

Recovery is _____ Scope of Practice Podcast with the Connecticut Certification Board

Recently, I did a podcast with Jeffrey Quamme of the Connecticut Certification Board on the piece below and why we need to stop saying recovery from addiction is Possible or Expected in America. The piece that was posted here on Recovery Review on October 12, 2023 and is clipped below. It was a great discussion on the language of recovery is possible or expected. The link to the podcast is [HERE](#)

What are your thoughts?

Can We Please Stop Saying Recovery from Addiction is Possible or Expected in America?

Imagine this scenario. You get the frightening diagnoses of cancer, like addiction, it is often terminal if left on its dreadful course unimpeded. You are in the depths of despair, facing everything this terrible diagnosis means for your life and the lives of people who love and do not want to lose you.

Consider:

- The treating oncologist turns to you and says *“recovery is possible. It is POSSIBLE you might survive this, it does HAPPEN.”* This is not exactly the message of hope and support any of us would wish to hear in that moment. There is a chance of recovery. You might not die of this thing. Consider this messaging for a condition that people are unlikely to be able to access the care and support they need, which is the scenario for persons with an SUD in America. In 2021, according to the [National Survey on Drug Use and Substance Use in America](#), 94% of people aged 12 or older with a substance use disorder did not receive any treatment.
- Or the treating professional turns and says to you that *“recovery is the expectation.”* We expect that you will go into remission. An expectation of what, whom and under what conditions and level of care and support? This messaging seems to place the responsibility of remission on the afflicted person. This is not how we treat cancer. We help people with cancer. It is a systems expectation. Consider this messaging for a condition not like cancer in that those who have it experience deeply discriminatory practices. Care that is not consistent with what is needed to get better. A condition that professionals who you encounter in the healthcare systems do not want to get close to you and actually do not think you will get better. We found in a [recent national survey](#), the largest of its kind ever in respect to attitudes in healthcare about people who use drugs or are in recovery in America are deplorable. We are lepers in our care system, how can we expect healing when we are viewed in this way?

Many of us would not be reassured by these scenarios. The truth of the matter is that people beat cancer every day. But they do not do so alone. They get a tremendous amount of support. We stick with people over the long term when they get a cancer diagnosis. We make sure they get what they need to heal. This is a result of an advancement in science, a deep and long-term commitment to fund care. A dedication to follow multiple pathways of care. People who get the diagnosis of cancer often survive and thrive because we have designed our oncology care to deliver this result.

- This occurs because the care team never gives up and keeps working until they hit on the combination of care and support needed for the person to move into remission. In respect to cancer, the [truth of the matter](#) is that the death rate from cancer in the US declined by 29% from 1991 to 2017.
- We achieved this with oncology care in large part due to a deep commitment to study outcomes over the long term and to fund care. What this means for a person sitting in the chair learning that they have cancer is that the treating professional knows which treatments have the best chances of getting you into and sustaining remission for at least five years. They also know that there is wide variation in what works for whom. This means that they use multiple treatments and combinations of care to achieve remission. It means that treating entities are committed to long



Scope of Practice
A podcast from the
Connecticut Certification Board

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A discussion on messaging in the SUD space

With guest

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term healing. They will fight with you so you will heal. We achieve this because we never give up hope and stay with the person with this diagnosis.

Let's consider substance use disorders. We know that addiction recovery is a probable outcome given the proper care and support they need [85% of the people who stay in recovery for a period of five years stay in recovery for the rest of their lives](#). But we have not designed our care system to deliver this.

- We know that few people get even [the minimum effective dose of care, which is ninety days](#).
- We cannot say that recovery is expected in our current care system because so few get what is needed to sustain recovery. It is possible, but we do not truly support the process of healing.
- We also have [relatively few long-term studies on recovery](#). Most research focuses on single strategy approaches with narrow focuses over the short term.
- We know that [community and connection](#) are fundamental to the recovery process for many.
- We know that [research has shown mutual support](#) as an effective strategy.
- We can say that [helping people obtain and sustain recovery can save lives and resources](#).

Let's start using more accurate language:

Recovery is the probable outcome for people with substance use disorders when they are provided proper care and support over the long term, just like cancer.

We need to focus on long term recovery as our focus of all addiction policy across our nation. Let's study long term recovery and support multiple pathways and service and support strategies. Let's do a moon shot, a national focus on recovery so that in twenty years we can say that we reduced deaths from addiction dramatically, just like we did with cancer.

That starts with framing our discussion with the proper language of recovery as the probable outcome when people get what they need to get heal. Let's openly acknowledging we are a long way from achieving a system that provides that kind of care and support for all Americans. Let's acknowledge that despite drug and alcohol misuse and addiction being the leading cause of death in America, we do not treat it with the level of emphasis we need to change the fact that is the way that most people in our nation are most likely to die.

So please Let's stop saying recovery is possible or an expectation and let's focus on recovery being probable if we move towards recovery focused policy. Let's change our care systems to reflect the needs of persons seeking help with a substance use disorder. It is our leading cause of Death in America, lets start treating it as such.

This is a topic I originally [wrote about in 2020](#).

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