Recovery and communities of recovery (part IV)

Professor David Clark of WIRED finishes his look at the definition and conceptual boundaries of 'addiction recovery'.

In my last Briefing, I pointed out the necessity of having a clear definition of recovery. I focused on William White's article "Addiction recovery: Its definition and conceptual boundaries", in which he is trying to stimulate debate about the defining nature of recovery (Journal of Substance Abuse Treatment, 33: 229, 2007).

I continue the themes from the White review with the question:

Does the use of prescribed psychoactive drugs disqualify one from the status of recovery?

There are problems for a definition of recovery that precludes use of all drugs, including prescription drugs. These drugs may be used as an adjunct in the treatment of addictive disorders, prescribed for co-occurring mental health disorders, or prescribed for other conditions such as acute or chronic pain.

White believes that denying the status of recovery to people who are medically and socially stabilised on methadone is a particularly stigmatising consequence. In the States, a growing number of professional and recovery advocacy organisations are recognising the legitimacy and potential effectiveness of medication-assisted recovery.

A person's recovery status is best evaluated in terms of the motivations for medication use and its effects. One person's use of unprescribed methadone for intoxication purposes is not the same as another person who is prescribed the drug and uses it to help take the chaos out of their lives.

White points out that use of the phrase "medication-assisted recovery" would help 'legitimise' the recovery status of people who are using opiate substitutes on a prescribed basis, but this would also risk creating a recovery class structure in which this group would be seen as less than full members of recovery communities.

Is recovery something more than the elimination or deceleration of substance use problems from an otherwise unchanged life?

Addiction is often intimately related to other life problems of the individual and the resolution of addiction is often inseparable from the resolution of problems in which it is nested. Therefore, it is important to link broader personal and social adjustment outcomes to recovery.

In fact, most recovered and recovering people define recovery in terms of the resolution of their

substance use problems and an accompanying improved well-being at a variety of levels, eg physical, psychological, relational, educational/occupational, financial, and legal.

Must recovery be conscious, voluntary, and self-managed?

White points out that recovery can be a conscious process or the product of what sociologists call 'drift' – a movement out of addiction that is not marked by conscious planning, self-direction, or alterations in personal identity. Recovery does not need to be conscious.

In the view of recovery advocacy groups, there is no such thing as coerced recovery. Volitional change is very different to transient periods of substance use cessation 'generated by institutionalisation, rigorous monitoring by external authorities, or crisis-induced respites' from active substance use.

What are the temporal benchmarks of recovery?

Factors that complicate the process of defining a set point for addiction recovery include the fact that most severe substance use problems last a long time and ebb and flow over their course. Short-term episodes of voluntary or other-imposed abstinence and treatment can mark a respite rather than a termination of addiction.

Recovered and recovering are terms used to describe the process of resolving, or the status of having resolved, severe substance use problems.

'Recovering' conveys the dynamic, developmental process of addiction recovery, whereas 'recovered' provides a means of designating those who have achieved stable sobriety and better conveys the real hope for a permanent resolution of substance use problems.

The period used to designate people recovered from other chronic disorders is usually five years of continuous symptom remission. Consistent with this, research suggests that recovery from severe substance use disorders is not stable (point at which the risk of future lifetime relapse drops below 15 per cent) until after four to five years of sustained abstinence or sub-clinical use.

People with severe substance use problems often cycle in and out of problematic use and exhibit short periods of abstinence and sub-clinical use within the larger course of their addiction career. White emphasises that both moderated and abstinence-based problem resolutions require time periods of symptom remission to determine if they are a sustainable pattern of problem resolution or a brief hiatus in one's addiction career.

We need to be wary of treatment outcome studies that evaluate recovery between six and 24 months following admission or discharge from treatment.

Defining recovery: A proposal

William White offers the following definition of recovery for consideration:

'Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilise internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.'

Recovery is so much more than stopping using substances and is exemplified by the end of this definition. It involves developing a healthy, productive, and meaningful life – for some people this is a better life then they had before using substances.

Many of the ideas here can be found in: www.facesandvoicesofrecovery.org/pdf/White/2005-09_white_kurtz.pdf.