

Recovery and communities of recovery (part III)

Professor David Clark of WIRED looks at the definition and conceptual boundaries of 'addiction recovery'.

In my last Briefing, I pointed out that in the substance misuse field, the US was on the brink of shifting from a problem-focused interventions paradigm to a solution-focused recovery paradigm.

William White, author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, points out that this focus on recovery is occurring at a time when there is no clear definition of recovery. This has resulted in much confusion in the field, with people using the term with different meanings, or even avoiding using the term.

There are various other consequences of having no clear definition of recovery. For example, how do we measure outcomes of addiction treatment? At present, we chose a somewhat randomly selected time period after treatment entry or discharge (eg six months) and ask whether the person is still using or drinking. Is this of value, particularly when we define addiction as a chronic relapsing condition?

White has recently published *Addiction recovery: Its definition and conceptual boundaries* in an effort to stimulate debate about the defining nature of recovery. This article is not easy to access, since it is written in an academic journal (*Journal of Substance Abuse Treatment*, 33: 229, 2007). However, many of the ideas are available at www.facesandvoicesofrecovery.org/pdf/White/2005-09_white_kurtz.pdf.

I briefly summarise the main points made in these articles. As I have emphasised earlier, it is essential that we in the UK gain a better understanding of recovery and how people resolve substance use problems. We are in great danger of focusing all our attention on treatment, for the sake of treatment itself, when treatment is only a tool to help people resolve their substance use problems.

Should recovery be applied to the resolution of only certain types of substance use problem?

Recovery is a medical term that connotes a return to health following trauma or illness. How the term is used in the substance misuse field is strongly dependent on an understanding of what one is recovering from. Obviously, there is no recovery if one has no condition from which to recover.

Substance use exists on a continuum from non-use and recreational use, through to periodic problematic use, and on to use that results in severe problems, generally linked to dependence and addiction. Someone who decides to stop using drugs after a period of recreational use, or after a



'Is someone who has overcome heroin addiction, but still smoking cigarettes, in recovery?'

short period of experiencing problems, cannot be said to have recovered. The terms 'quit' and 'cessation' are more appropriate terms.

The term 'recovery' is best reserved for those people who have resolved or are trying to resolve serious substance use problems, in particular those that meet diagnostic criteria for addiction and dependence.

Does recovery from a substance use problem require a complete and enduring abstinence?

Recovery has often been defined as a state of sustained abstinence from a drug or category of drugs to which one previously met diagnostic criteria for dependence or addiction.

However, addiction researchers often talk about the resolution of substance use problems in more graded terms. For example, some people manage to drink in a non-problematic manner after a period of problematic drinking. This switch is particularly the

case for people with mild-to-moderate drinking problems, but also occurs in a small proportion of people originally defined as being dependent.

This moderated resolution of drinking (and other substance use) problems appears to be more common among people with lower problem severity, lower rates of co-occurring psychiatric illness, and greater personal and family resources. Do we say that these people have not recovered, despite the fact that the resolution of their problems might be considered more normal if they have gone back to social drinking?

No doubt this issue will continue to generate a good deal of debate in the field. Some will argue that this group of people could not have had a problem to recover from in the first place, if they were able to return to normal drinking.

White argues that 'moderated recovery' might be best used as a description for those individuals with severe substance use problems who have achieved sustained deceleration of the frequency and intensity of substance use to sub-clinical levels.

In defining recovery, we need to be looking at life problems that accompany substance use and the actual substance use itself. What do we say of a person who reduces drug use – but is not abstinent – and resolves life problems that have accompanied his problematic use?

Does recovery require abstinence from, or a deceleration of, all substance use?

An increasing number of people are accessing treatment with problems arising from use of multiple drugs. This has led to definitions of recovery as abstinence from all traditionally defined drugs of misuse.

However, drug substitution can serve as an effective strategy through which some people ward off acute and post-acute withdrawal during their early search for recovery, eg the increased use of alcohol or cannabis during the first year of stopping using heroin.

If we say that these people are not in recovery or are not recovering, what do we say about those people that use prescription drugs such as benzodiazepines or the opiate substitute methadone to ease withdrawal?

And what about those people who continue to use the highly addictive drug nicotine? Is someone who has overcome heroin addiction, but still smoking cigarettes, in recovery?