specific medical help.	Millennial rehab may sound like the most millennial thing ever, but "the more you can individualize your treatment, the better," Dr. Gandotra says.

SURPRISING BUT TRUE



You'll be overwhelmed by sketchy, unaccredited centers in, like, six seconds. Instead of scrolling, head to CARF.org (Commission on Accreditation of Rehabilitation Facilities) to filter for legit programs in your area. If you want to chat with an actual human, steer clear of random hotlines and instead call [800-662-HELP](tel:800662HELP) to reach someone at SAMHSA, a government agency.



GETTY IMAGES. ALTERNATIVE APPAREL TOP. PAIGE JEANS.

An expert makes the hard decisions for you

SHOULD YOU

take out a loan or go for the cheap program?

Expensive isn't always better (maybe you don't need a five-star chef), but some spots are worth the splurge. If the pricey place is the only one you can get into that's actually certified, take out the loan, says Stephen Taylor, MD, chief medical officer of the behavioral health division at Pathway Healthcare in Birmingham, Alabama. (For more on how to pay, see page 130.)

SHOULD YOU

travel cross-country or stay close?

Be honest about whether the people around you are helpful or harmful. If you have a strong family or community that supports your sobriety, great. (Bonus: A local rehab will hook you up with outpatient services in the area.) If not, you may want to remove yourself from the situation, says Dr. Taylor.

SHOULD YOU

wait a few weeks for a women's-focused program or go to the coed place with an opening now?

Get the best care you can right away. Women's-only rehab is ideal (the treatment methods are aimed at women and also address traumas like sexual assault and domestic violence). "But when you decide you want help, there's a window of opportunity to get it before you may start using again," says Dr. Taylor. If you go coed, ask about women's groups and workshops.

Avoid the scams

Anyone can open a rehab. Beware of shady operators.

They bribe you.

Some "rehabs" promise airfare or other perks. Reputable places don't do this.

They flaunt high success rates.

There's no *real* way for rehabs to track who relapses. "Any facility that says they have a 90 percent success rate probably isn't telling the truth or gathering accurate follow-up data," says Dr. Taylor.

There is no accreditation on their website.

A rehab should have either JCAHO (Joint Commission on Accreditation of Healthcare Organizations) or CARF.

They promise to "improve your character."

Uh, hard pass. "This approach isn't even close to being evidence-based and it reinforces stereotypes about addiction instead of treating it like the disease that it is," says Dr. Taylor.

"I ended up at a women's facility and couldn't imagine going anywhere else. There's sexual trauma for a lot of women dealing with addiction, including myself, and I felt I could be more vulnerable there."

—CAROLINE, 30, EIGHT MONTHS SOBER



How to pay for it all

Insurers are required by law to cover substance-abuse services, but providers can pick and choose what they'll spring for. This means you could be on the hook for a big chunk of these costs.



THE BILL	
Inpatient rehab: 90-day program	Up to \$60,000
Acupuncture	\$100 per session
Outpatient treatment	\$5,000 or more (for a 3-month program)
Sober-living house	\$450 to \$800 per month
Private therapy	From \$75 per session
Medication (e.g. Suboxone) for addiction	Up to \$25 per day for weeks or months as prescribed by your doctor

Rehabs will likely bill your insurance daily or weekly, says Zach Snitzer, director of business development at the Maryland Addiction Recovery Center. But your insurer may not tell you in advance what it'll cover. This is how people get cut off by surprise, often about three weeks in.

Once you've finished your inpatient program, you may need more support. If you have insurance, it'll likely cover some of these costs (and your program should be able to help you deal with your provider).

One-on-one therapy can help keep you on track. Insurance will usually cover something. If not, check out the Open Path Psychotherapy Collective for affordable options nationwide.

Your rehab may offer holistic services, but "many people have no idea these things cost extra," Snitzer says. Ask up front what's included.

Having roommates also in recovery can help you focus on your sobriety. "These houses can be really nice or really seedy, so the price varies," says Jean Krisle, founder of 10,000 Beds. Visit before committing.

Drug treatment meds (they suppress cravings and withdrawal symptoms) should be covered by insurance, but if not, some clinics will charge you on a sliding scale.

4 ways not to go broke

No insurance (or shitty insurance)? These tips can slash your bill.

- 1 Consider a state-funded center.**
Visit FindTreatment.SAMHSA.gov. Truth: These are not fancy. But they're vetted by the government.
- 2 Look for scholarships.**
The nonprofit 10,000 Beds (10000Beds.org) connects eligible applicants to empty rehab beds around the country for free. But beware: There can be a waiting list.
- 3 Get your employer to pitch in.**
Some companies offer employee assistance programs that will connect you for free to a drug counselor who can refer you to legit programs within your budget.
- 4 Ask the facility to work with you.**
Some private treatment centers will take your finances into consideration. Many also have payment plans.

LULUS TOP, AGOIDE JEANS.

Nail the hard convos

It's scary to duck out of life for a while. Here's how to do it right.



Your school

If you leave suddenly and flunk classes, ask about a retroactive medical withdrawal, says Adrienne Otto Frame, associate vice president and dean of students at the University of Central Florida. "You may be able to get your grades forgiven—and your tuition back." (You'll need proof of where you've been though.)



Your job

No need to spill everything—just say, "My substance use is interfering with my life and I'm getting help," suggests Patti Perez, a vice president at HR company Emtrain and author of *The Drama-Free Workplace*. Addiction treatment is protected by disability laws, meaning you can take a "reasonable" amount of time off to deal.



Your friends

Your besties probably know what's up. Just send anyone else a quick text letting them know you're dealing with a medical issue and will be offline for a few weeks. "Say, 'I'll let you know when I'm situated,'" says Vanessa E. Ford, an addiction counselor and a licensed psychotherapist.

Use your phone to stay sober

These apps keep you on track.



WEconnect
Get reminders to call your sponsor and earn gift cards for attending meetings (the app uses GPS to confirm, and experts say positive reinforcement can help you stay sober).



I Am Sober
Share victories (and struggles!) with others in your sitch, track sobriety milestones, and find therapists in your area.



Talkspace
Get matched up with one of more than 3,000 licensed therapists you can message literally anytime (subscriptions start at \$65 a week).

"People always told me, 'You can get better.' I thought they were lying. Now I want any woman to know: No matter how messed up you might feel, you can live a completely different life."

—KATIE, 26, NEARLY TWO YEARS SOBER

Now crush your program

You got here. Let's do this thing.



Be a rule follower.

Prepare for a dress code (no walking around in your pijs) and a military-style wake-up time. "Your day will be very, very structured," says Jennifer Fernández, PhD, a clinical psychologist in San Francisco. The strict rules about relationships and flirting may feel like overkill, but don't fight them. You're here to focus on you.



Step away from your phone.

"You need to fully invest in being here," says Erin Goodhart, senior clinical director of women's services at Caron Treatment Centers. It's hard to focus on your recovery while tapping through Insta Stories. In many programs, staffers will play secretary for you, alerting you to urgent texts from your dog sitter. There may also be short windows of the day when you can make important calls.



Talk about yourself.

A key feature of rehab is tons of group therapy. And honestly, it will do wonders for your shame to know that others have also flaked on friends' birthdays while high or stolen money from their parents. "I'd own up to something, and then two or three other girls would say, 'Oh, that happened to me!'" says Caroline, 30, a hairstylist who is eight months sober.



Be the she who persists.

The first time you'll be tempted to pull the escape hatch is right after detox, says Luke English, clinical director of Recovery Centers of America in Devon, Pennsylvania. This is when your drug-free body might trick you into thinking the tough part is over. Two weeks in, many patients feel restless, bored, or exhausted, says English. Anticipate these feelings—and stick it out.



Stay longer, if you can.

While 28 or 60 or 90 days may already seem major, it's very possible you'll end up wanting to extend, as many women *Cosmo* spoke to did. Your treatment team will help you decide, says Kelli Grant, corporate director of business development and case management for Caron Treatment Centers.



"You get this fear of, how am I going to do weddings? To go to barbecues? Everybody's going to know that I'm not drinking! To be honest, nobody cares. At the end of the day, they might offer you a beer, but when you say no, they're fine with it. We're not 15 years old anymore. The pressure to use is going to be coming from yourself."

—ANGELA, 32, 90 DAYS SOBER

How to make it stick

DON'T

Go out with people who are using

Or hang in the same old places. "Can you meet up at a coffee shop instead of a bar?" suggests Ford. When everyone's posting drunk Instas on weekends, call your sober buddy and see if she wants to start a new Hulu show with you.

DO

Assess your friendships.

No need to ghost your BFF just because she likes the occasional marg, but you should limit contact with anyone who has their own addiction issues or can't actively support your journey.

DON'T

Skip your meds.

Medication-assisted treatment (MAT) for opioids can help you be more successful in your recovery. Talk to your doc about how long you should stay on them.

DO

Line up non-pharmaceutical help too.

Most rehabs can help you find outpatient programs, one-on-one psychotherapy, a halfway house or sober living, an on-call sober coach, and/or AA or NA meetings.

DON'T

Jump into a new relationship.

Many programs advise not dating for a year after getting sober. Because (a) it's time to focus on sobriety and (b) dating can be a source of anxiety. "Sometimes you meet somebody and it doesn't work out," says Ford. "There's a tendency to use a substance to cope."

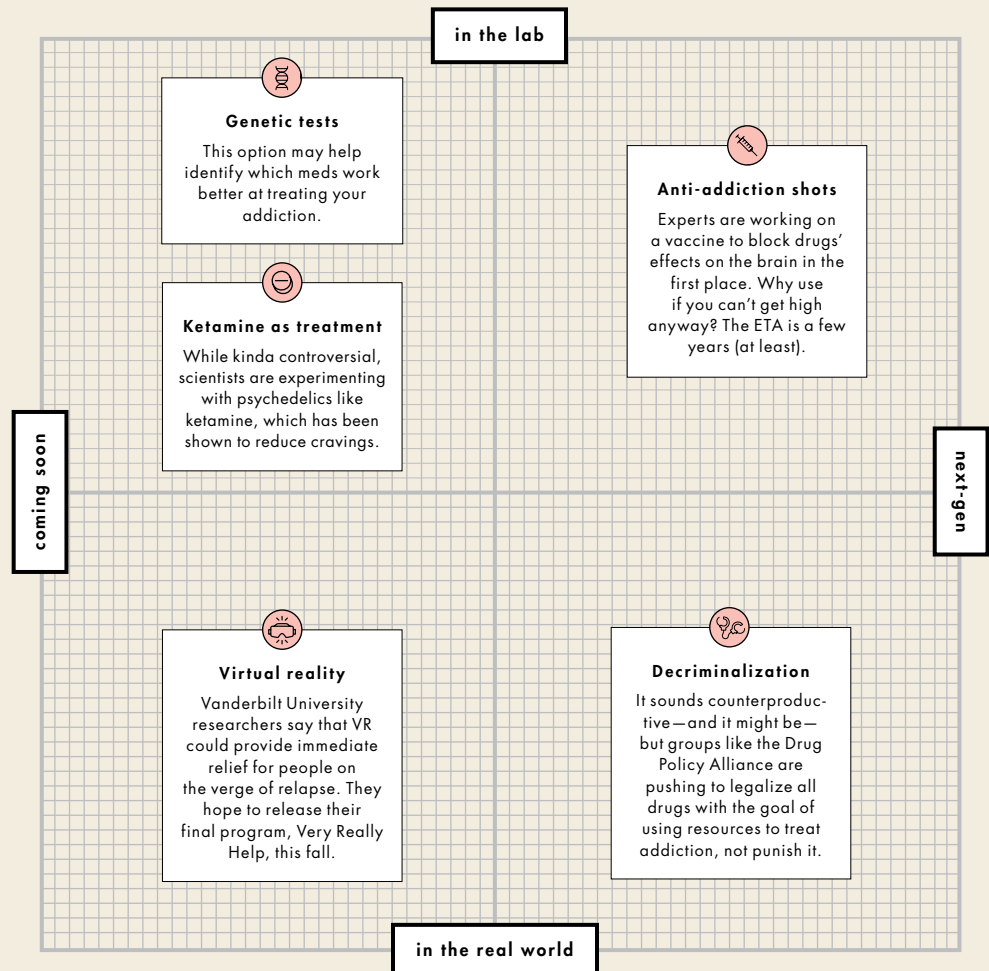
DO

Let dates know you're sober.

If and when you do hit the scene, add the "no drinking, no drugs" category to your profile. "If you're trying to meet someone, they have to understand you're in recovery, otherwise what's the point?" says Kate, 35, who is more than two years sober.

the future of treatment

There's some promising help on the horizon.



AMERICAN EAGLE TOP, MAVI JEANS. SEE PAGE 147 FOR SHOPPING INFORMATION.