



Why Amy was right about rehab

'They tried to make me go to rehab, but I said "no, no, no" ...' (Amy Winehouse, Rehab, 2006).

The tragic death of singer-songwriter Amy Winehouse at the age of 27, following a series of highly-publicised problems of drug and alcohol abuse, has been widely interpreted as confirming the conventional view of addiction as a disease requiring medical treatment.

Within days of Amy's death, her father Mitch launched a campaign for the establishment of residential drug rehabilitation centres in memory of his daughter, leading a delegation to meet MP Keith Vaz, chair of the House of Commons home affairs committee.¹ Mitch emphasised the need for residential rehab for 'problem drug users who could not afford private treatment'. Yet, despite the refusal to follow advice to seek medical treatment famously/notoriously recorded in her award-winning 2006 song, Amy, who could afford the best private clinics, did subsequently enter (and re-enter) rehab. The grim failure of this strategy, recorded in prurient detail in the tabloids, culminated in her death.

The Winehouse family is not unique in its negative experience of private rehab clinics. A medical family recently reported their son's experience of a series of admissions to such clinics, complaining of 'worrying absences of an evidence base, qualified staff, ethical standards, and ongoing support — and an even more worrying tendency to concentrate more on securing fees than on achieving success in overcoming these life-threatening conditions'.²

But the problems with rehab go deeper, to the concept of addiction as a disease. In a perceptive reflection on Amy's death, the medical writer Raymond Tallis disputes the genetic fatalism and biological determinism at the root of current theories of addiction, themes developed in his powerful new critique of the contemporary pathologies of Neuromania and Darwinitis.^{3,4} As Tallis observes, nobody suggests that real brain diseases like Alzheimer's or Parkinson's are susceptible to interventions such as the

'Twelve Step Programme' advocated by Alcoholics Anonymous.

Another medical writer, Theodore Dalrymple, has long protested at the folly of 'turning the addict into a blameless patient'.⁵ Like Tallis, he rejects the view of the addict as a passive victim, a strategy that dehumanises drug users, absolving them of responsibility for their actions but also depriving them of the capacity to deal with their own problems. For Dalrymple, the medicalisation of addiction turns the addict into 'something less than a responsible person', into 'an automaton effectively without choices, intentions or even weaknesses'.

Residential rehab — the effective incarceration of the addict in the modern equivalent of the 18th century private madhouse — is the extreme manifestation of the denial of agency at the heart of the concept of addiction. The close involvement of parents of adult offspring in the process of residential rehab (symbolised by Mitch Winehouse) reflects the infantilisation of some members of a younger generation for whom the immediate satisfaction of personal desires has become the highest good (a process with wider adverse consequences for society).

In the wise words of Renton, anti-hero of Irvine Welsh's novel of adolescent drug abuse in Scotland, *'Rehabilitation is shite; sometimes ah think ah'd rather be banged up. Rehabilitation means the surrender ay the self.'*⁶

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