

“RECOVERY” FROM ADDICTION

Recently, the question of how to define a recovery “model” for addiction was posed and it caused me to think about this issue from my perspective as the parent of an addict and a care giver. When one thinks of “recovery” generally, it simply means “a return to normal.” Granted, there is a wide range of behaviors and personality traits which can be characterized as “normal,” but clearly, substance abuse and its resulting addiction falls squarely into the “abnormal” category. So how do we model genuine recovery, a return to normal? How do we differentiate between “in treatment” and “in recovery?” And how can we assist in the recovery process without impeding it? I think that we have to analyze the components that constitute genuine recovery and separate them from behaviors that deceptively *look* like recovery but are not, both from the perspective of the addict and the family.

Over the past several years of my son’s addiction, I have concluded that there is really only one path to recovery: a change in the addict’s mindset. Typically, addicts are riddled with personal, psychological and/or genetic issues which lead them to their first usage, and once the chemicals begin their destructive work, the issues intensify. From my experience interacting with my son and from discussions with other addicts, the most common issues seem to be anger, fear, isolation, hatred, self-loathing, boredom, laziness, and hopelessness, not necessarily in that order. Why these people feel this way could be the subject of another essay, but most, if not all of these traits have been manifest in one way or another in every affected person with whom I have spoken. Whatever their life experiences or perceptions had been, they found relief and escape from them through substance abuse. My contention is that for as long as they perceive that life with chemicals is preferable to life without them, there will be no recovery, regardless of how much treatment they are afforded.

If the above premises are correct, then it follows that “recovery,” like the very first use of substances, needs to be a personal decision by the addict that is a product of the realization that life *without* chemicals would be preferable to life *with* chemicals. I contend that until this personal conviction and decision are made, there can be no real recovery. Typically, this decision will be reached when circumstances are so overwhelming and life is so unbearable that the chemical-free alternative becomes significantly more palatable and a worthwhile goal. Most “treatment” or “rehabilitation” programs which occur before the addict makes this personal decision typically will be an exercise in futility.

The big question, then, becomes “How do we hasten the addict’s decision to recover?” From my experience, here are a few of the cold, hard answers:

- Address the issue of chemical dependency *earlier* rather than *later*. In this day and age, using “recreational” drugs is not a rite of passage or a harmless phase. The drugs on the market today are exponentially stronger than drugs were even as recently as ten years ago. Addiction can occur literally overnight. Because of this, there is no time for going into denial or hoping the problem will go away on its own.
- Confront the abuse aggressively, laying out firm boundaries and rules, violations of which result in severe consequences which are rigidly (but not angrily) enforced.
- Do not run interference against the consequences of this behavior. If there are warrants outstanding, do not pay the fines; if there is a drug debt, do not pay it; if there are valuables or money missing from your home, prosecute it; if there is unauthorized use of your checking account, debit card or credit card, report it and prosecute it.
- After the age of majority, force the addict to “make his own way.” This means not providing food, clothing or shelter and forcing the addict to confront the consequences of his/her chemically-dependent lifestyle.

There is no question that this regimen of discipline, also known as “tough love,” carries significant risks, up to and including injury or death, but when the impact of the consequences becomes unbearable, the addict will typically ask care-givers (family) for help. Then, and only then, will treatment be effective. Rehabilitation facilities, though usually short in duration, can lay the groundwork in a few very important areas: creation of a temporary chemical-free environment, detoxification, psychological help and education. A two to four week stay (although inadequate) can build the foundation for the long road to recovery. Care-givers (family) can now effectively enter the picture and help in the process. The caveat here, though, is to be sure that the help doesn’t become a hindrance through such tempting behaviors as co-dependency and enabling. Once again, firm rules need to be established along with rigidly enforced consequences for breaking them.

How do we now differentiate between a genuine recovery that is underway and a “faux” recovery, with the deceptions and manipulations that are so much the hallmark of addiction? Again, we must define “recovery” (a return to normal), assess its components and overlay those components on the manipulative behaviors we have seen in the past. We should not confuse “in treatment” with “in recovery.” In a true recovery, there will be significant differences in a number of behaviors, among them:

- Communication: A new “openness” should be present, absent lies and deception.
- Initiative: The formation of short term objectives should be entering the picture, and with the passage of some period of time, longer term goals.
- Social Contacts: Social skills should begin to reshape, with focus on people “outside” of the addiction community
- Appearance: The “look” should be disappearing and some level of personal pride should be taking its place.
- Interests: More mature approach to what constitutes “entertainment;” new tastes in music, TV, and movies; free time becomes more productively spent.
- Relationships: New levels of trust should be a natural outcome of a true recovery; expressions of love and unselfishness become more frequent and sincere.
- Responsibility: Assigned responsibilities are attended to without prompting and in time, doing more than is required becomes the norm both in and out of the home.
- Accountability: Mistakes are admitted to (even confessed before they are discovered), consequences confronted and accepted, and apologies are rendered when appropriate.
- Mood: A generally more well-rounded personality will begin to emerge, with fewer episodes of anger, depression or hostility.

Absent most of these changes, it is likely that true recovery is not underway and that the addiction is still active, even if it is more subdued and the addict is “in treatment.”

With this understanding of the definition of recovery, the belief that recovery begins with a personal decision to return to normal, and that a genuine recovery can be quite easily discerned from a fake recovery, my idea of a recovery model would look something like this:

Decision To Use Chemicals→Substance Abuse Begins→Abuse Is Confronted→Confrontation Fails→Addiction Occurs→Treatment Begins→Treatment Fails→Consequences Are Felt→Consequences Become Intolerable→Decision To Recover→RECOVERY SUPPORT→ONGOING REINFORCEMENT

As a family, community or society, our ability to influence the addict’s likelihood of recovery success begins at RECOVERY SUPPORT in the above sequence, since the addict controls all of the steps which precede it (although family and community do influence the degree to which consequences are exacted and thus the *timing* of Decision To Recover). How do we provide RECOVERY SUPPORT and ONGOING REINFORCEMENT? There are probably as many ways as there are concerned families, care givers and addicts, but here are a few at a high level:

- Encourage the new openness in communication by actively encouraging conversation and by active listening
- Help in the creation of short and long-term goals, when asked, by providing insights the addict may not innately possess
- Encourage and embrace social re-introduction by welcoming his or her new friends
- Compliment and encourage the “new” look
- Help in the development of new interests through active participation in the process
- Demonstrate increasingly higher levels of trust as it is earned and as time passes
- Celebrate occasions when responsibilities have been accomplished at better than expected levels; likewise, counsel when accomplishments fall short of expectations
- Enforce consequences for “setbacks.”
- Provide counsel, advice and education on life issues; help in the development of progress toward self-discipline and control
- Encourage the development of a spiritual side which will provide a moral compass, a natural inclination to do the “right” thing, and will enable an Empowerment not attainable from any other source

As for ONGOING REINFORCEMENT, community and society can become better educated on the epidemic of chemical dependence and recognize it for what it is: a malady that can attack any family, any time, any place, in any economic, religious or social circumstance and that help, not condemnation, is the long-term solution. Help comes in many forms and most of them are expensive, especially rehabilitation programs of a duration long enough to be effective in launching a successful recovery. Other elements of ONGOING REINFORCEMENT would include year-round life skills training, job training and placement, counseling centers and accessible higher education.

Translation: **Make effective rehabilitation accessible for every addict who has made the decision to recover and provide the resources necessary for RECOVERY SUPPORT and ONGOING REINFORCEMENT.** Families, communities and society generally would benefit in many ways.....through reduced crime and less need for prison expansion, a more productive and dependable work force, reversal of destructive family trends such as divorce and abuse, and less burden on citizens for the care of active addicts. If this goal could ever be achieved, it would indeed be a “model” for successful recovery.