Recovery: Can You Have It Your Way?

Written by By Geoff Kane, MD, MPH Friday, 01 June 2012 10:49

Many individuals with a personal or professional stake in addiction recovery consider recovery a spiritual process and diligently defend the right of everyone in need of recovery to practice spirituality in whatever non-hurtful ways are meaningful for them. When it comes to how these people in need practice "recovery" itself, there is no such unanimity among stakeholders—except for possible agreement that the process won't go very well if everyone pursues their recoveries with the same diversity as their spiritualities.

Decades of accumulated practical wisdom and medical-scientific knowledge inform how various stakeholders think about addiction and recovery. But their individual knowledge bases and points of view differ as well as overlap. They debate definitions of recovery and what the willing person must do or not do to achieve recovery. For a generous sample of discourse on these matters, look at the consensus document from the Betty Ford Institute Consensus Panel, the updated Substance Abuse and Mental Health Services Administration blog, and the thoughtful reviews by William White [*Journal of Substance Abuse Treatment* 33 (2007) 229-241] and Nady el-Guebaly [*Journal of Addiction Medicine* 6 (2012) 1-9].

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The bone of most contention seems to be how strictly to interpret the "sobriety" and "abstinence" that most stakeholders agree are essential aspects of recovery. Historically abstinence has been interpreted in all-or-nothing fashion, which makes it problematic to find a place in recovery for individuals whose abstinence from their drug of choice is inconsistent, or who continue to use tobacco, or whose stability requires medication, especially a medication with addiction or abuse potential such as methadone or buprenorphine. "Harm reduction" connotes clinical and social achievement to some, but distasteful compromise to others. Proposed concepts such as "partial recovery," "recover*ing* vs. in recovery," and addiction as a chronic disease with varying durations of remission are proposed but not widely adopted.

Can we find a more unifying way to think about addiction and recovery? A framework that

respects the diversity of those affected, yet also respects the laws of nature that govern addiction and recovery? We know enough about the nature, the neurobiology, of addiction and of recovery to know that people seeking recovery do better when they work *with* nature by avoiding addictive substances and cultivating positive interpersonal relationships. Those who resist nature by ignoring those two actions tend to stay stuck in addiction—much like someone hitting the gas when their vehicle is caught in a snowdrift. What *works* in nature is not arbitrary.

Maybe each willing person can simply *get on the path of recovery*, with the idea that being on that path is analogous to reaching the major leagues in a professional sport. *Everyone* who makes the majors deserves recognition; it's a big deal. *Persistence* at that level is an even bigger deal. Once in the majors, however, careers of individual players unfold with enormous variability, play-by-play, game-by-game, and season-by-season. *All* players have ups and downs, all hope for a championship, and all play by the same rules. Championships are not arbitrary, but—win or lose—it is a significant success just to be in the game! Let us honor *the variability that makes the sport what it is!*

> The NCADD Addiction Medicine Update provides NCADD Affiliates and the public with authoritative information and commentary on specific medical and scientific topics pertaining to addiction and recovery.