

Building a Unified Vision for Recovery in America

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I am an addiction professional, relying on sound scientific methods to provide effective treatment. So, it may be shocking when I say that the personal and community experience of long-term recovery are necessary in truly understanding addiction. Historically, addiction care was rooted in the community with one alcoholic helping another. Our knowledge of effective treatment methods and the illness have evolved beyond this idea so that today we now know more scientifically than ever. But we also must remember not to stray too far from our roots – the experience of those who have “been there.”

We are finally beginning to see scientific proof that supports what recovery communities have been sharing anecdotally for more than 100 years, i.e. people can and do recover and that support makes a significant difference. This nascent research is taking place in the streets of America, allowing us to document exactly when and how recovery occurs – and what it means to families and communities. This community-based research reports that addiction is an illness best treated through a continuum of care, over time and with strong linkages to recovery supports such as peer-support groups and sponsors. Often existing within an environment of discrimination and stigma, it is an illness that has strong physiological markers but that must also take into account the cultural belief systems of individuals if recovery is to be lasting. It is these beliefs and community ties that, when knocked down, allow addicts to dust themselves off, get back on their feet, and try again, one day, one hour, or one minute at a time. The research also reports that due to the chronic nature of addiction, a majority of individuals require several episodes of treatment or attempts over multiple years to achieve recovery. It is an illness, the recovery from which, is greatly enhanced by rapid entry into treatment, long-term retention in treatment and clear linkages between each level of care and recovery supports. Best of all, this science highlights outcomes that are as good or better than most other chronic conditions when appropriate care is provided. Not only does this care help individuals get well, but it also brings significant cost savings to society – more than \$34 for every \$1 spent when applying continuing care to the illness of addiction! Billions of dollars (and thousands of lives) can be saved if the appropriate care is provided. With this understanding, a unified and predictable vision of recovery becomes a reality. Despite all the scientific advances, an estimated 22.6 million American have yet to achieve recovery.

While researchers, prevention and treatment professionals, and those in recovery alike have come to understand the complex and multi-faceted nature of addiction for all involved, many recovery-related questions remain e.g., What are the essential and defining ingredients of recovery? How does information on recovery tie into more traditional scientific knowledge about addiction? Can we now better prevent the illness? Minimize its progression? Intervene sooner? How can “being there” truly inform others about prevention, treatment and recovery?

The IRETA blue books included in your packets answer some of the larger questions and provide an overview of recovery research. It becomes clear from these booklets and other related questions posed to me on a daily basis by stakeholders at all levels, that it is time a recovery research agenda is given the priority it deserves. If we do so, we will finally be able to integrate community knowledge about

addiction and recovery, known for over a century, with the latest scientific research on a large scale. Ultimately, this is an illness that affects almost everyone in the US – either directly or indirectly. Knowing this, we must forge ahead to add the science of recovery to our science of addiction.