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RECOVERY

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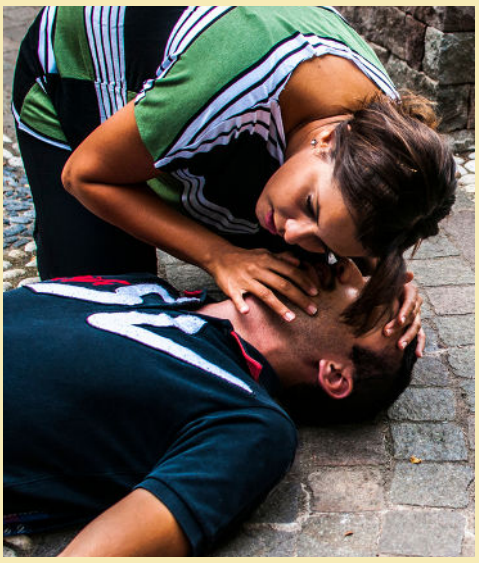

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A DIFFERENT PERSPECTIVE ON RECOVERY

by Founder and Chief Medical Officer Dr. Ernie Fletcher

At our national summit in Memphis a few years ago, I gave a speech titled, "It's Not Working." Referencing the disastrous legacy of America's misguided War on Drugs, I issued an all-hands-on-deck call for system-wide change by replacing the outdated punitive approach to addiction with a far more holistic and evidence-based approach as embodied in the Fletcher Group's recovery ecosystem model of recovery.

Dr. Elswick of the University of Kentucky has taken rejection of the status quo a step further by asserting that though we've disavowed punishment as policy, we still practice it whenever we demand sobriety as a precondition for housing and other recovery assets.

Is it not a form of punishment, says Elswick, to withhold what people need at the moment they need it most, particularly when life itself hangs in the balance?

The following synopsis of Elwick's presentation at our most recent webinar shows how new perspectives can cast a radically different light on even our most familiar thoughts and practices.

Fletcher Group

The Fletcher Group Rural Center of Excellence

ROCK BOTTOM ISN'T THE ANSWER

There's nothing wrong with abstinece and treatment, says University of Kentucky researcher Dr. Alex Elswick. "Abstinence is always preferable and treatment saved my life, but over-emphasizing them leaves millions without the help they need, as evidenced by over a hundred thousand overdose deaths each year."

Elswick admits there are good reasons to keep the actively addicted away from those struggling to maintain abstinence, but denying people the recovery assets they need because they're not yet sober or momentarily relapse has enormous costs.

"The real-world impact is not that a bunch of people run off to treatment to get sober. What happens instead is they never come to therapy at all." Indeed, SAMHSA data indicates that 94 percent of people with a substance use disorder received no treatment in 2021.

"Think about it," says Elswick. "I come to you, the treatment provider, and say, 'I have a problem I can't control.' You say you'll help me, but two days later, when my out-of-control brain disease causes me to relapse, you throw me out and say, 'Don't come back until you can control your drug problem.' What kind of Catch-22 is that?"

It's the kind, according to Elswick, that seeks justification in the falsehood that certain people (the morally bankrupt?) must hit rock bottom before they can change. But Elswick has been there himself. He recalls his own anhedonia (the inability of a drug-disordered brain to experience normal forms of pleasure) as the greatest punishment he's ever had, far more painful than being jailed, losing one's family, or living on the streets. "What my brain did to me was abject suffering. If pain alone was enough to end addiction, I would have stopped right then and there."

Elswick's take is shared by none other than recovery pioneer William White who wrote of a colleague grabbing him by the shoulders and saying, "Bill, you're not getting it. My patients don't hit bottom. They live on the bottom." Keith Humphreys, former advisor to the National Office of Drug Control Policy, concurs: "If punishment worked, nobody would be addicted. It's a pretty punishing experience." Elswick's own patients "are filled to the brim with pain. There's no way they need more of it. What they need is more hope."

WATCH THE VIDEO

To view our June 6 webinar featuring Dr. Alex Elswick, simply...

CLICK HERE

The tensions created by saying one thing ("We're here to help") and doing another ("Sorry, we can't help you") permeates the entire recovery field, says Elswick, and reveals a foundational misunder-standing of the very problem we hope to solve. Academically, at least, we seem to agree that addiction is a chronic disease with the same fits and starts, progress and regress that's characteristic of all forms of healing. "But instead of providing ICU-type attention when remission inevitably occurs," says Elswick, "we turn our backs and say you're no longer healthy enough for us to work with."

WHEN ENABLING IS A GOOD THING

Elswick seconds SAMHSA's definition of recovery as a process of change and celebrates its omission altogeher of the words ‘abstinence’ and ‘drugs.’

"SAMHSA recognizes that recovery's not an event and is never linear. That means people don't wake up one day and spontaneously say, ‘I think I won't do heroin anymore.’ The addicted are no longer bad people trying to be good; they're sick people trying to be well."

Because recovery’s a process, not an event, the primary role of recovery capital—including assets such as housing, transportation, and employment—is to reduce the stress of recovery so the healing process can continue without people becoming so overwhelmed that bad decisions sabotage the effort.

“People in recovery have never been some breed apart requiring specialized treatment,” says Elswick. “Their needs while healing are the same as everyone else’s.” So much so, he says, that Maslow's famous *Hierarchy of Needs* could be borrowed word-for-word to write a *Hierarchy of Recovery*. "Mazlow’s goals for mankind and the goals of recovery are identical: health and wellness, living a self-directed life, and reaching your potential, in that order. The problem is that when we turn away someone because they’ve relapsed, we're actually depriving them of the safety and other conditions needed to succeed."

Rejection, of course, is most painful when it comes from those we love. "Scientists like me have pathologized family support by repeating the falsehood that some vague place called rock bottom is the ideal spiritual ground for recovery." Families, as a result, began thinking any support given in the midst of a relapse made them guilty of ‘enabling,’ of making things worse instead of better. Fearful of doing the wrong thing, anguished relatives and friends across America learned to deny their own intuition and withheld support.

“But what we know now from research is that family involvement is positive in every way,” says Elswick. “When your family is supportive, you're more likely to access and complete treatment and more likely to engage with aftercare services following treatment. In fact, all outcomes are better when your family supports you. We know now that enabling is only bad when you're enabling *addiction*. If you're enabling *recovery*, it's a good thing."

Though not as critical as family support, community support is also important. "There are a number of things we can do to help the addicted brain heal faster," says Elswick. "One of the best is social interaction which, for the addicted brain, is like organic medicine. That's why one of the most ubiquitous, freely available things we can do for our neighbors who have a substance use disorder is connect them at every level of their lives to every level of their communities as much as possible.

"The shame of it is that we often do just the opposite by disenfranchising, marginalizing, and ostracizing people who use drugs. If we counseled families to do that, which we did, why wouldn’t communities do the same?"

HARM REDUCTION AS GATEWAY & PHILOSOPHY

"Sometimes I hear harm reduction talked about like it's a dirty word, as if it's only valid as a last-ditch effort to help someone who's been in treatment 15 times and just keeps relapsing. But nothing could be further from the truth," says Elswick, "Harm reduction, for me, is the first step on the pathway to recovery because it allows us to engage with people no matter where they are in the process."

Elswick agrees that harm reduction can become myopic—so focused on reducing harm for a single individual that it loses sight of the big picture. He agrees also that the concept of harm reduction should never be reduced to something as simplistic as 'let people use drugs.' "That's not harm reduction; that's harm production." He also recognizes that abstinence is the ideal and ultimate form of harm reduction because it's the safest. "If I could choose for people who have a problematic relationship with drugs, I would choose abstinence. But that's a big if because the reality is I can't make that choice for people and you can't either."

Because the issue of harm reduction is inherently complex, Elswick believes more research called for as well as better integration of harm reduction within traditional treatment models. In the meantime, harm reduction remains an essential gateway for recovery while at the same time saving lives.

"It doesn't matter if you have an atrocious addiction that's negatively impacting everyone around you and the worst case of denial we've ever seen," says Elswick. "We can still reduce the harm of your drug use, not only for you but for your family and your community. More importantly, we can start building the foundational ingredients needed for recovery. That's important because, as I've said before, most people don't get abstinent cold."

Elswick considers harm reduction and recovery capital the two most important elements of recovery, both of which are being obscured by an over-emphasis on prevention, abstinence, and treatment. "Harm reduction keeps someone alive while allowing us to potentially plant the first seeds of recovery. Recovery capital creates an environment where the seedling can take root within one's family, communty, and workplace.

Recognizing the importance of harm reduction also clarifies the question of when to start. "The process doesn't begin at treatment or even abstinence," says Elswick. "It starts with our first encounter with someone, no matter where they've been or where they are in the process. We have to engage immediately because if we insist that people get sober before they get the recovery resources they need, we've likely lost them, at least for the moment, and perhaps for good."

For Elswick harm reduction is more than action. It's also a philosophy that allows his 100-person lived experience staff to better engage with anyone visiting his *Voices of Hope* recovery center in Lexington, Kentucky.

"It's a philosophy that works even in an abstinence-based environment," says Elswick. "Instead of punishing non-abstinence by chasing people away and stigmatizing them because they've relapsed, it's better to remain connected and continue nurturing a fertile environment where people feel comfortable and motivated to progress even through and despite the inevitable regression that characterizes any chronic disease and any healing process."

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