Recovery and communities of recovery

Professor David Clark continues to look at recovery, this time introducing the writings of William White and colleagues in the US.

'Something got lost on our way to becoming professionals – maybe our heart. I feel like I'm working in a system today that cares more about a progress note signed by the right colour of ink than whether my clients are really making progress toward recovery. I feel like too many treatment organisations have become people and paper processing systems rather than places where people transform their lives. Too much of our time is spent fighting for another day or a couple of extra sessions for our clients. I'm drowning in paper. We're forgetting what this whole thing is about. It's not about days or sessions or about this form or that form, and it's not about dollars; it's about RECOVERY!'

This is a practitioner leaving the treatment field, quoted in *Linking Addiction Treatment and Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches* by William White and Ernest Kurtz www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_06.pdf

I have taken this quote from an excellent American article because it reminds me what working in this field is, or should be, about. No, not paperwork – recovery! (Mind you, many UK treatment workers complain that paperwork is taking over their real job, and some leave.)

William White's writing has excited me ever since I was introduced to his book *Slaying the Dragon* that focused on the history of addiction treatment and recovery in America. He has also written a range of inspiring articles on recovery from addiction on the 'Faces and Voices of Recovery' website.

One of the important points that White and his co-authors make is that in the field today we tend to be very problem-focused, rather than what we should be, solution-focused. We tend to focus on addiction, rather than on recovery from addiction.

For example, we know a great deal about addiction, but much less about recovery. We have scientific journals and educational courses focusing on addiction or substances, but nothing on recovery. And look at the HBO series done in conjunction with the National Institute of Drug Abuse (NIDA) and other partners in America. The major message was about addiction – 'addiction is a disease' – rather than about recovery from addiction (www.hbo.com/addiction/).

Worryingly, many workers in the UK treatment field do not know what recovery is, and what factors facilitate the path to recovery. Some workers actually believe it is treatment that makes a person better.

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The article of William White's that I refer to – and strongly recommend you read – focuses not only on recovery, but also on communities of recovery.

White defines recovery as: '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.'

There are a multitude of different pathways to recovery, of which only some involve formal treatment. Those who seek professional treatment often have a high personal vulnerability (*eg* family history of substance use problems, young age of problematic use, trauma in earlier life), greater problem severity and complexity, weaker social supports, and less occupational opportunities and success.

Formal treatment is a time-limited, circumscribed experience or series of experiences that interacts with and hopefully enhances a self-change process on the road to recovery.

White emphasises that treatment outcomes are compromised by the lack of sustained recovery support services. The need for such services becomes greater as problem severity increases and recovery capital decreases. (Recovery capital is the quantity and quality of internal and external resources that a person can bring to bear on the initiation and maintenance of recovery.)

Research in America has shown that only 50 per cent of people who enter treatment actually complete, while over 50 per cent who complete use or drink again within the first year (80 per cent of these within 90 days of discharge).

White points out that the resolution of severe substance use disorders can span years (sometimes decades) and multiple treatment episodes before stable recovery maintenance is achieved. For many individuals, recovery sustainability is not achieved in the short span of time that treatment agencies are involved in their lives.

When treatment agencies discharge clients following a brief episode of services, they convey the illusion that continued recovery is self-sustainable without further professional support. However, research reveals that durability of recovery from addiction – the point at which risk of future lifetime relapse drops below 15 per cent – is not reached until after four or more years of sustained remission.

As White emphasises, these findings beg the need for models of sustained post-treatment check-ups and support comparable to the assertive post-treatment monitoring used in other chronic disorders, *eg* diabetes, heart disease, and cancer. While the effects of acute treatment erode with time, the influence of the post-treatment environment increases. He argues that, 'this is the environment we must niche within and remain within if we are truly interested in long-term recovery'. Assertive linkage to communities of recovery – involving recovered and recovering people – and other recovery support services are key.