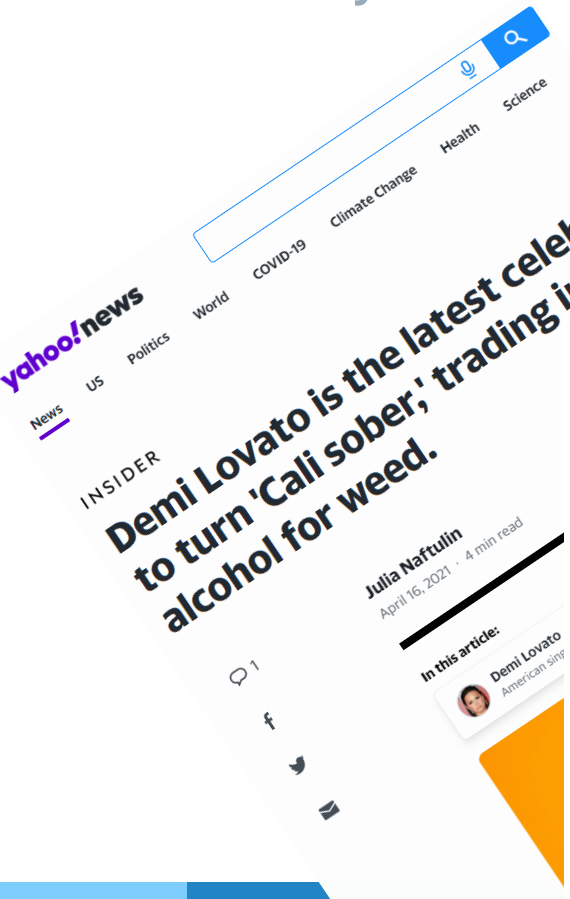
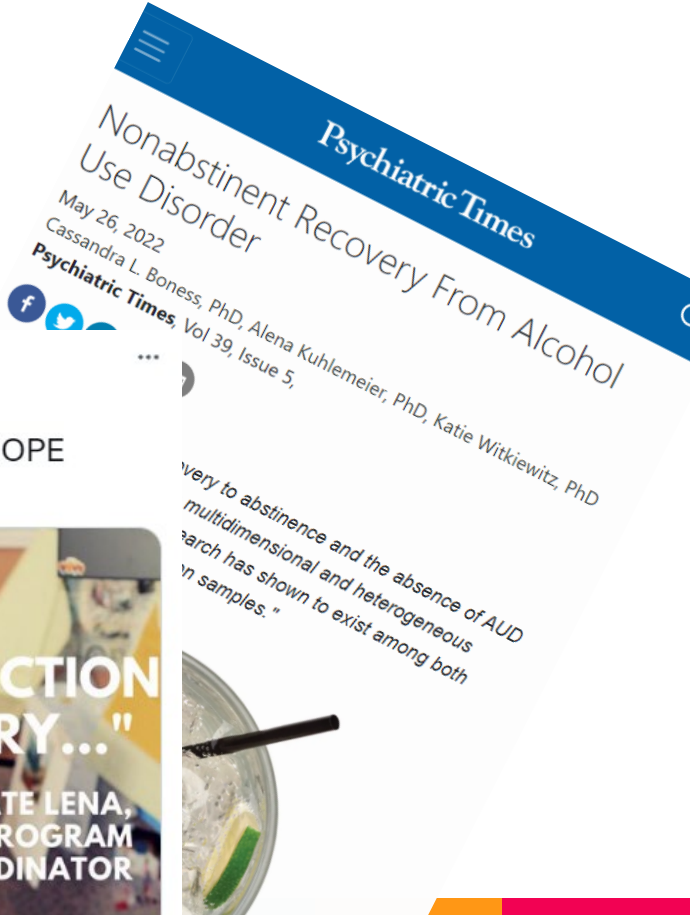
Defining Recovery

From "Clean and Sober" to "When You Say You Are"

Jason Schwartz, LMSW, CAADC
Reclaiming Recovery
November 15, 2022

Why this topic?





Pre-AA characterizations of recovery

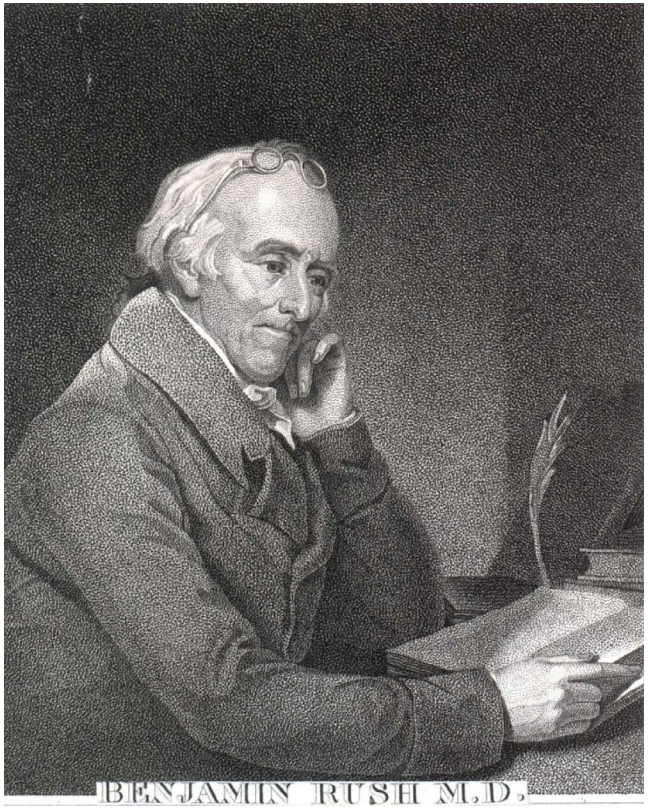
Pre-AA characterizations of recovery

"Reformed"

"Redeemed"

"Repented"

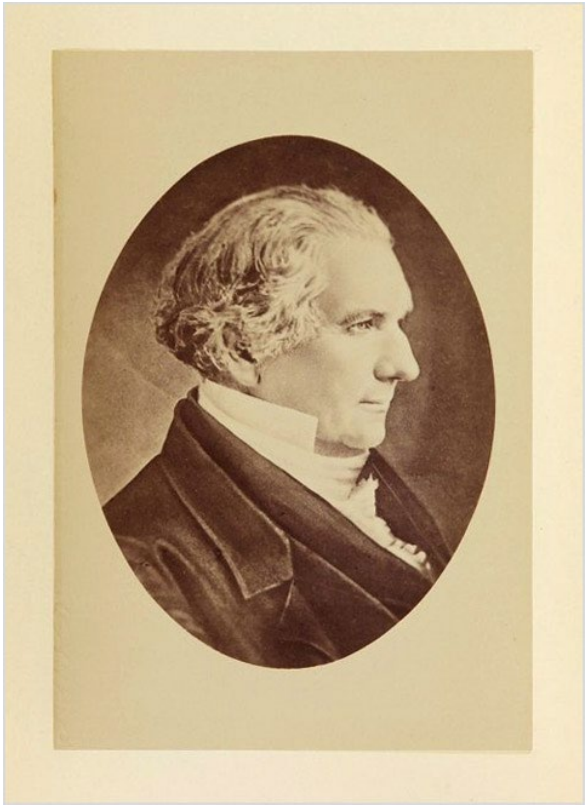
Pre-AA characterizations of recovery



an “odious disease” that “resembles certain hereditary, family and contagious disease”)

Benjamin Rush, 1784

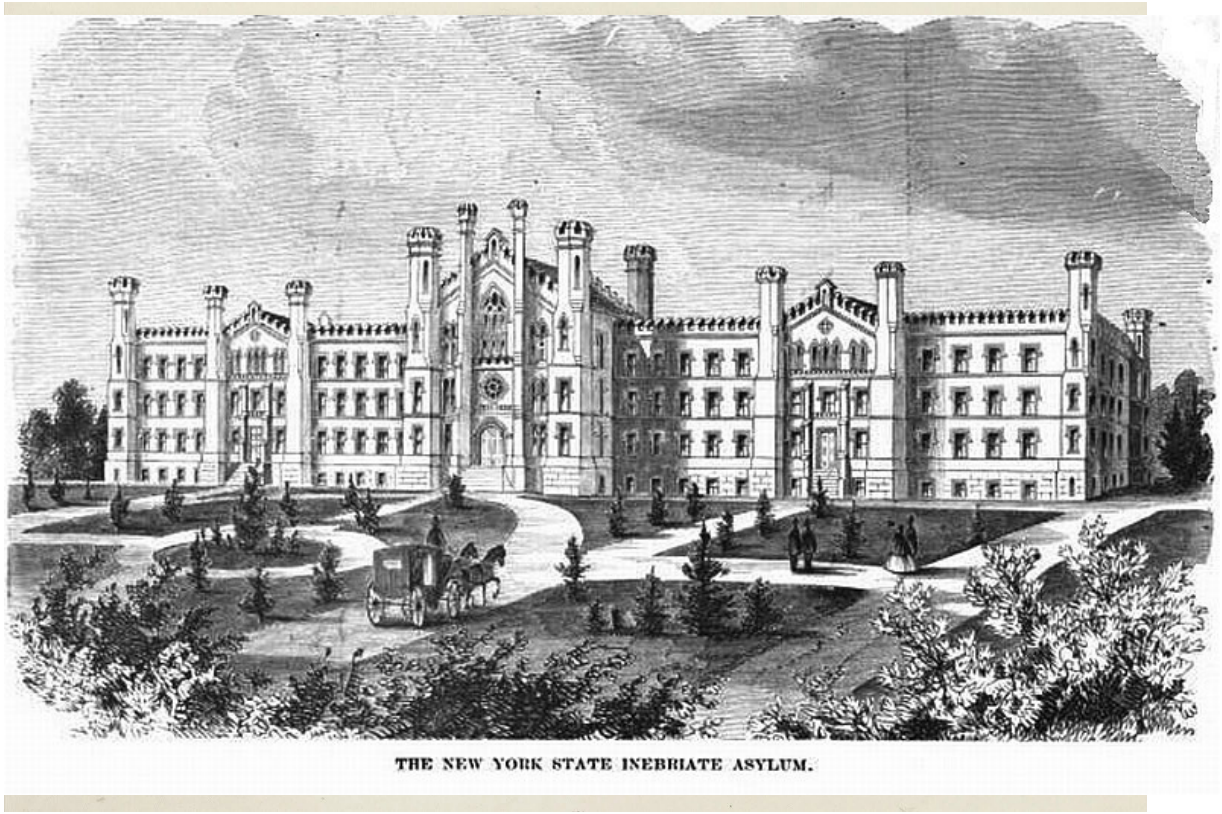
Pre-AA characterizations of recovery



"God forbid that we should erect asylums for our children! But God forbid, if our own children become drunkards, that they should fail to find asylums for seclusion and recovery!"

Dr. Samuel Woodward, 1836

Pre-AA characterizations of recovery



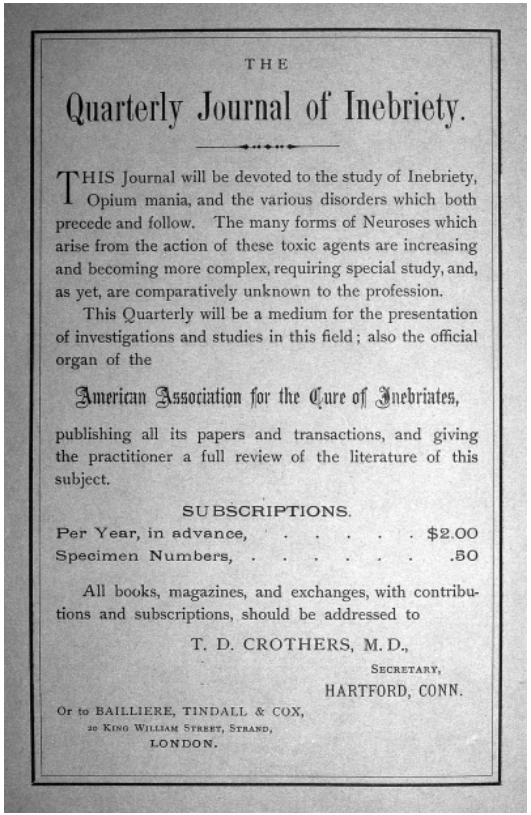
THE NEW YORK STATE INEBRIATE ASYLUM.

Medical model implemented:

commitment of one year or “until the patient is cured”

White, W. L. (1999). A lost world of addiction treatment. Counselor, 17(2), 8-11.

Pre-AA characterizations of recovery



THE

Quarterly Journal of Inebriety.

THIS Journal will be devoted to the study of Inebriety, Opium mania, and the various disorders which both precede and follow. The many forms of Neuroses which arise from the action of these toxic agents are increasing and becoming more complex, requiring special study, and, as yet, are comparatively unknown to the profession.

This Quarterly will be a medium for the presentation of investigations and studies in this field; also the official organ of the

American Association for the Cure of Inebriates,

publishing all its papers and transactions, and giving the practitioner a full review of the literature of this subject.

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LONDON.

American Association for the Cure of Inebriety

1. Intemperance is a **disease**.
2. It is **curable** in the same sense that other diseases are.
3. Its primary cause is a constitutional susceptibility to the alcoholic impression.
4. This constitutional tendency may be either **inherited or acquired**.

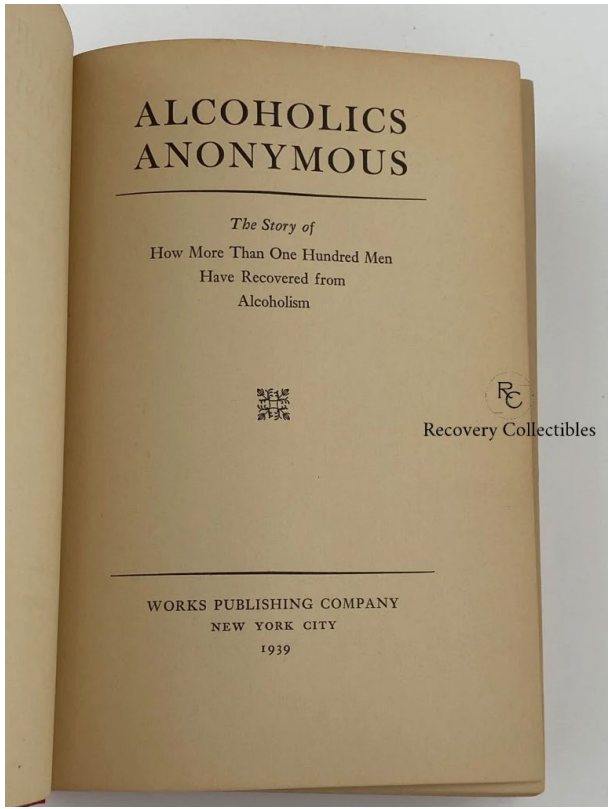
"*recovery from a life of inebriation to a life of sobriety*"

Dr. Joseph Parrish

White, W. (2005) Recovery: Its history and renaissance as an organizing construct. Alcoholism Treatment Quarterly, 23(1), 3-15.

The birth of recovery as we know it today

Alcoholics Anonymous and “recovery”



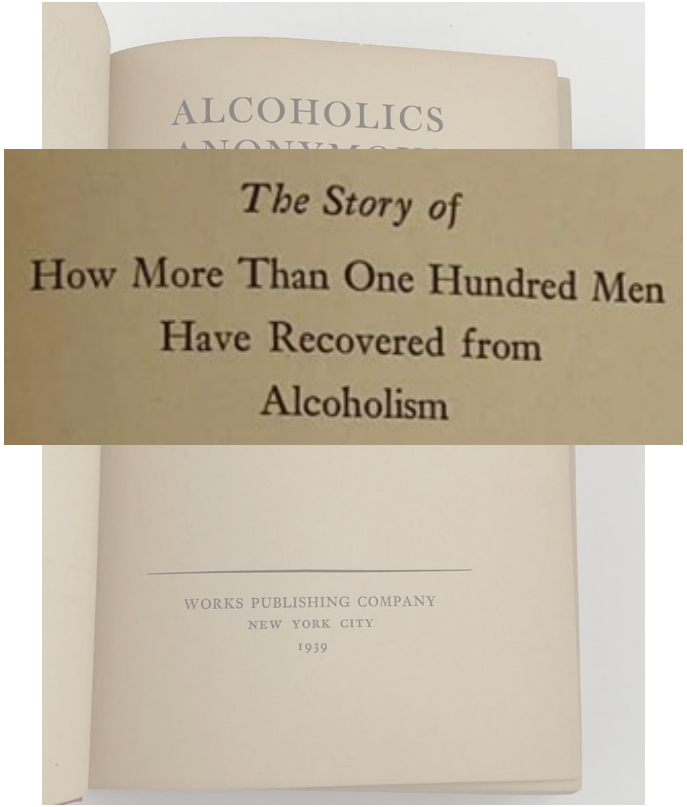
FOREWORD TO FIRST EDITION

This is the Foreword as it appeared in the first printing of the first edition in 1939.

We, of Alcoholics Anonymous, are more than one hundred men and women who have recovered from a seemingly hopeless state of mind and body. To show other alcoholics *precisely how we have recovered* is the main purpose of this book. For them, we hope these pages will prove so convincing that no further authentication will be necessary. We think this account of our experiences will help everyone to better understand the alcoholic. Many do not comprehend that the alcoholic is a very sick person. And besides, we are sure that our way of living has its advantages for all.

It is important that we remain anonymous because we are too few, at present to handle the overwhelm-

Alcoholics Anonymous and “recovery”



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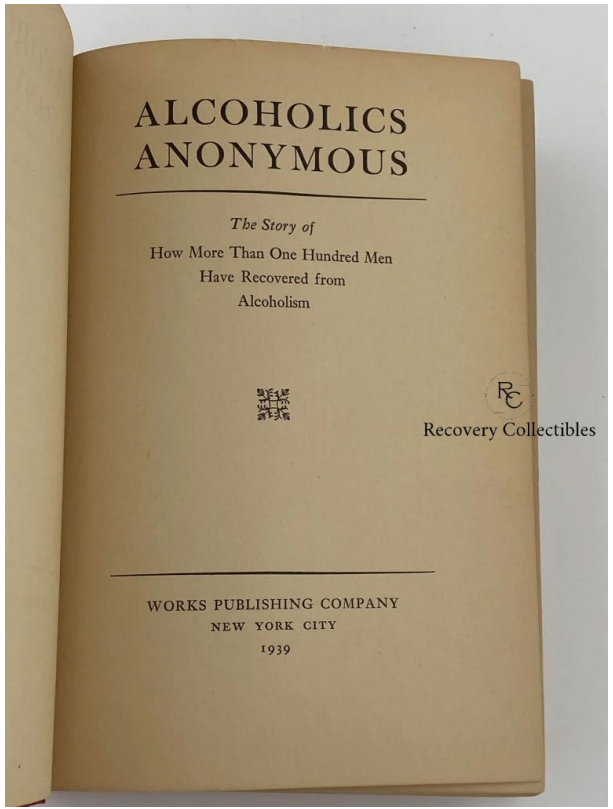


THE DOCTOR'S OPINION

We of Alcoholics Anonymous believe that the reader will be interested in the medical esti-

It has never been, by any treatment with which we are familiar, permanently eradicated. The only relief we have to suggest is entire abstinence.

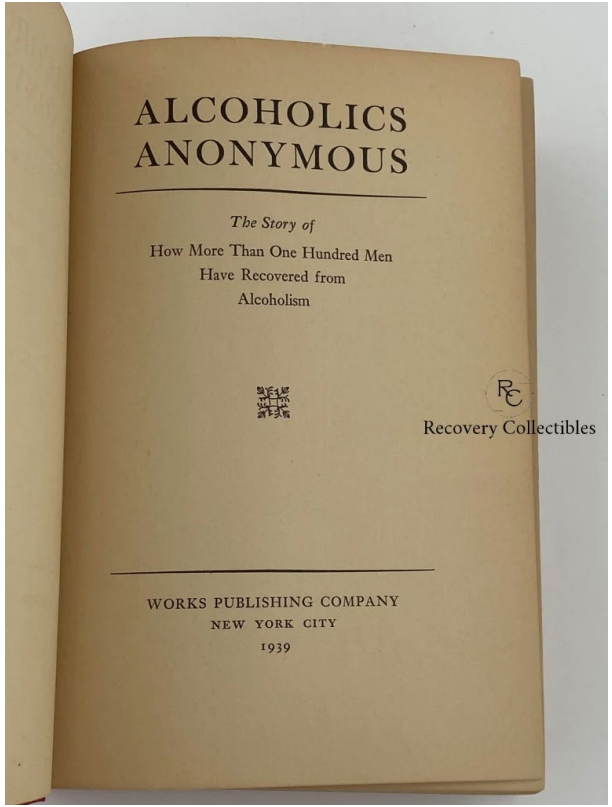
A well-known doctor, chief physician at a nationally prominent hospital specializing in alcoholic and drug addiction, gave Alcoholics Anonymous this letter:

To Whom It May Concern:

I have specialized in the treatment of alcoholism for many years.

In late 1934 I attended a patient who, though he had been a competent businessman of good earning capacity, was an alcoholic of a type I had come to regard as hopeless.

Alcoholics Anonymous and “recovery”



Chapter 6

INTO ACTION

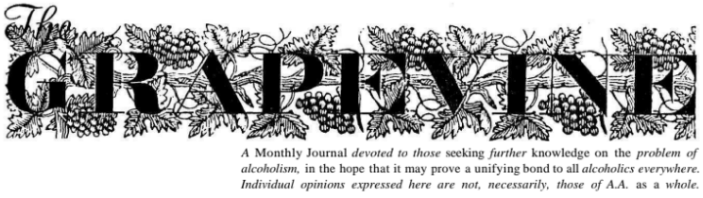
HAVING MADE our personal inventory, what shall we do about it? We have been trying to get a

We feel a man is unthinking when he says that sobriety is enough. He is like the farmer who came up out of his cyclone cellar to find his home ruined. To his wife, he remarked, “Don’t see anything the matter here, Ma. Ain’t it grand the wind stopped blowin’?”

being, the exact nature of our defects. This brings us to *the Fifth Step* in the program of recovery mentioned in the preceding chapter.

This is perhaps difficult—especially discussing our defects with another person. We think we have done well enough in admitting these things to ourselves.

“The roads to recovery are many”



The GRAPEVINE

A Monthly Journal *devoted to those* seeking *further* knowledge on the *problem of alcoholism,* in the hope that it may prove a unifying bond to all *alcoholics everywhere. Individual opinions expressed here are not, necessarily, those of A.A.* as a *whole.*

PHILIP WYLIE JABS A LITTLE NEEDLE INTOCOMPLACENCY

An editor of The Grapevine called on me and asked for a piece. He asked because I'd recently reviewed a book about a drunk—Charles Jackson's The Lost Weekend. He thought that what I'd said in the review showed I had an interest in alcoholics. I have. The editor didn't know that I am one.

I quit solo—by which I mean here that no organized group like A.A. was around to assist or advise. But I had plenty of assistance and expert advice, much of which curiously parallels what I know now about A.A. To reach a point where I can say that I am not drinking and have not been drinking for a long time, took years. It took an unconscionable amount of energy. It left me with a few ideas that I'd like to pass along. It left me with a couple of hunches that I'd like to ask about.

The things I did are, maybe, the things many others are doing. I was psychoanalyzed twice. I studied psychology after that—Jungian, Freudian, Adlerian, behavioristic. Then I read all the basic religious books. Then I read the philosophies. Then I went to insane asylums, and looked at them. Here are some of the ideas that came my way:

One of the "reasons" I had given myself for drinking was that I was then able to do easily a great many things other men could do sober and I could not. So I did them sober. I did everything without a drink that I had done when drunk, excepting for the destructive troublemaking ones. Everything. That was useful to me.

I had jitters that there is not literary skill to describe—though Charle8 Jackson has come as close as any writer ever did. Every fear, phobia and compulsion entered my head—and not always just when I was hung over. So I got into the habit—a suggestion of a psychiatrist—of writing down in detail the nature and formidability of these mental distresses. Maybe the fact that I am a writer gave that system special merit. But I found I couldn't endlessly retail the awfulness of my obsessions—sitting perfectly comfortably in a quiet room. On paper—they weren't gigantic and overwhelming. They grew silly. They made me laugh at myself and so deflated themselves.

Dr. Jung himself suggested that I look at a few asylums. I didn't know why until I made the visit. Then it became evident to me that the inmates were not like me at all. Thus I got to know that my alcoholism was not the onslaught of insanity—and I got to know I had been subconsciously afraid of precisely that.

The Jungians, incidentally, give a different name to the "religious experience" which you discuss in A.A. They arrive at that "experience" by different methods—methods which conform to their scientific psychological technique. They call the spiritual quantum which gives rise to the experience a "tran8cendant symbol." Naturally, I haven't room to describe the method here: it would take more than this magazine—a book, perhaps. But, whether you call it a religious experience or a transcendant symbol does not matter—and it may be of interest to alcoholics who are semi—knowinglyengagedinprotestingformal, churchly "religions" to learn that there are thoroughly abstract, non-religious routes to this same, universal, human contact with inner integrity, truth, and the "nature of nature itself."

Of course, I read everything about alcoholism I could find. And I became interested in the care and condition ,of alcoholic friends. Among them I noticed two who still make me wonder about the possible relationship of epilepsy to alcoholism in some cases. These two friends of mine had had fits. They both had the epileptic "picture" on the electroencephalogram. The new drugs that avert or postpone epileptic attacks seemed to aid these two men in stopping their alcohol addiction. I know that if I were a doctor—and an alcoholic—I'd investigate this special aspect of the puzzle thoroughly. The possible future values of chemistry should not be overlooked by any of us in the presence of the proved value of psychological and philosophical regeneration.

I also have a hunch that insanities, neuroses, and all other aberrations vary largely with the passing of centuries. Alcoholism, too. I do not believe people in the main were exactly the same sort of alcoholics and for the same reasons in 1700 as in 1944. That is to say, I believe such conditions of the soul are "us if" epidemic—and definitely of a social causation. That is what especially interests me about A.A.: it represents to me the first really effective effort to deal in kind and in scale and in the right category, with alcoholism.

Philip Wylie

BILL'S COMMENTS ON WYLIE IDEAS, HUNCHES

Philip Wylie's piece in this issue of The *Grapevine* will endear the man to every A.A. And why? Because, of course, he's so very alcoholic! Neither can anyone miss the author's generous and self-sacrificing spirit. Forgetting his own worldly importance, he snaps his fingers at what the public may think; he discards his *reputation* in order to share with us his *character.* A traveller who has felt his own way out of the night, he tells how he discovers haven. We could ask no better spirit of anyone. Mr. Wylie can be a member of A.A.

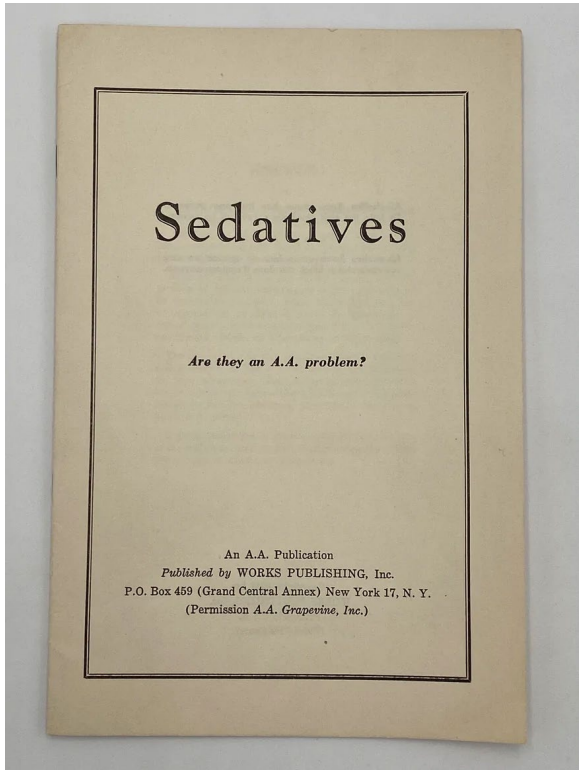
(Continued on page 3)

Philip Wylie Jabs a Little Needle Into Complacency

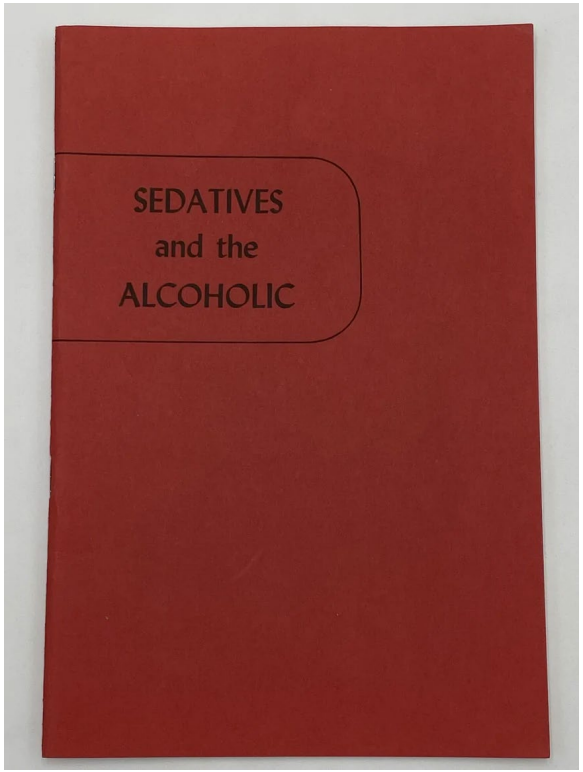
“...no AA should be disturbed if he cannot fully agree with all of Mr. Wylie's truly stimulating discourse. Rather shall we reflect that ***the roads to recovery are many***; that any story or theory of recovery from one who has trod the highway is bound to contain much truth.”

The Grapevine, Vol 1, No 4, 1944

Growing concern about drugs within AA



Sedatives: Are They an AA Problem? - 1948



Sedatives and the Alcoholic - 1952

Alcoholics Anonymous HFD meetings

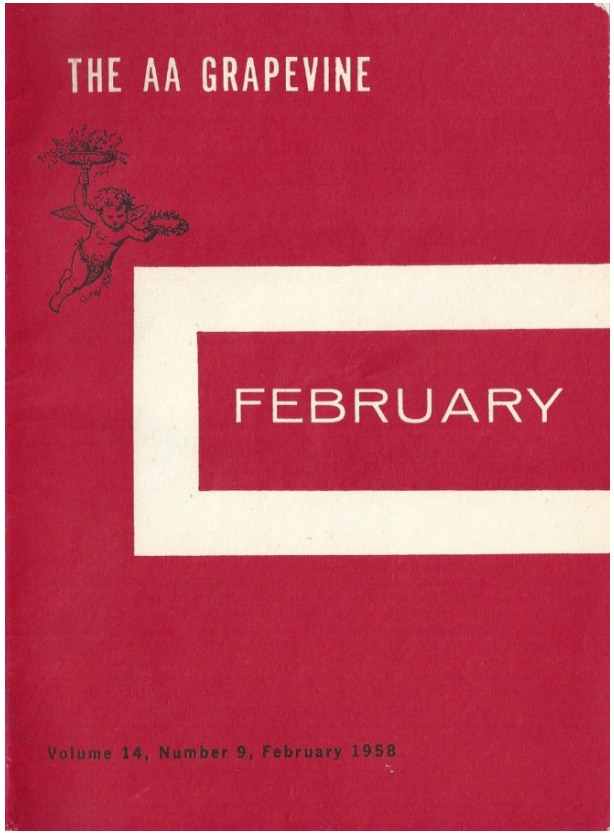
Alcoholics Anonymous HFD meetings

Betty T. to GSH staff and Bill Wilson in a

letter dated October 7, 1957:

"...WHEN I SEE SO MANY SO-CALLED SOBER MEMBERS OF OUR FELLOWSHIP, THAT ARE 'GOOFED' UP, ALL THE TIME...SOME OF THEM, OUR TRUSTED SERVANTS AND LEADERS IN COMMITTEE'S AND GROUPS. They switched from one crutch to another..."

Problems Other Than Alcohol

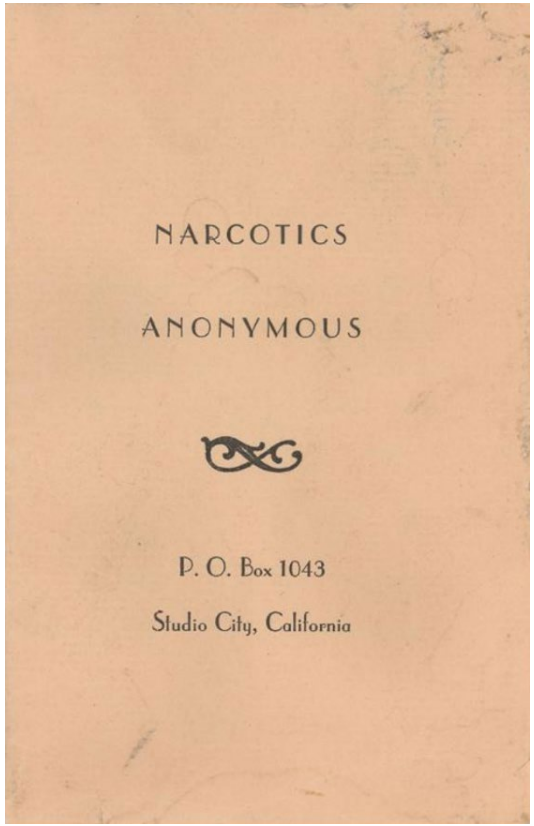


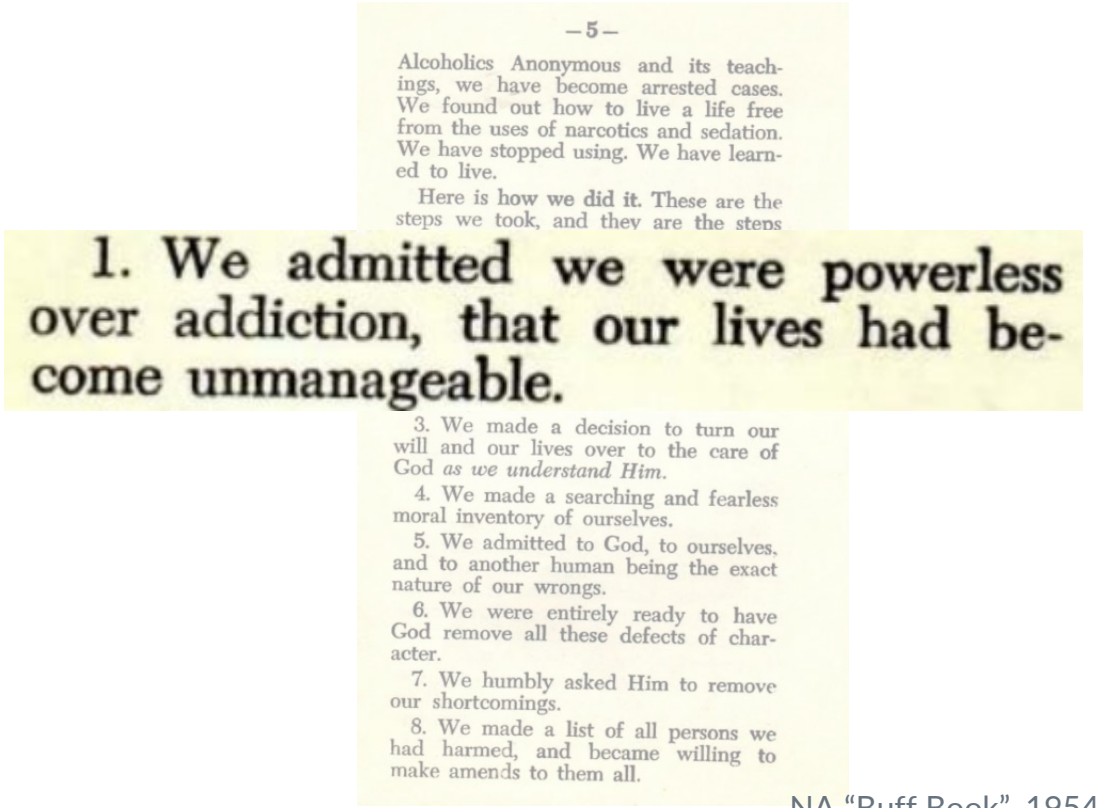
The AA Grapevine - February 1958

"Sobriety — **freedom from alcohol** — through the teaching and practice of the Twelve Steps is **the sole purpose of an A.A. group**. Groups have repeatedly tried other activities, and they have always failed. It has also been learned that there is no possible way to make nonalcoholics into A.A. members. **We have to confine our membership to alcoholics**, and we have to confine our A.A. groups to a single purpose."

The Emergence of NA

NA's emerges and innovates step 1





—5—

Alcoholics Anonymous and its teachings, we have become arrested cases. We found out how to live a life free from the uses of narcotics and sedation. We have stopped using. We have learned to live.

Here is how we did it. These are the steps we took, and they are the steps

1. We admitted we were powerless over addiction, that our lives had become unmanageable.

3. We made a decision to turn our will and our lives over to the care of God *as we understand Him.*

4. We made a searching and fearless moral inventory of ourselves.

5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

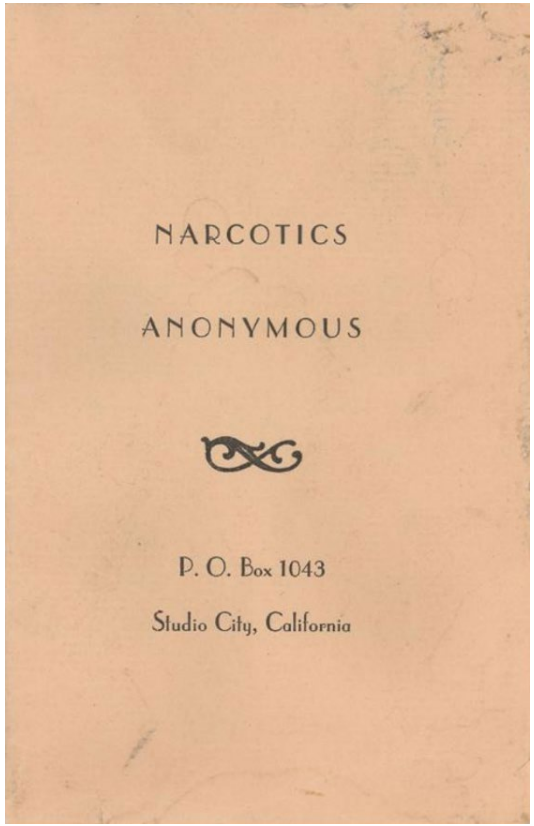
6. We were entirely ready to have God remove all these defects of character.

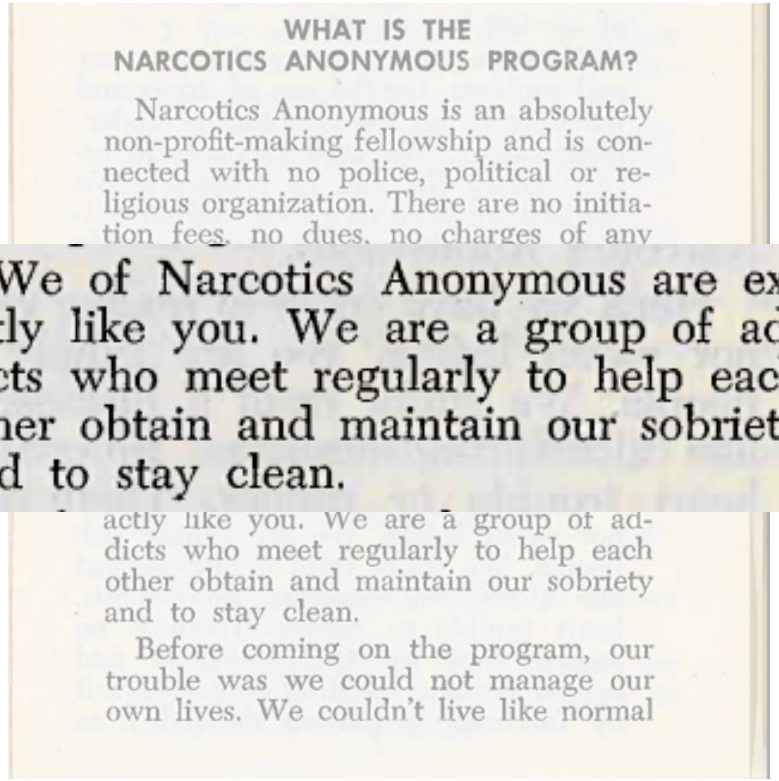
7. We humbly asked Him to remove our shortcomings.

8. We made a list of all persons we had harmed, and became willing to make amends to them all.

NA "Buff Book", 1954

NA's use of "clean" and "sobriety"





WHAT IS THE
NARCOTICS ANONYMOUS PROGRAM?

Narcotics Anonymous is an absolutely non-profit-making fellowship and is connected with no police, political or religious organization. There are no initiation fees, no dues, no charges of any

We of Narcotics Anonymous are exactly like you. We are a group of addicts who meet regularly to help each other obtain and maintain our sobriety and to stay clean.

actly like you. We are a group of addicts who meet regularly to help each other obtain and maintain our sobriety and to stay clean.

Before coming on the program, our trouble was we could not manage our own lives. We couldn't live like normal

NA "Buff Book", 1954

NA's Definition of Recovery

CHAPTER TWO

WHAT IS THE NARCOTICS ANONYMOUS PROGRAM?

N.A. is a nonprofit Fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help

This is a program of complete abstinence from all drugs.

suggest that you keep an open mind and give yourself a break. Our program is a set of principles written so simply that we can follow them in our daily lives. The most important thing about them is that they work.

There are no strings attached to N.A. We are not affiliated with any other organizations, we have no initiation fees or dues, no pledges to sign, no promises to make to anyone. We are not connected with any political, religious or law enforcement groups, and are under no surveillance at any time. Anyone may join us, regardless of age, race, sexual identity, creed, religion or lack of religion.

We are not interested in what or how much you used or who your connections were, what you have done in the past, how much or how little you have, but only in what you want to do about your problem and how we can help. The newcomer is the most important person at any meeting, because we can only keep what we have by giving it away. We have learned from our group experience that those who keep coming to our meetings regularly stay clean.

NA's Definition of Recovery

Chapter Five

What Can I Do?

Begin your own program by taking Step One from the previous chapter, How It Works. When we fully concede to our innermost selves that we are powerless over our addiction, we have taken a

Our disease involved much more than just using drugs, so our recovery must involve much more than simple abstinence. Recovery is an active change in our ideas and attitudes.

Upon release, continue your daily program and contact a member of NA. Do this by mail, by phone, or in person. Better yet, come to our meetings. Here, you will find answers to some of the things that may be disturbing you now.

If you are not in an institution, the same holds true. Stop using for today. Most of us can do for eight or twelve hours what seems impossible for a longer period of time. If the obsession or compulsion becomes too great, put yourself on a five minute basis of not using. Minutes will grow to hours, and hours to days, so you will break the habit and gain some peace of mind. The real miracle happens when you realize that the need for drugs has in some way been lifted from you. You have stopped

NA's Definition of Recovery

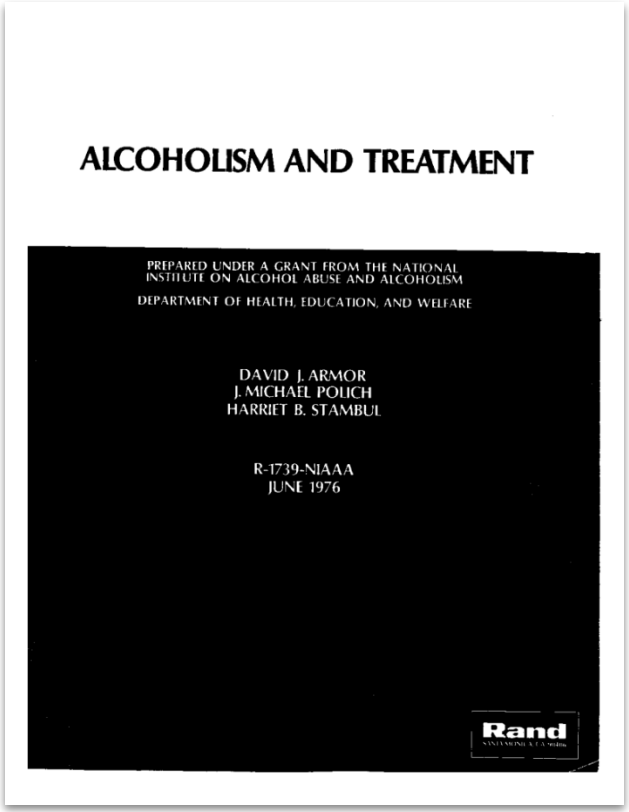
NA Groups & Medication

DRUG REPLACEMENT

By definition, drug replacement is used for a different reason than prescribed medications for mental or physical health. This distinction makes drug replacement a separate issue for us in NA. When it comes to those who participate in drug replacement, it is helpful to remember that our Third Tradition clearly states that membership in NA is established when someone has a desire to stop using or when they choose to become a member, not when they are clean. No matter what the issue, groups are still charged with the goal of welcoming each person who walks into a meeting.

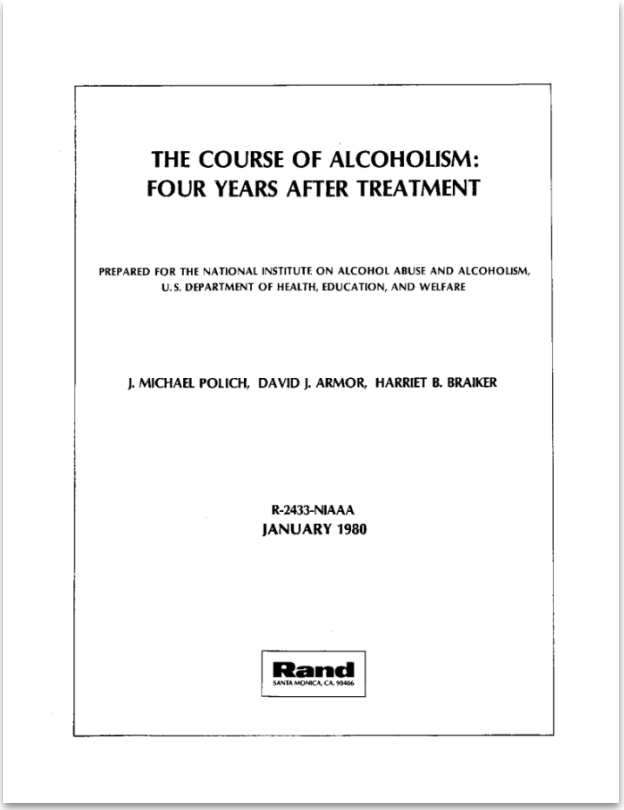
Is Abstinence Necessary?

The RAND report (1976)



"We cannot overemphasize the import of these findings … it appears that some alcoholics do return to normal drinking with no greater likelihood of relapse than alcoholics who choose permanent abstention."

The RAND report (4 year follow up)



THE COURSE OF ALCOHOLISM:
FOUR YEARS AFTER TREATMENT

PREPARED FOR THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM,
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

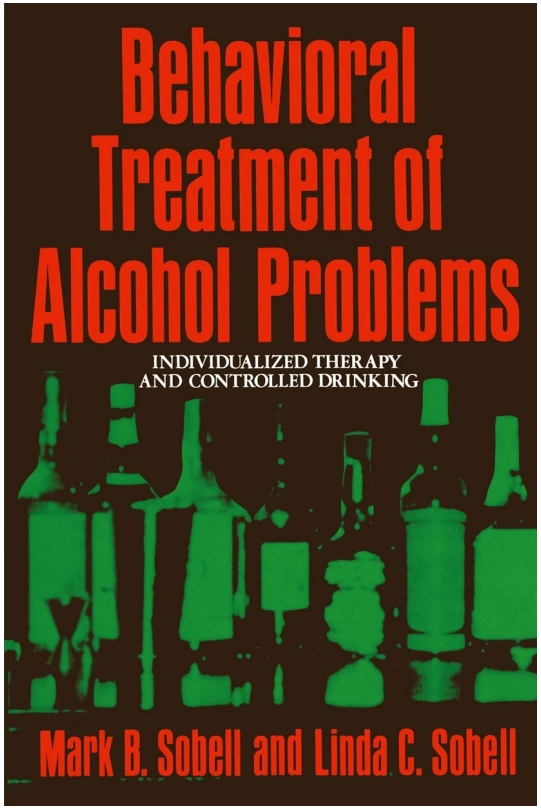
J. MICHAEL POLICH, DAVID J. ARMOR, HARRIET B. BRAIKER

R-2433-NIAAA
JANUARY 1980

Rand
SANTA MONICA, CA. 90406

- Relapse common in both groups
- Older & higher severity were less likely to relapse from abstinence
- Younger & lower severity were less likely to relapse from moderation

The Sobells



- Experimenting with controlled drinking treatments
- “nonabstinent recoveries”
- Controlled drinking had better outcomes
- Years of controversy and investigations
- Accusations of bad faith on all sides

The Sobells

Addiction (1995) 90, 1149–1153

EDITORIAL

Controlled drinking after 25 years: how important was the great debate?

Much has happened in the quarter century since controlled drinking goals began to be seriously examined as treatment strategies for individuals with alcohol problems. Over this time, controlled drinking research has had an eventful and controversial history. In this editorial we discuss the relationship of early controlled drinking research to the evolving alcohol treatment system, and the place of moderation interventions in that system.

Originally, controlled drinking research was used to test critical hypotheses of the popular, but untested disease concept of alcoholism (Pattison, Sobell & Sobell, 1977). Such research quickly became a notorious battlefield between scientific- and belief-based views of alcohol problems. Details of and opinions about specific conflicts abound in the literature (Heather & Robertson, 1983; Marlatt, 1983; Miller, 1983; Sobell & Sobell, 1984; Roizen, 1987; Duckert, 1989; Rosenberg, 1993). The debate related primarily to the treatment of severely dependent alcoholics (at the time the only population for which treatment was available; see Sobell & Sobell, 1994), and the nature and validity of the outcomes that occurred. Central to the battle, however, was the legitimacy of taking a scientific approach to test basic assumptions about the nature of alcohol problems, and the practical implications of such an approach (Cook, 1985). Controlled drinking, in particular, threatened an entire culture based on the philosophy of Alcoholics Anonymous (AA).

This editorial is not intended to review those conflicts, but rather to speculate about why controlled drinking approaches no longer seem to arouse intense debate, and about the role of moderation approaches in contemporary alcohol treatment. We believe that the major reason why debate about controlled drinking has waned is because the old battles have little relevance to today's leading issues in the alcohol field. Many things have contributed to the change, three of which are discussed below: (1) epidemiological studies that have identified a large population of people with low severity alcohol problems; (2) introduction of the alcohol dependence syndrome concept; and (3) consideration of alcohol as a public health concern.

Although early moderation research was not directed at a particular population of alcohol abusers, it was not long before differentiation of subtypes appeared in the literature. The differentiation was stimulated by the publication of epidemiological studies (e.g. Cahalan, 1970, 1987) showing that chronic alcoholics represented a minority of those with alcohol problems, and by introduction of the dependence syndrome which conceptualized individuals as varying in levels of dependence severity (Edwards & Gross, 1976). These two advances provided a way for moderation research to be integrated into a broader model of alcohol problems. Consequently, individuals with less serious alcohol problems (i.e. problem drinkers) became the main target of research examining moderation goals (Miller & Caddy, 1977; Sobell & Sobell, 1978; Sanchez-Craig, 1980; Heather, 1990; Miller & Rollnick, 1991; Sobell & Sobell, 1993a).

In our view, the findings of 25 years of moderation research can be summarized by the following three statements:

(1) Recoveries of individuals who have been severely dependent on alcohol predominantly involve abstinence.
(2) Recoveries of individuals who have not been severely dependent on alcohol predominantly involve reduced drinking.
(3) The association of outcome type and dependence severity appears to be independent of advice provided in treatment.

The evidence supporting the above assertions is

0965–2140/95/091149–05

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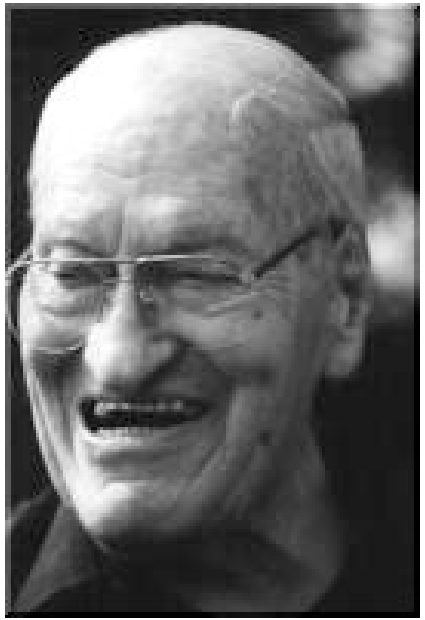
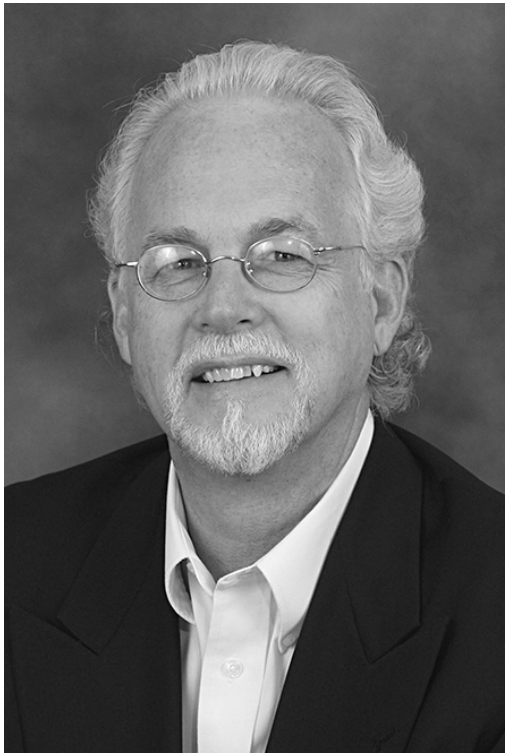
The New Recovery Movement

Searcy W's question ignites a revolution



"What do you know about people like us?"



Recovery Management & ROSC

Recovery Management (RM) is the provision of engagement, stabilization, education, monitoring, support, and re-intervention technologies to maximize the health, quality of life and level of productivity of persons with severe alcohol and other drug problems. Within the framework of RM, the “management” of the disorder is the responsibility of the person with the disorder. The primary role of the professional is that of the recovery consultant.

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

White, W. (2002). An addiction recovery glossary: The languages of American communities of recovery. First posted at www.bhrm.org

Recovery Oriented Systems of Care (ROSC). Addiction Technology Transfer Centers. (2022). Attcnetwork.org.

BHRM Project

Michael Boyle

- “Recovery begins with hope, not abstinence”
- Recovery as a unifying paradigm for treatment of addiction and mental illness
- “Addiction hospice”

The Emergence of Peers

"P-BRSS are specifically designed to reach people earlier in their addiction careers, enhance recovery initiation and stabilization, improve linkage to recovery mutual-aid groups and other recovery support institutions, facilitate the transition to successful recovery maintenance, and enhance the quality of personal and family life in long term recovery."

White, W. (2009). Executive summary. Peer-based addiction recovery support: History, theory, practice, and scientific evaluation. Counselor, 10(5), 54-59.

"Peer-based recovery support services can help shift the larger treatment system from a focus on brief biopsychosocial stabilization to a focus on the long-term recovery process. Peer-based models can inject a recovery focus—a source of renewal—into treatment institutions whose fear of the current climate of financial scarcity has driven them into excessive preoccupation with paper, profit, and professional prestige."

Methadone Recovery Advocacy

Methadone and Recovery

White, W. (2009). Advocacy for medication-assisted recovery: An interview with Walter Ginter.

Walter Ginter:

"This view is reinforced by people who, with the best of intentions, proclaim, 'Methadone is recovery.' Methadone is not recovery. Recovery is recovery."

Methadone and Recovery

Walter Ginter:

"Methadone is a pathway, a road, a tool. Recovery is a life and a particular way of living your life."

White, W. (2009). Advocacy for medication-assisted recovery: An interview with Walter Ginter.

Methadone and Recovery

White, W. (2009). Advocacy for medication-assisted recovery: An interview with Walter Ginter.

Walter Ginter:

Saying that methadone is recovery lets people think that, "Hey, you go up to the counter there, and you drink a cup of medication, and that's it. You're in recovery." And of course, that's nonsense.

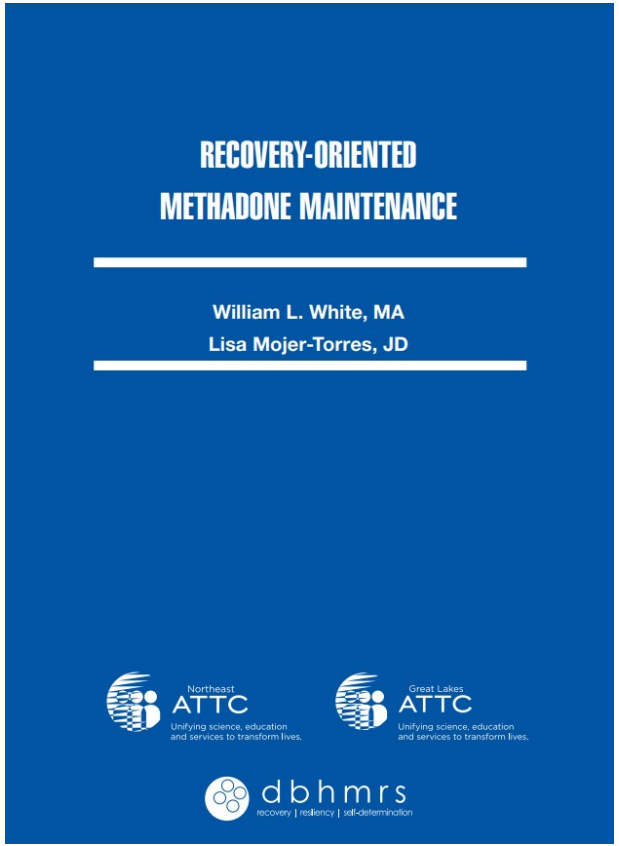
Methadone and Recovery

White, W. (2009). Advocacy for medication-assisted recovery: An interview with Walter Ginter.

Walter Ginter:

Too many people in the methadone field learn that opiate dependence is a brain disorder, and they think that that's all there is to it. But just like any other chronic medical condition, it has a behavioral component that involves how you live your life and the daily decisions you make.

Methadone and Recovery



Recovery from opioid addiction is also more than remission, with remission defined as the sustained cessation or deceleration of opioid and other drug use/problems to a subclinical level—no longer meeting diagnostic criteria for opioid dependence or another substance use disorder. Remission is about the subtraction of pathology; recovery is ultimately about the achievement of global (physical, emotional, relational, spiritual) health, social functioning, and quality of life in the community.

White, W. L., and Mojer-Torres, L. (2010). Recovery-oriented methadone maintenance. Chicago, IL: Great Lakes Addiction Technology Transfer Center.

Advocacy & expanding boundaries

“I’m in recovery, what that means…”

ADVOCACY WITH ANONYMITY

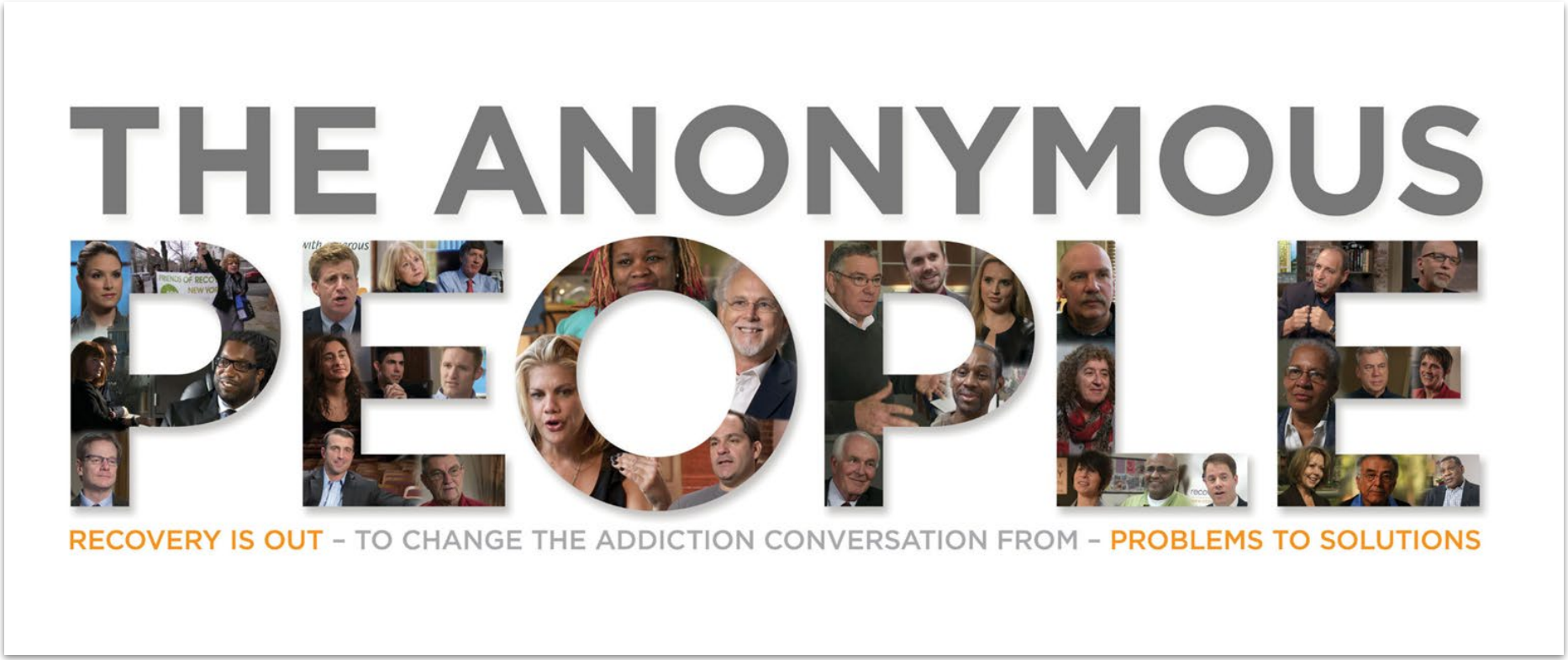
How can we stand up for our **RIGHTS** while honoring the **ANONYMITY** tradition of our **TWELVE-STEP** groups?

1. Make it personal.
2. Keep it simple and in the present tense, so that it’s real and understandable.
3. Help people understand that recovery means that you, or the person that you care about, are no longer using alcohol or other drugs. You can do this by saying “long-term recovery,” talking about stability and mentioning the length of time that you or that person have been in recovery.
4. Talk about your recovery…not your addiction.
5. Help people understand that there’s more to recovery than not using alcohol or other drugs, and that part of recovery is creating a better life.

Our Stories Have Power

FACES & VOICES OF RECOVERY

“I’m in recovery and, for me, that means…”



Multiple Pathways

Multiple pathway models contend that there are multiple etiological pathways into addiction that unfold in highly variable patterns, courses and outcomes that respond to quite different treatment approaches, and are resolved through a wide variety of recovery styles and support structures (White, 1996). Groups like the Santa Barbara, CA Community Recovery Network openly proclaim themselves:

> *…an advocacy organization whose primary purpose is to fully represent the recovery community in its diversity. As such, we have no bias or formal opinion concerning the manner or means by which people achieve or maintain recovery (The Nature of Recovery, 2002).*

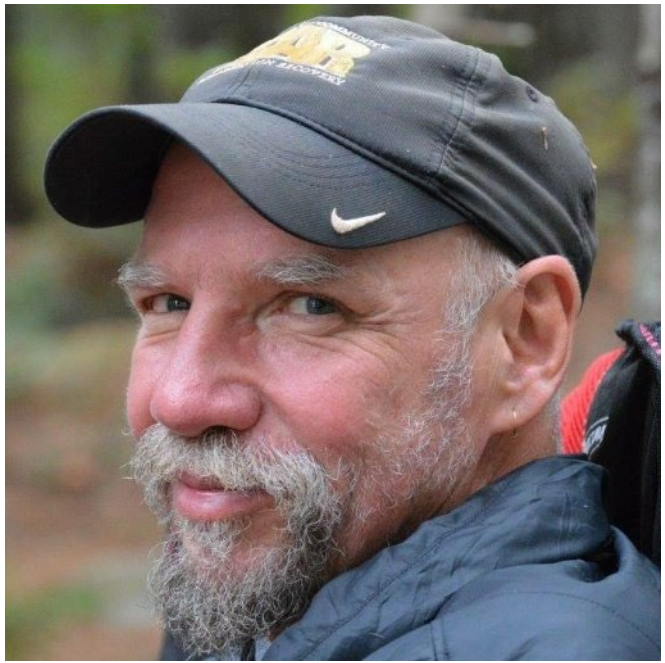
White, W. (2002). An addiction recovery glossary: The languages of American communities of recovery.

Multiple Pathways

RCOs celebrate the multiple pathways of recovery and offer resources to help people access those frameworks of recovery.

Valentine, P., White, W.L., & Taylor, P. (2007). The Recovery Community Organization: Toward A Working Definition and Description.

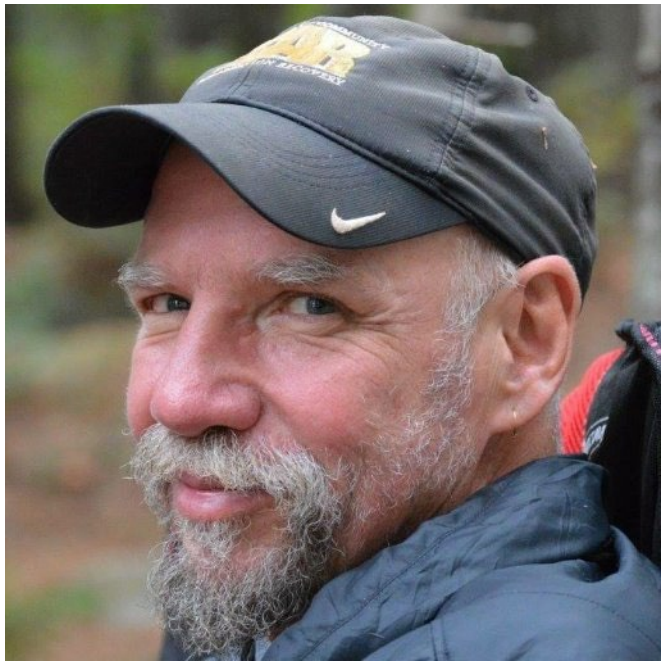
“You are in recovery if you say you are”



CCAR Core Principles:

- You are in recovery if you say you are
- There are many pathways to recovery
- Focus on the recovery potential, not the pathology
- Err on the side of the recoveree
- Err on the side of being generous
- "Meet them where they're at."

“You are in recovery if you say you are”



- Rooted in the 3rd tradition
- Places responsibility on the individual
- “Recovery often takes root and thrives in the gray area”
- Pastoral response

Who draws the boundaries?

- Previously defined by groups and communities of recovery
- Responsibility for defining boundaries shifted to individuals

Recovery From What?

Big Question Raised by RAND & Sobells

- Nonabstinent recovery
- Lower problem severity successfully moderate
- Is addiction a prerequisite for recovery?

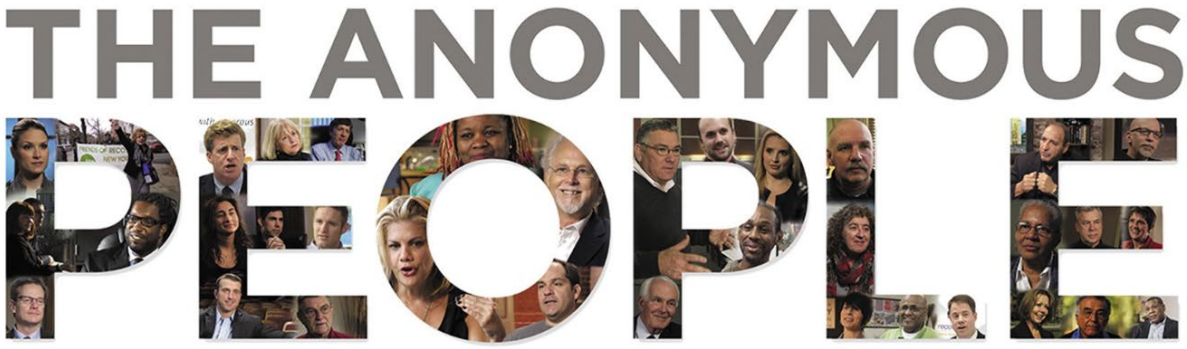
Recovery Prevalence Research

- 2010 Philadelphia - 11.4%
- 2012 NYS - 10% - 23.5 million
- 2012 White monograph - more than 25 million people, with a potential range of 25 to 40 million
- 2017 Kelly - 9.1% (22.35 million) - National Recovery Study - 46% identify as in recovery
- 2020 NSDUH - 27.5 million U.S. adults reporting ever having an AOD problem (11% of the adult population), 75% (more than 20.5 million) reported no longer experiencing such problems

White, W. L. (2012). Recovery/remission from substance use disorders: An analysis of reported outcomes in 415 scientific reports, 1868-2011. Philadelphia, PA: Philadelphia Department of Behavioral Health and Intellectual Disability Services

Survey: Ten Percent of American Adults Report Being in Recovery from Substance Abuse or Addiction. (2020, March 20). Partnership to End Addiction

Advocacy Messaging



23 MILLION
AMERICANS ARE LIVING IN
LONG-TERM RECOVERY

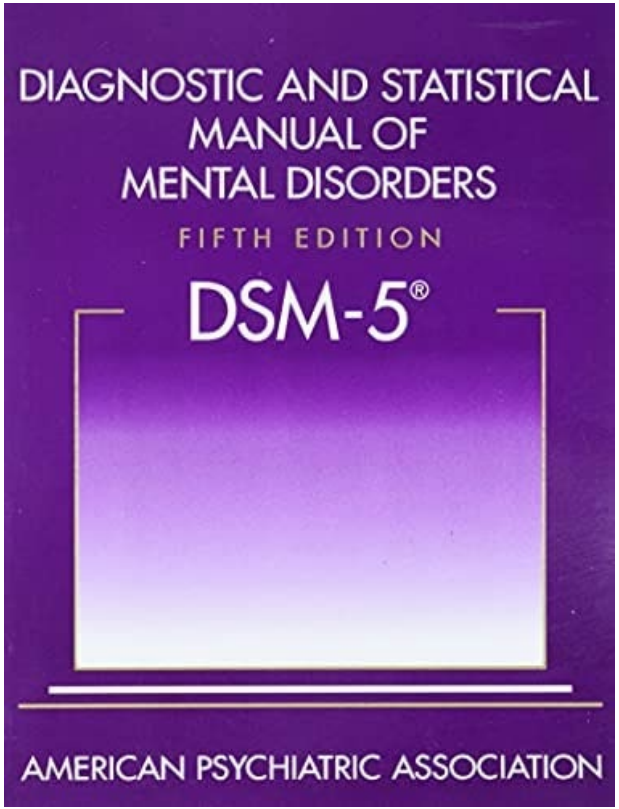
Substance Use Disorders

Big shift:

- Categorical (abuse & dependence)
- Continuum (SUD - mild/moderate/severe)

Big increases in prevalence:

- 2012 NSDUH - 8.5% - 22.2 million
- 2020 NSDUH - 14.5% - 40.3 million



Broken Connection Between Addiction & Recovery

"Both the Kelly and Jones surveys found both supported and unsupported pathways of recovery, including a substantial portion of people who had achieved recovery without participation in formal treatment or recovery mutual aid groups."

"...those able to recover without the use of any external service supports generally tend to have less severe addiction problem histories."

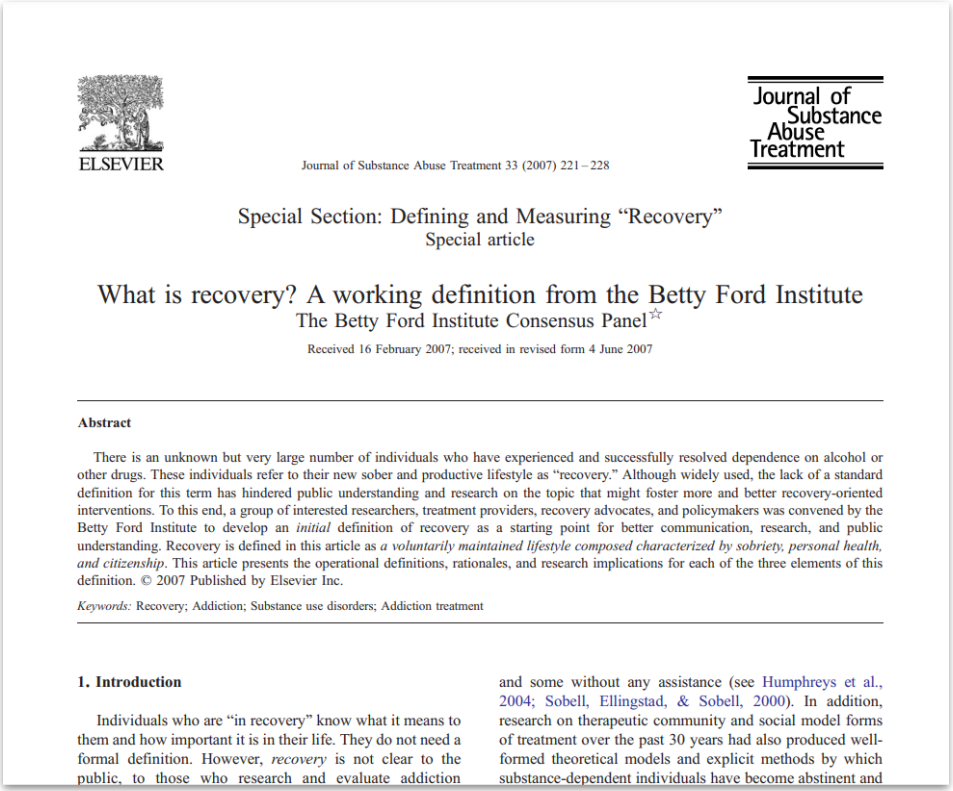
Faces & Voices of Recovery. (2021, February 4). Addiction Recovery Prevalence in the United States: Latest Data. Faces & Voices of Recovery.

"We do recover": More evidence that tens of millions of adults in the United States have recovered from a substance use problem. (2020, October 26). Recovery Research Institute.

New Definitions

Betty Ford Consensus Panel

Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship.



ELSEVIER

Journal of Substance Abuse Treatment 33 (2007) 221–228

Journal of Substance Abuse Treatment

Special Section: Defining and Measuring "Recovery"
Special article

What is recovery? A working definition from the Betty Ford Institute

The Betty Ford Institute Consensus Panel☆

Received 16 February 2007; received in revised form 4 June 2007

Abstract

There is an unknown but very large number of individuals who have experienced and successfully resolved dependence on alcohol or other drugs. These individuals refer to their new sober and productive lifestyle as "recovery." Although widely used, the lack of a standard definition for this term has hindered public understanding and research on the topic that might foster more and better recovery-oriented interventions. To this end, a group of interested researchers, treatment providers, recovery advocates, and policymakers was convened by the Betty Ford Institute to develop an *initial* definition of recovery as a starting point for better communication, research, and public understanding. Recovery is defined in this article as *a voluntarily maintained lifestyle composed characterized by sobriety, personal health, and citizenship*. This article presents the operational definitions, rationales, and research implications for each of the three elements of this definition. © 2007 Published by Elsevier Inc.

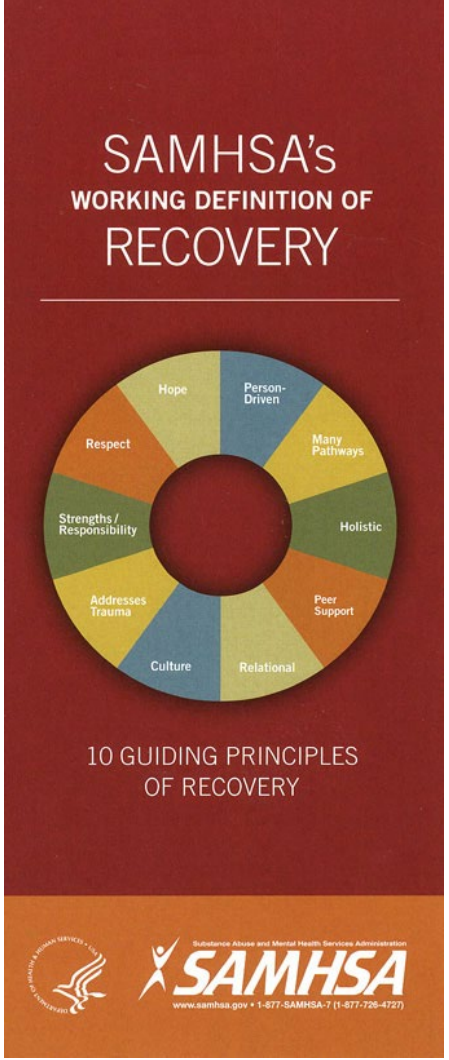
Keywords: Recovery; Addiction; Substance use disorders; Addiction treatment

1. Introduction

Individuals who are "in recovery" know what it means to them and how important it is in their life. They do not need a formal definition. However, *recovery* is not clear to the public, to those who research and evaluate addiction and some without any assistance (see Humphreys et al., 2004; Sobell, Ellingstad, & Sobell, 2000). In addition, research on therapeutic community and social model forms of treatment over the past 30 years had also produced well-formed theoretical models and explicit methods by which substance-dependent individuals have become abstinent and

SAMHSA

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.



Recovery Science Research Collaborative

Recovery is an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness.

Robert Ashford

NIAAA

Recovery is a process through which an individual pursues both remission from alcohol use disorder (AUD) and cessation from heavy drinking. An individual may be considered "recovered" if both remission from AUD and cessation from heavy drinking are achieved and maintained over time.

NIAAA Recovery Research Definitions | National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2017). Nih.gov. https://www.niaaa.nih.gov/research/niaaa-recovery-from-alcohol-use-disorder/definitions

Radical Redefinitions

The New York Times

‘Dosed’ Review: The Case for Plant-Based Recovery

A documentarian follows a friend of his as she experiments with psychoactive vegetation as a treatment for drug addiction.

Give this article

Adrianne is the subject of the documentary “Dosed.” Abromorama

By Ben Kenigsberg

TODAY

TODAY all day

BEHAVIOR

What is 'California sober'? Demi Lovato's recovery prompts curiosity, criticism

Her approach has caused a stir, but what do experts think about it?

Demi Lovato performs during a screening of her documentary series, "Demi Lovato: Dancing With The Devil," in Beverly Hills, California, on March 22.

Rich Fury / Getty Images for OBB Media

Radical Redefinitions

ANY POSITIVE CHANGE • ANY POSITIVE CHANGE • ANY POSITIVE CHANGE •

The Chicago Recovery Alliance

Any positive change

What's Motivating This?

Maia Szalavitz

- Identifies as recovering
- 7 yrs abstinence and resumed alcohol and cannabis use after treating depression
- About getting better, not whether you use substances
- Being best version of self
- Embraces any positive change
- Black/White is dangerous and deadly
- Someone in needle exchange may be in recovery

Interview with Donald McDonald

Dr. Katie Witkiewitz

Why focus on recovery?

- Trying to depathologize addiction
- Loaded with concepts from 12 step that stigmatize
- Why can't we use it in science from a much broader perspective?

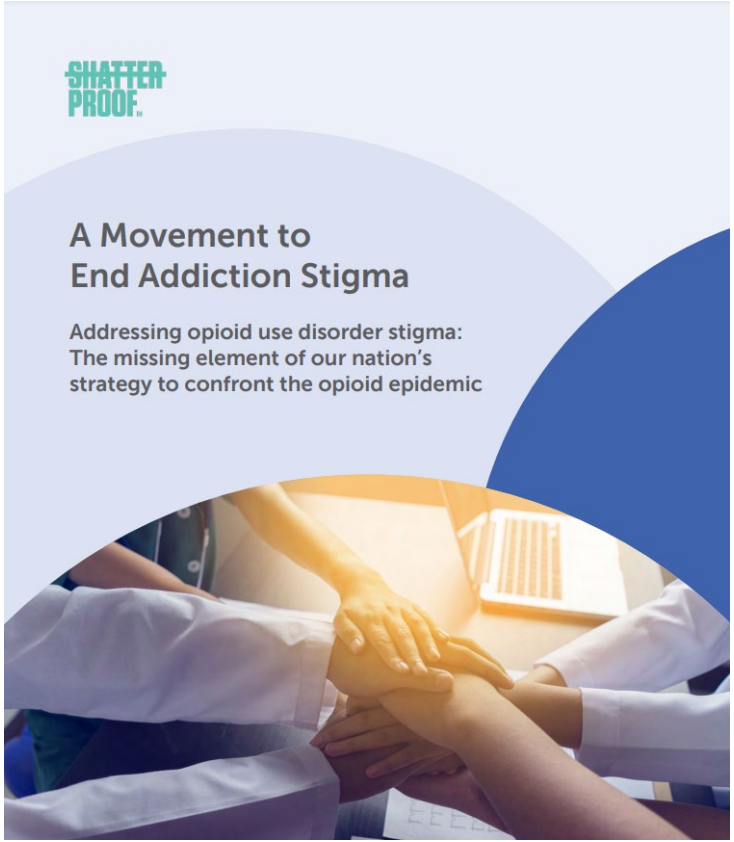
Dr. Katie Witkiewitz

- Recovery = “substances are not getting in the way of a valued life, of wellbeing, of functioning, of purpose.”
- “I’ve have a hard time saying this is recovered and this is not recovered.”
- Expanded definition allows deciding substances are in the way again… without shame

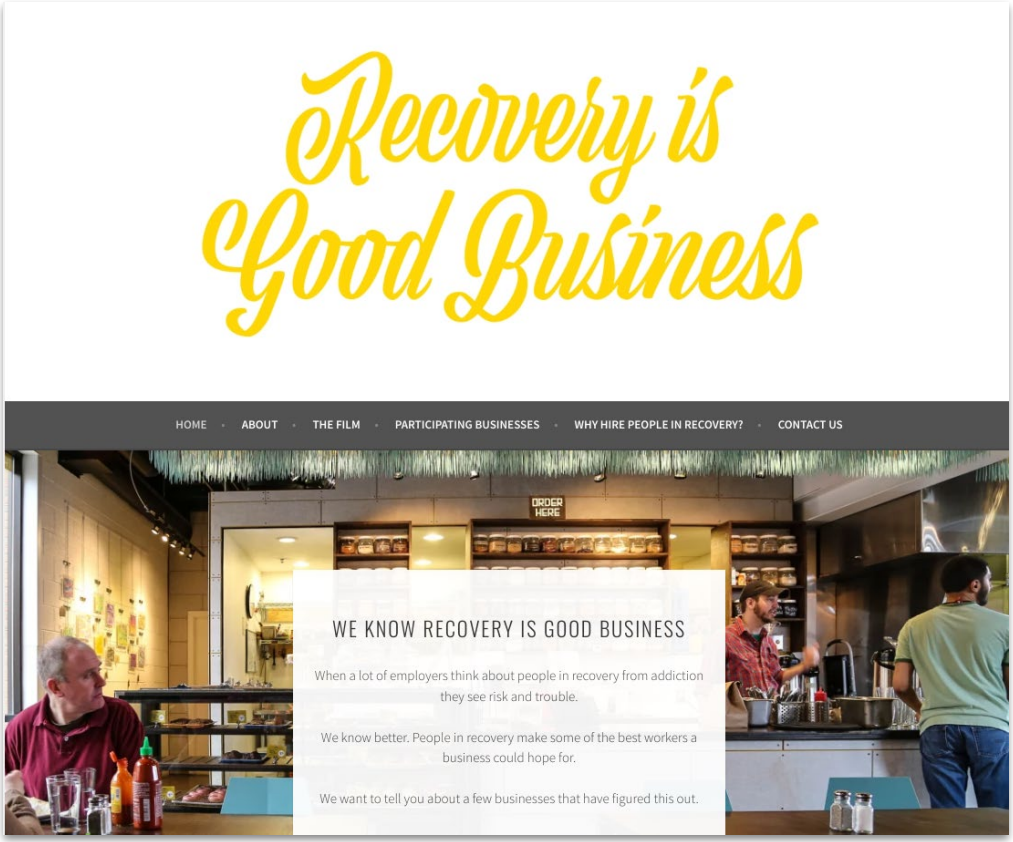
Does it really matter?

Stories as stigma reduction

People without stigmatized conditions often have little meaningful contact with those who do, fostering discomfort and fear toward stigmatized groups. By highlighting stories of recovery, effective stigma reduction efforts reduce the shame/judgment towards SUD diagnosis, treatment, and recovery. They also reduce social distance and create positive contact.



Recovery is Good Business



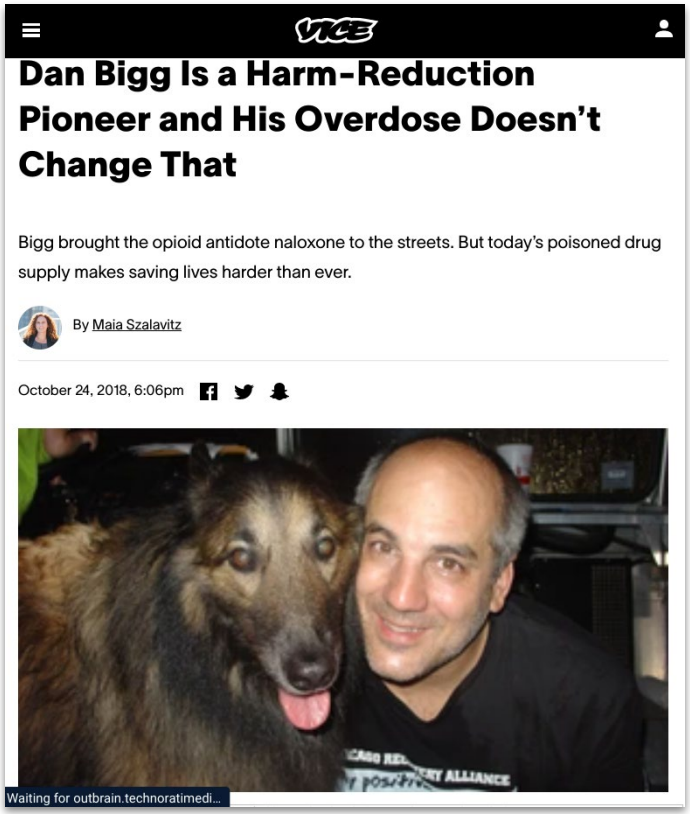
Substance-specific recovery?

Collateral Damage

"...collateral social damage to significant others, such as children, partners, and spouses, in the close social circle should be measured and at least considered due to these very high alcohol consumption levels even if the individual with AUD is 'functioning' well."

Kelly, J. F., & Bergman, B. G. (2021). A Bridge Too Far: Individuals With Regular and Increasing Very Heavy Alcohol Consumption Cannot be Considered as Maintaining "Recovery" Due to Toxicity and Intoxication-related Risks. Journal of addiction medicine, 15(4), 269–271.

“Any positive change”



VICE

Dan Bigg Is a Harm-Reduction Pioneer and His Overdose Doesn’t Change That

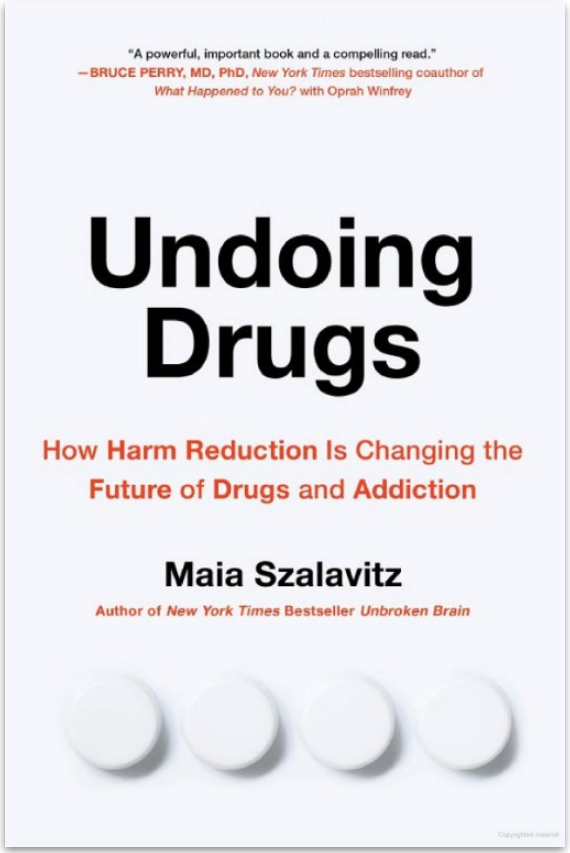
Bigg brought the opioid antidote naloxone to the streets. But today’s poisoned drug supply makes saving lives harder than ever.

By Maia Szalavitz

October 24, 2018, 6:06pm

Waiting for outbrain.technoratimedi...

John Szyler, the man who'd come up with the definition of recovery as "any positive change," had died of an overdose in May 1996.



Other concerns

- Vague boundaries and multiple pathways often provide no guidance for clients in pain and workers
- The workplace becomes the locus of recovery support for much of the recovering workforce. These changes may make the workplace a less suitable place for recovery support.
- How do you normalize something that has no boundaries?
- Leaves no room for concepts like precovery
- “Recovery” determines what recovery-oriented care means
- “Recovery” determines what recovery courts do
- If recovery is a social glue in indigenous recovery communities

Wrapping up

Important questions

- What's the relationship between addiction and recovery?
- Is recovery a process, direction, or outcome?
- Is it necessary to define it?
- Who benefits from fuzzy boundaries?
- Do we need typologies or specifiers? Full, partial, abstinent?
- Should research be using recovery at all?
- What is relapse? What does relapse prevention look like?

What's our inventory?

- One-true-way-ism
- Gatekeeping "real" recovery
- Forgetting "we know only a little"
- Lack of pastoral response
- Lack of interest in acute and lower severity problems
- Ostracizing people who leave abstinence for moderation
- Stigma reduction at the expense of people who use
- Protecting the status quo
  - Maybe some things need to be destabilized

What do we need to protect?

- Abstinence repeatedly found to be the best endpoint for high severity & chronicity patients
- Abstinence found to be associated with better QoL[1]
- Addiction (rather than specific substances) as the target for high severity patients
- Recognition that moderation is a dangerous goal for many
- Respect for mutual groups and their boundaries
- People with high severity & chronicity generally need treatment that matches the severity & chronicity of their illness
- Attention to the harms experienced by families and communities
- “Better than well” as an endpoint

1. Eddie, D., Bergman, B. G., Hoffman, L. A., & Kelly, J. F. (2021). Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to psychosocial well-being in a national United States sample. Alcoholism: Clinical and Experimental Research, 46(2), 312-325. doi: 10.1111/acer.14765*

How to proceed?

- Maintain pastoral stance with individuals
- Differentiate between addiction and SUD
- Differentiate between self-identified recovery vs assigned by researchers & advocates
- Do you need to define the boundaries of recovery or your program?
- Where recovery is fuzzy, focus on QoL and flourishing
- Where recovery is fuzzy, consider targeting those at highest risk

Acknowledgements

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chestnut.org/william-white-papers

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preservingthemessage.org

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blog: recoveryreview.blog