Hijacking Recovery

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A brief critique of user-centric drug policy supporters attempts to redefine the term and process of 'Recovery' in the Alcohol and other Drug Treatment arena

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Hijacking Recovery: challenging the 'user-centric' redefinitions.

It has become increasingly difficult to find any 'redemptive' aspects to genuine health care and patient/client wellbeing when one looks at what has clearly become the 'industry' of addiction maintenance for the purpose of - it would seem - anything but best practice health and wellbeing.

Even the most 'avid' supporter of the 'harm reductionist' ideology has to raise their eyebrow at the self-protecting spin being engaged by practitioners seemingly much more interested in protecting an ideology that guarantees the funding flow for their vocational security, than seeing precious human individuals be given BEST options for health and restoration.

The following statement made by prominent Health practitioner Rudolf Ludwig Karl Virchow in 1849 was quoted in P. Farmer's 2004 work 'Pathologies of Power' and makes clear one of the key mandates of good health practice… *"For if medicine is really to accomplish its great task it must intervene in political and social life. It must point out the hindrances that impede the normal social functioning of vital processes, and effect their removal."*

The goal of good medicine is to not only to 'alleviate' discomfort, but to manage symptoms and treat disease for the ultimate aim of Recovery to wholeness and good health … *'removing hindrances that impede the normal social functioning of vital processes, and effect their removal.'*

Now, whilst some diseases may not be 'curable' (at a given time) good science and medical practice strives to see all efforts engaged and implemented to maximise that outcome. Any strategy that seeks to avoid, deny or prevent that end is not only aberrant, but just plain wrong.

When it comes to the 'disease' or 'disorder' (depending on who controls the definition and interpretation) of drug dependency/addiction the goal was always recovery. We know there are the stages of change model for readiness to act as the following list inventories, but it is the goal of transformed drug free wellbeing and recovery that is best practice.

Six stages of a recognised effective change model for addressing illicit drug use

a) Pre-contemplation – no intention to change
b) Contemplation – Aware a problem exists – thinking of change
c) Preparation – intending to act in next month
d) Action – Modification of behaviour, experiences or environment
e) Maintenance – Work to prevent relapse and consolidate gains.
f) Transformed or Relapse - Patient feels control or falls back into using.

Because recovery is not only possible, but with repeated effort in the best context, probable and provable - the intent, focus and aim should be that goal. Yes, it may have some different paths and take time, but it is the best option and best practice. A simple juxtapose with the anti-tobacco demand reduction push gives us their understanding of best practice goals - QUIT! The goal is not 'moderate' or 'slow down' it is quit. Of course on the journey to that 'abstinent' space there is a slowing, a moderating, 'falling off the wagon', but the goal of ultimate abstinence never shifts.

Annie Madden, the head of Australian Injecting & Illicit Drug Users League (AIVL) has, no surprise, waded into the 'recovery' debate with the opposition that only user-centric policy supporters would do. In writing in the ADCA News Issue 59 August 2012, she is on record as challenging 'new-recovery' initiatives by stating… *"The League believes that use of any term that includes "recovery" as a replacement for the current "harm minimisation" approach to drug treatment goes against the policy framework and philosophy…"* this of course is the key to her argument, the protection of a now 'redefined' harm minimisation policy that has little to do with the reduction, let alone cessation of drug use, and everything to do with simply reducing the risk of BBV (Blood-borne Viruses) ***whilst still keeping the drug user, using*** with no requirement for an exit strategy out of drug use. This, of course, guarantees, if not lifelong (whatever time that is), then prolonged and sustained drug use – which in turn, is completely incongruent with 'best health practice'.

The key here for the antagonist of an outcome of drug free process or even an ultimate drug free recovery is to challenge emerging frameworks and definitions. If we redefine the goal or outcome of medicine we then have the door open to redefine 'recovery' or even the need for it! This seems the disturbing goal of many 'harm reduction only' practitioners. There seems to be no interest in the long banned 'A' word in Harm Minimisation strategising.

Compassionate drug rehabilitation is imperative, but compassion has more to do with wholeness and wellbeing than it has to do with the mere comfort or 'felt need' of the hapless addict/dependent. The journey to a drug free recovery ***may*** entail pharmacotherapy for a season, but with a clear and defined end and exit to that process. Instead we have seen not a reduction in drug use under harm minimisation, rather a growing number of drug users who now, if they have not substituted one drug of dependency for another, have worse, become poly-drug users. Then the cry goes out for even greater funds to give more access to drugs and/or paraphernalia to try and reduce the BBV harms and risk of fatalities as a consequence of using for an ever growing pool of drug users who under harm minimisation have no requirement placed on them to stop drug use!

For the cynical in the 95% of non-drug using Australians (based on UN Global Drug Use Statistics), this is may be perceived as a very efficient way to create an increasing demand for services.

So come the questions…

If there is no requirement for best health outcomes – then is there no requirement for best health practice?

If there is no requirement for best health practice, there is no need for engaging the patient and thus no requirement for Motivational interviewing?

If this is the case, then there seems no need to consider treatment toward best practice outcomes and therefore:

a) no need to regard the long term health prospects of the drug user, for not only they, but health care professionals, have no mandate for that, or

b) a user-centric practice of enabling the substance user to continue to maintain their disease, being supplemented by medical practice that undermines the very principles of disease management and all at the expense and responsibility of the non-drug user and tax payer.

c) no need to have strategies to become drug free and no need to require self-harming people to become contributing citizens accountable for their conduct and actions.

There is an anthropological maxim: *'To control culture, you must first control language'.* Language is not only symbols by which we communicate, but more so how we understand and communicate meaning. If you want to manufacture consensus you establish predetermined outcomes and then 'herd' people into that outcome. This becomes easier when you can disconnect words from meaning by using the spin technique of 'equivocation' – that is the logical fallacy of using the same word in two different ways in order to reach a desired conclusion. Having done this, you can then create a new context to hijack that word for specious purposes.

An article quick to gloss over long standing definitions of Recovery and blithely introduce new memes and mantras was an article in the latest ***Of Substance***. The authors took the established and well understood definitions, couched them in a classic condescending 'parenthesis' so as to dismiss and marginalise and then with a well-placed 'however' tabled a new recent 'definition' with the 'source' from a nation that is wanting to revisit the long forgotten (by Harm reductionists)'Recovery' options. The authors then try to ensure that the remarkable, successful and clearly defined definitions of AOD Recovery are quickly usurped by the terms that suit addiction maintenance models as can be seen in the following text.

> *"Recovery has been variously described as 'remission', 'resolution' and 'abstinence', and also of 'recovering' oneself (Laudet 2008). However, it has also been described as 'characterised by voluntarily-sustaining control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society…In addition, viewing recovery as achieving a drug-free state may not be feasible or even desirable for some people."*[1]

They went on to recommend a definition of recovery posited by one of the largest drug-user lobbies Anex…

> *"Recovery is a voluntary self-determined process toward wellbeing through minimisation or cessation of drug-related harms. This involves fostering healthy supported connections, such as with self, family peers, and community, and is premised upon fair access to pre-requisites for wellbeing."* [2]

You will note in this incredibly 'self-protecting' statement there is no reference to the cessation of the very element that is hindering:

a) the ability to see, let alone choose best health practice or

b) the very achievable and health/familial/social goal of toxin free lifestyle that is addressing the underlying issues, not simply permitting the 'medicating' or 'alleviating' of them.

The definition also seeks to further distance the recalcitrant user from any accountability for their community, health, economic and familial diminishing conduct, whilst tacitly endeavouring to further foster the incredibly naïve and erroneous position of so called 'functional drug use'.

The lengths that these well-funded groups will go to, to ensure people continue to use drugs is quite frankly mind-boggling, and that's why a clear and sound definition of 'RECOVERY' is imperative.

> *"Best practice Recovery is a supported and facilitated journey out of substance use and misuse to a determined goal of a substance free lifestyle. It is understood this journey will take time and may require the use of different treatment vehicles, but will always aim for the evidence backed best health practice goal of a drug free life. This supported journey will involve a holistic approach including the investigation of drug use onset issues; the need to look at physical, emotional, spiritual and psychological factors for maximum wellbeing outcomes. This will all be carried out within the supportive framework of clinician guidance, healthy connections, such as with self, family peers, and community, and is premised upon health protecting access to proactive pre-requisites for wellbeing."* **Dalgarno Institute.**

References

1 Herlgott, S and Wilkinson, Celia; *Recovery*, p14 *Of Substance* vol 10 no 2, 2012's

2 Anex: *Towards an Australian understanding!* p17 *Of Substance* vol 10 no 2, 2012's