

Recovery and communities of recovery (part II)

Professor David Clark of Wired looks at recovery and treatment.

William White is author of one of the truly great books in this field, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.

He points out that there have been three organising paradigms over the past 200 years to try and deal with the problems caused by drugs and alcohol in the US. Pathology, whether religiously or medically conceived, provided an organising framework from the late 18th Century through to the era of alcohol prohibition. This paradigm fuelled a debate as to whether alcoholism was a sin or a sickness.

The pathology paradigm was replaced by the intervention model, which 'buttresses multi-billion dollar industries aimed at preventing drug use, controlling drug supplies, punishing drug offenders, and treating those with severe AOD [drug and alcohol] problems'. It is assumed that investigations into the etiology and patterns of substance use problems and studies of the professional treatment of these problems will reveal the ultimate solution to these problems.

This model has generated significant new understandings that sparked calls to bridge the gap between research and practice in addiction treatment.

However, White and Kurtz point out that there has also been a disillusionment with this model because of the intractability of substance use problems at a societal level, resulting in a shift in focus to a third paradigm, one which focuses on resilience and recovery.

The recovery paradigm proposes that solutions to severe substance use problems 'have a long history and are currently manifested in the lives of millions of individuals and families and that the scientific study of these lived solutions could elucidate principles and practices that could further enhance recovery initiation and maintenance efforts'.

In the US, there have been calls to shift the design of addiction treatment from a model of acute biopsychosocial stabilisation to a model of sustained recovery management. Moreover, a new recovery advocacy movement has developed.

Now you might be thinking, 'What has this got to do with the UK?' We've got our treatment system, we have a mantra 'treatment works', etc, etc.

However, it has been pointed out to me on a number of occasions that in the treatment field we tend to be 15 to 20 years behind the US, which means that this shift in paradigm will be coming. Moreover, we must note that the treatment system in the US was effectively dismantled in the 1990s.



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We also need to sit back and reflect on the current paradigm being used in the UK – the intervention model – and how we are using it. We need to ask ourselves whether we are so wrapped up in the idea of 'treatment' that we forget what we are really doing, or should be doing, for the majority of people who need help, ie helping them find recovery.

Some people who attend treatment are not particularly interested in stopping using drugs or drinking in the long term, or do not believe they are capable of doing so. They want some respite from the chaos and damage that their substance use is causing them. Support from street-based agencies can provide a welcome period of respite, while a methadone programme can be beneficial for people

who have been using heroin.

However, a very significant proportion of people who access treatment want much more. They want to resolve their substance use problems permanently and go on to lead meaningful and fulfilling lives free of the substances that have caused their problems. On the basis of the definition below, they want recovery:

Recovery is the process through which severe alcohol and other drug problems are resolved in tandem with the development of improved physical, emotional, ontological (spirituality, life meaning), relational and occupational health. [My adaptation of definition from White and Kurtz, 2005]

Many of these clients have a variety of other life issues – some caused by the substance use problem, others that preceded it – which they need help from professionals in resolving.

But is there sufficient help for those people who want to find recovery? And, are we getting carried away by the concept of treatment – and treating the symptoms, not underlying problems – to the exclusion of not understanding recovery (the real end-point) and helping people achieve it?

The resolution of substance use problems, or recovery, is something that ultimately comes from within the person. Treatment is a time-limited, circumscribed experience or set of experiences that helps this self-change process. Treatment is a tool, albeit a valuable one for many people, not an end in its own right.

For many individuals, recovery sustainability is not achieved in the short span of time that treatment agencies are involved in their lives. As I will explore in a later Briefing, we need something additional to help people to recovery.

I finish with a story I've often heard: A person who wants to stop using heroin is put on a methadone programme. He later asks that his dose be gradually reduced so he can work towards being abstinent. He is told his dose cannot be reduced because he will relapse.

Where is the focus: on his recovery (and wellbeing) or on treatment?

[To be continued.]

'Linking Addiction Treatment and Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches' by William White and Ernest Kurtz (2005).

www.facesandvoicesofrecovery.org/pdf/White/r recovery_monograph_06.pdf