



What Is Recovery?

**Let's *really* change the
conversation about
addiction and recovery**

This is a call for the recovery movement and the harm reduction movement to join together and celebrate all forms of recovery whether they involve abstinence or not



Traditional Definition of Recovery

- One must be abstinent from all addictive, mood-altering substances except for nicotine and caffeine
- One must be working a “spiritual” program and it must involve 12 steps
- Everyone else is a dry drunk or dirty alcoholic addict

What's Wrong With the Traditional Definition

- 23.5 million Americans are in recovery from an addiction, only about 1.5 million (about 6%) are in a 12 step program (OASAS/drugfree.org)
- About half of people who recover from alcohol addiction cut back instead of quit
- Some “hard” drug users also recover via moderation
- Most non-medical drug use is recreational and does not develop into dependence

RECOVERY FACT
OVER 23 MILLION AMERICANS ARE
IN RECOVERY FROM ADDICTION
22 MILLION OF THEM DID IT WITHOUT AA



This Was the OASAS Survey Question

- *“Did you once have a problem with drugs or alcohol, but no longer do?”*
- 10% of those surveyed answered yes which extrapolates to 23.5 million Americans
- <http://www.oasas.ny.gov/pio/press/20120306Recovery.cfm>

NIDA vs. the DSM

- NIDA in their promotional materials defines **any non medical use** of prescription drugs as “drug abuse” (National Institute on Drug Abuse. Prescription drugs: abuse and addiction)
- The DSM says there is only drug abuse or dependence if there is **impairment**
- The vast majority who are defined as drug abusers by NIDA’s definition are considered non-abusers by the psychiatric community

Drug Users Are Not Dirty

Don't say "clean" to mean "abstinent"



Typology of Drug Users

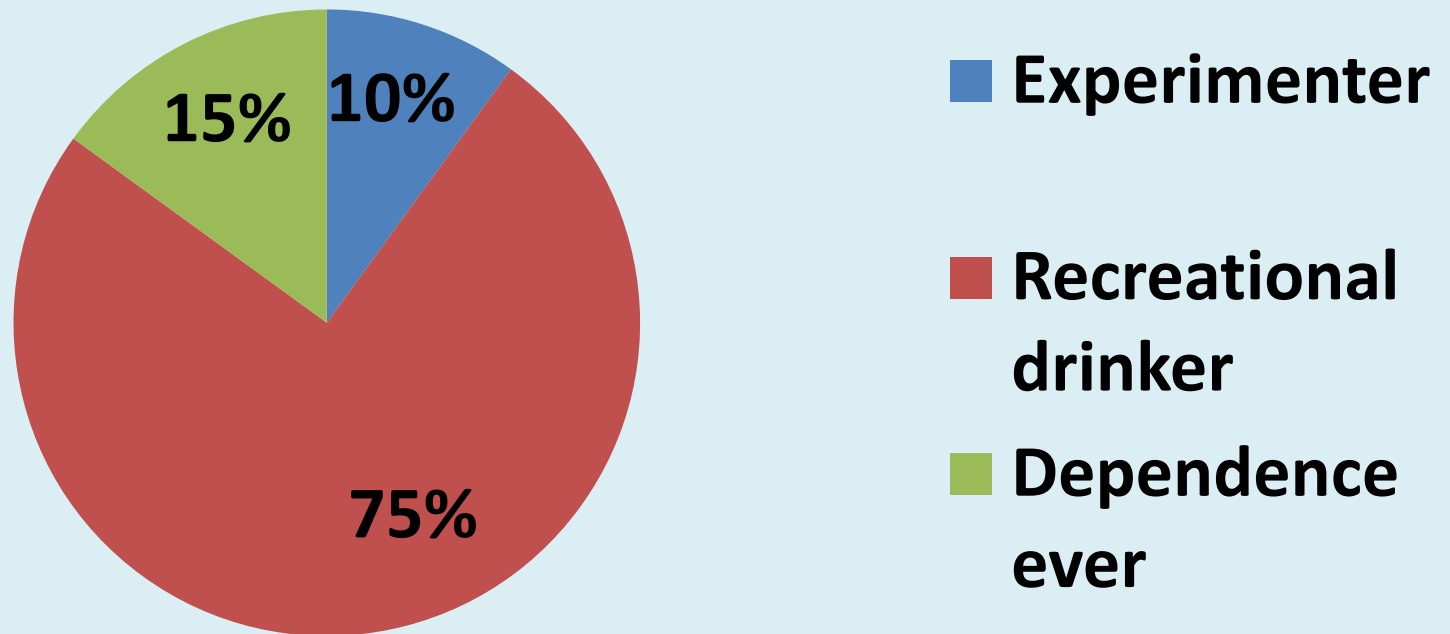
- Experimenters – try a substance a few times then quit
- Recreational Users – use for fun
- Dependent Users – have some form of withdrawal or craving if they quit
- Non-Dependent Users – have no withdrawal or craving if they quit
- Daily Users
- Non-Daily Users
- Problematic/Chaotic Users aka Abusers
- People can fall into MULTIPLE categories

Experimental and Recreational Drug Use and Dependence

- Experimental drug use normally does NOT progress to recreational use or dependence
- How often recreational use leads to dependence depends on the drug and environmental factors
- Even when drug dependence occurs the normal outcome is remission without treatment
- Recreational drug users do not have a “disease”
- The stance that any non-medical use is misuse/abuse is bullshit

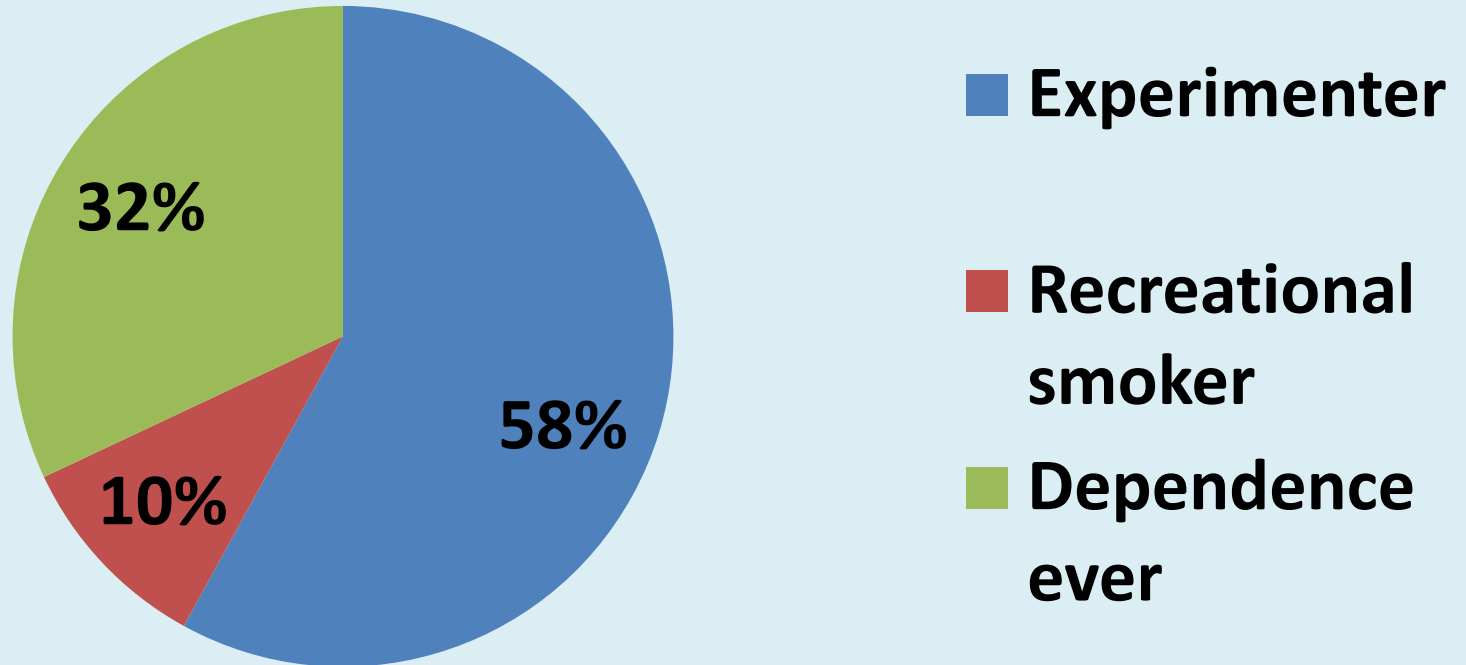
Alcohol US (estimate)

Drinker Typology US



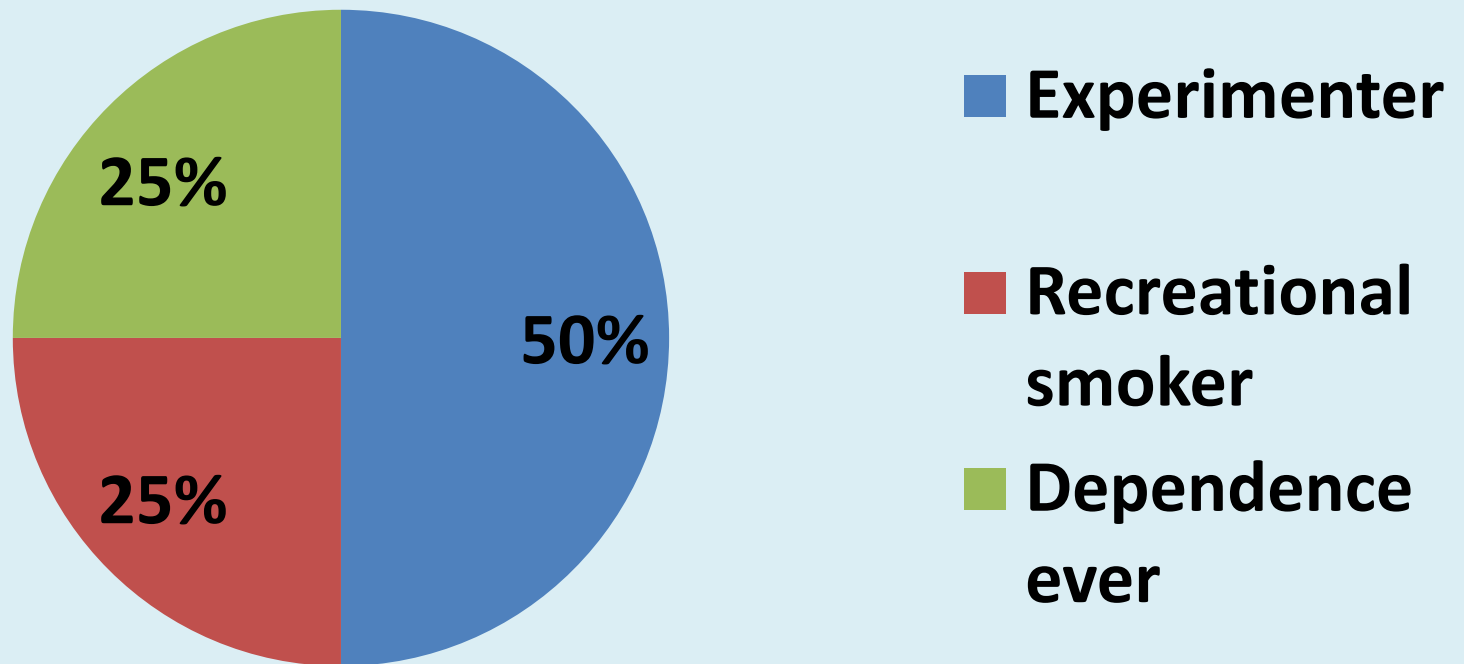
Tobacco US 1990s (estimate)

Cigarette Smoker Typology 1990s US



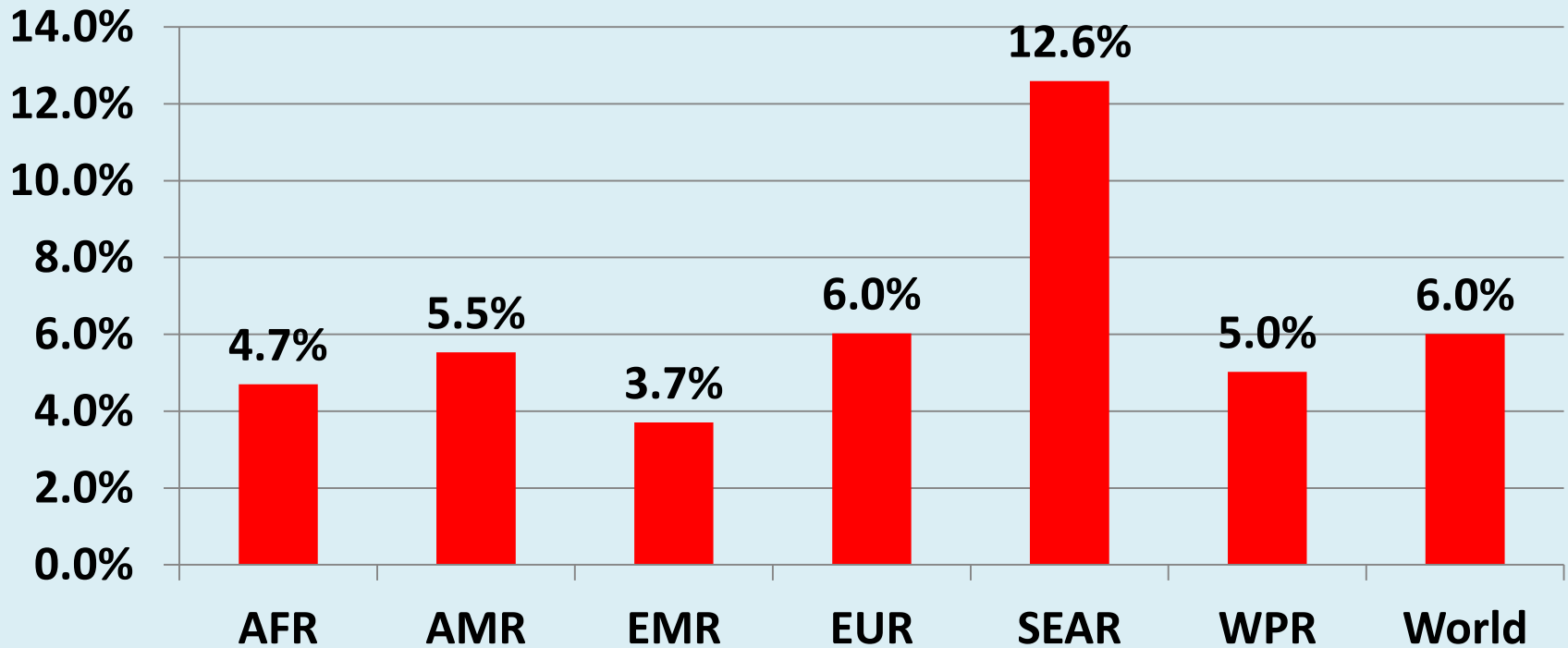
Tobacco US Today (estimate)

Cigarette Smoker Typology Today US



Culture not just drug determines rates of dependency

Percent of drinkers with past year Alcohol Dependence by WHO region (2010)



DSM 5 Criteria for SUD

- **A)** A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

- 1. Substance is often taken in larger amounts or over a longer period than was intended.
- 2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- 3. A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.
- 4. Craving, or a strong desire or urge to use substance.
- 5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- 6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.

- 7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
- 8. Recurrent substance use in situations in which it is physically hazardous.
- 9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.
- 10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of substance.
- 11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for substance
 - b. Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

- **Legal involvement removed as criterion**
- Severity
 - Mild: two to three symptoms
 - Moderate: four to five
 - Severe: six or more
- Course Specifiers:
 - “in early remission”
 - “in sustained remission”
 - “on maintenance therapy”
 - “in a controlled environment”

What Is Recovery?

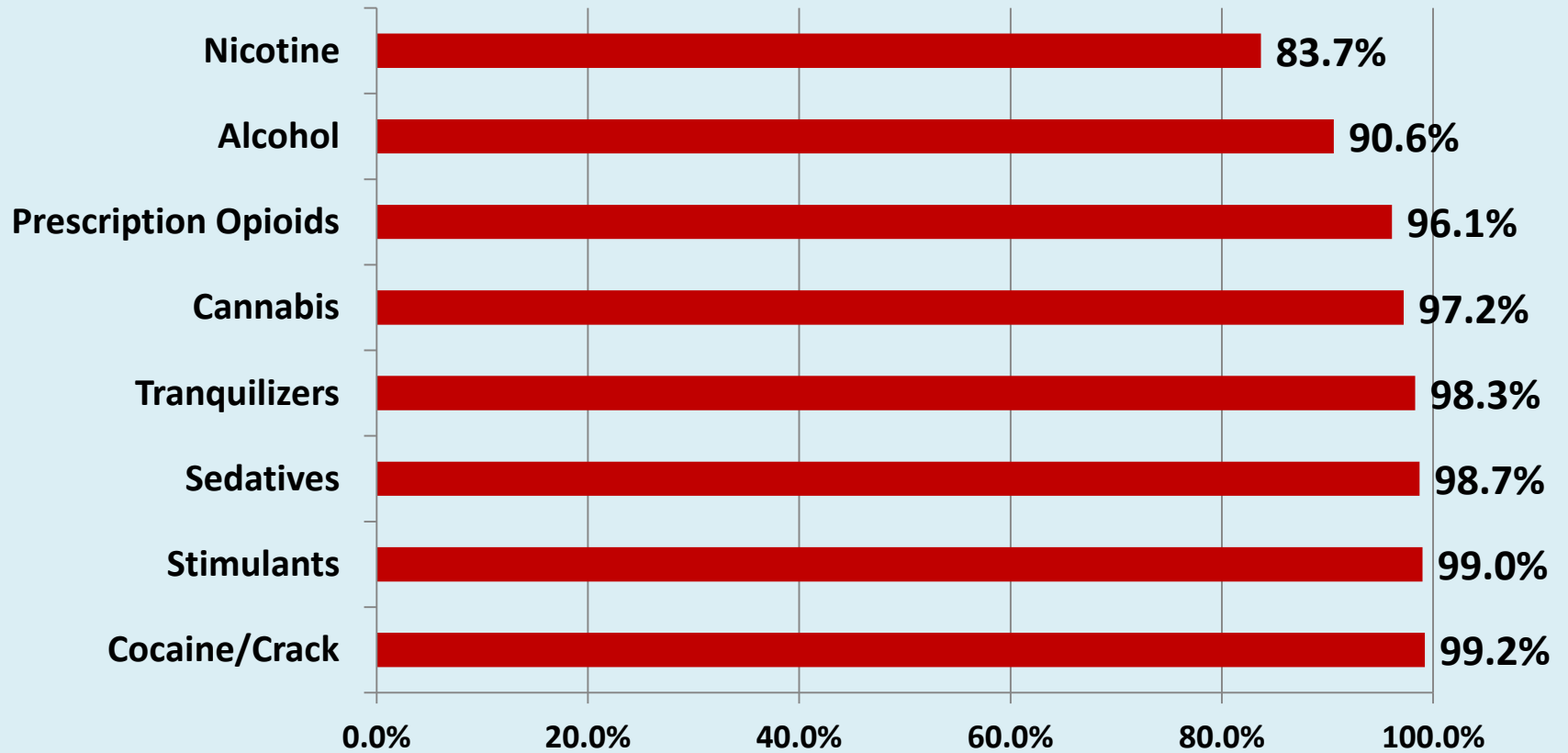
- We say it is NO IMPAIRMENT, NO DISTRESS, NO PROBLEMS
- This can mean abstinence or non-problematic use
- Abstinence or a spiritual program are NOT requirements for being in recovery
- Reduction in impairment is partial recovery
- Self recovery without AA and without treatment is the norm for all addictions – people overcome them on their own power

**CALLING ADDICTION A DISEASE
IS A GRAVE INSULT TO THE 95%
WHO KICK THEIR ADDICTIONS
ON THEIR OWN WITHOUT
REHAB AND WITHOUT AA**

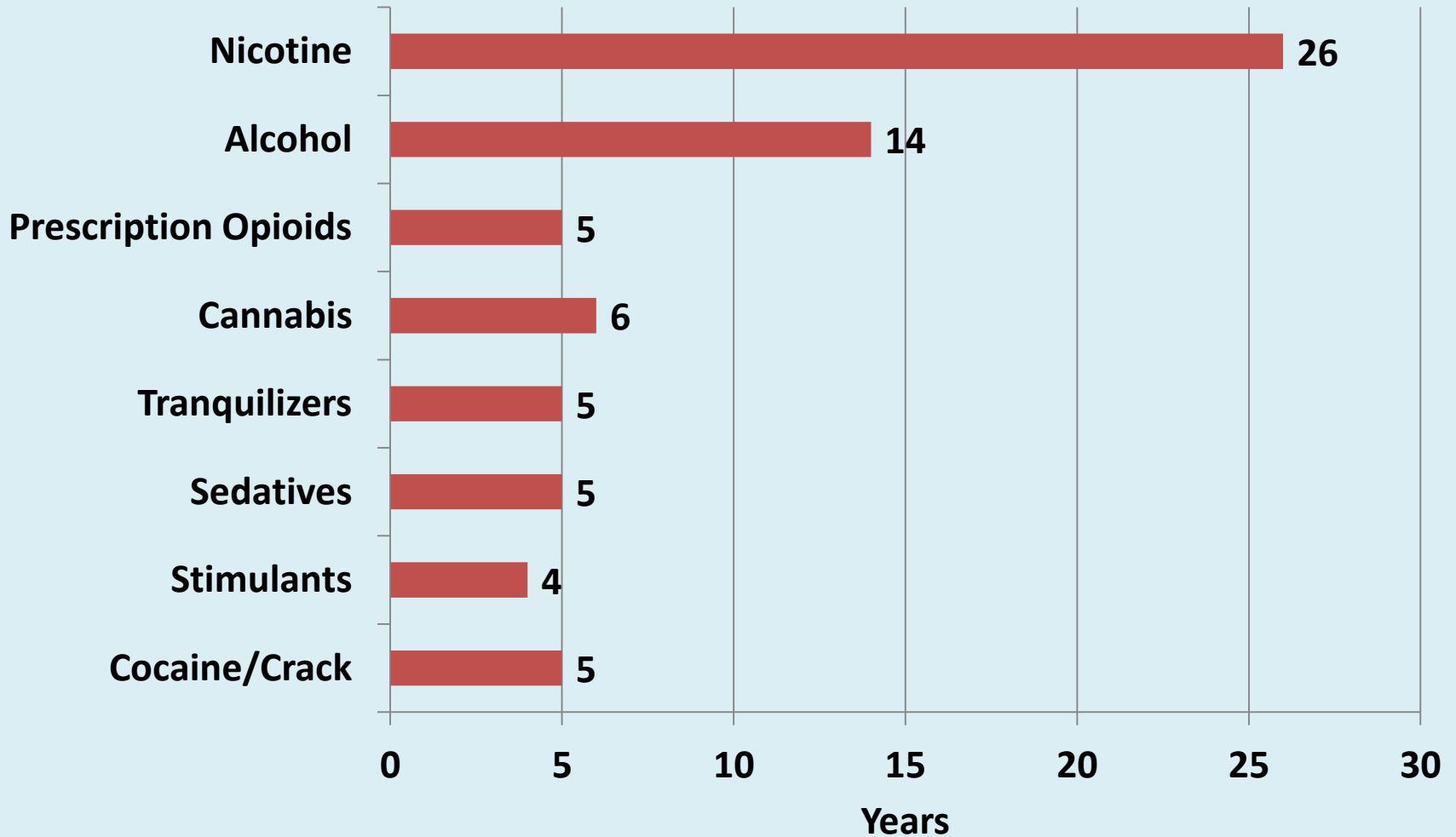


THAT'S 22 MILLION AMERICANS, BRO
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Lifetime Remission Rates for Substance Dependence



Half Life of Substance Dependence

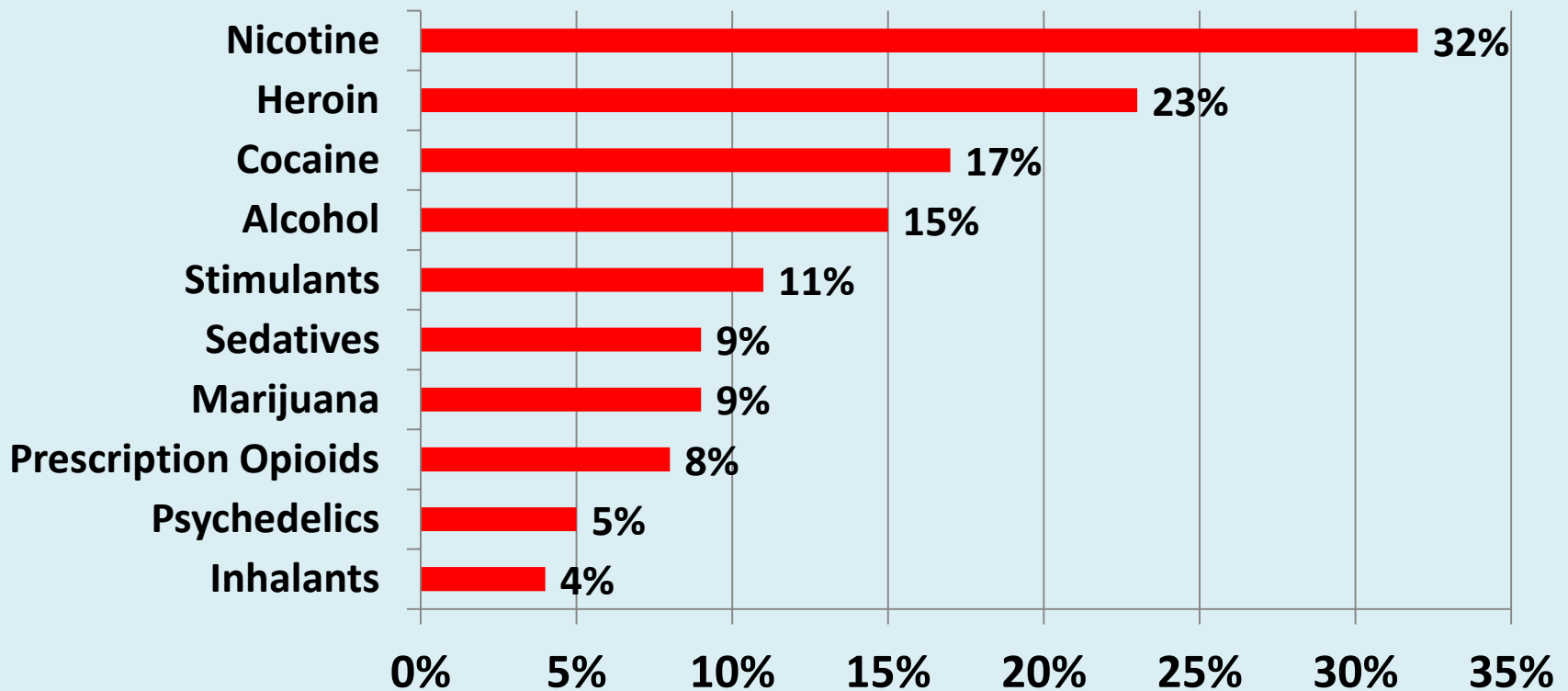


NESARC drug list

- 1. Sedatives, for example, sleeping pills, bar-bit-your-ates, Seconal, Kway-ludes, or Khlor-all Hydrate
- 2. Tranquilizers or anti-anxiety drugs, for example, Valium, Librium, muscle relaxants, or Zanax
- 3. Painkillers, for example, Codeine, Darvon, Per-ko-dan, Dill-odd-id, or Demerol
- 4. Stimulants, for example, Pray-lude-in, Benzadrine, Methadrine, uppers, or speed
- 5. Mariwa-na, hash, THC, or grass
- 6. Cocaine or crack
- 7. Hallucinogens, for example, Ecstasy/MDMA, LSD, mescaline, Sillosy-bin, PCP, angel dust, or pay-o-tee
- 8. Inhalants or solvents, for example, a-mill nitrate, nitrous oxide, glue, tol-u-een or gasoline
- 9. Heroin
- 10. Any OTHER medicines, or drugs, or substances, for example, steroids, Elavil, Thorazine or Haldol

How Addictive Are Different Substances? (Anthony, 1994, NCS)

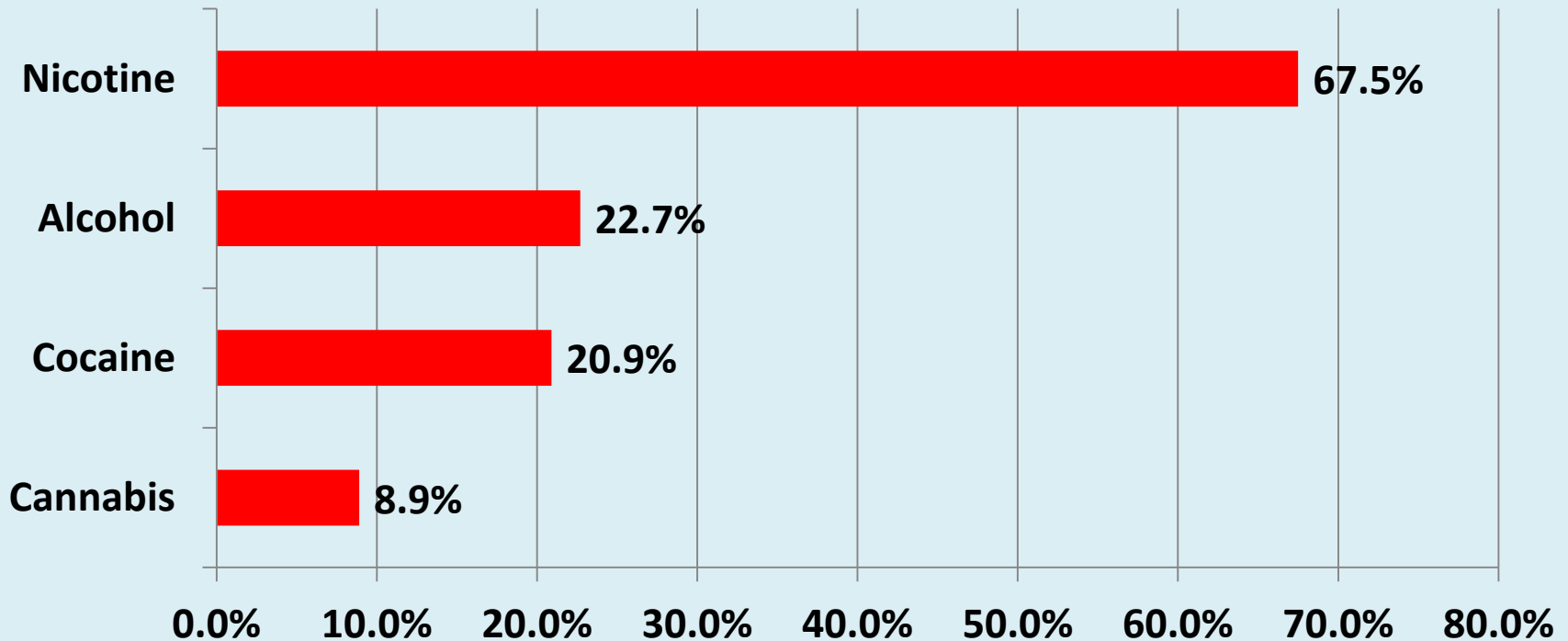
Risk of Dependence for Non-Medical Users



Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants

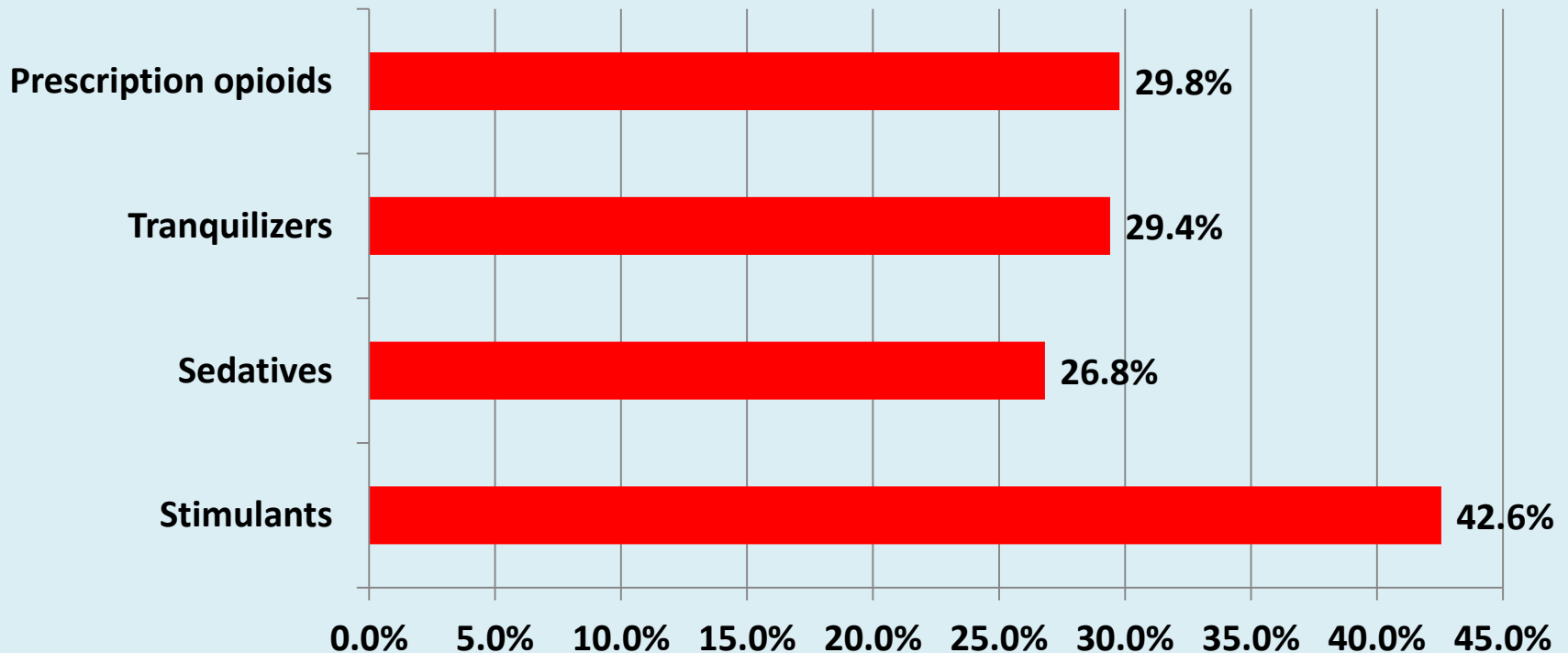
NESARC Showed Roughly Twice The Likelihood Of Nicotine Dependence Compared to NCS

Lifetime probability of transitioning to substance dependence (NESARC, 2011)



NESARC Also Showed Much Greater Probability Of Transitioning From Recreational To Problematic Use of Prescription drugs than NCS

Lifetime prescription drug abuse/dependence for non-medical users (NESARC)



Past year prescription opioid use/dependence 12.9% for non-medical users

Recovery Isn't Necessarily Abstinence from Drug of Choice

- NESARC found that about half of those who recovered from alcohol dependence drank at problem free levels
- Half abstained from alcohol
- About 10% of dependent cigarette smokers recover by becoming non-daily non-dependent smokers
- We have less data on hard drug users but it appears that the number who moderate their drug use lies between 50% and 10%

**Anyone who no longer meets DSM V
criteria for substance use disorder is
RECOVERED**



**Abstinence and Moderation are
equally valid outcomes**

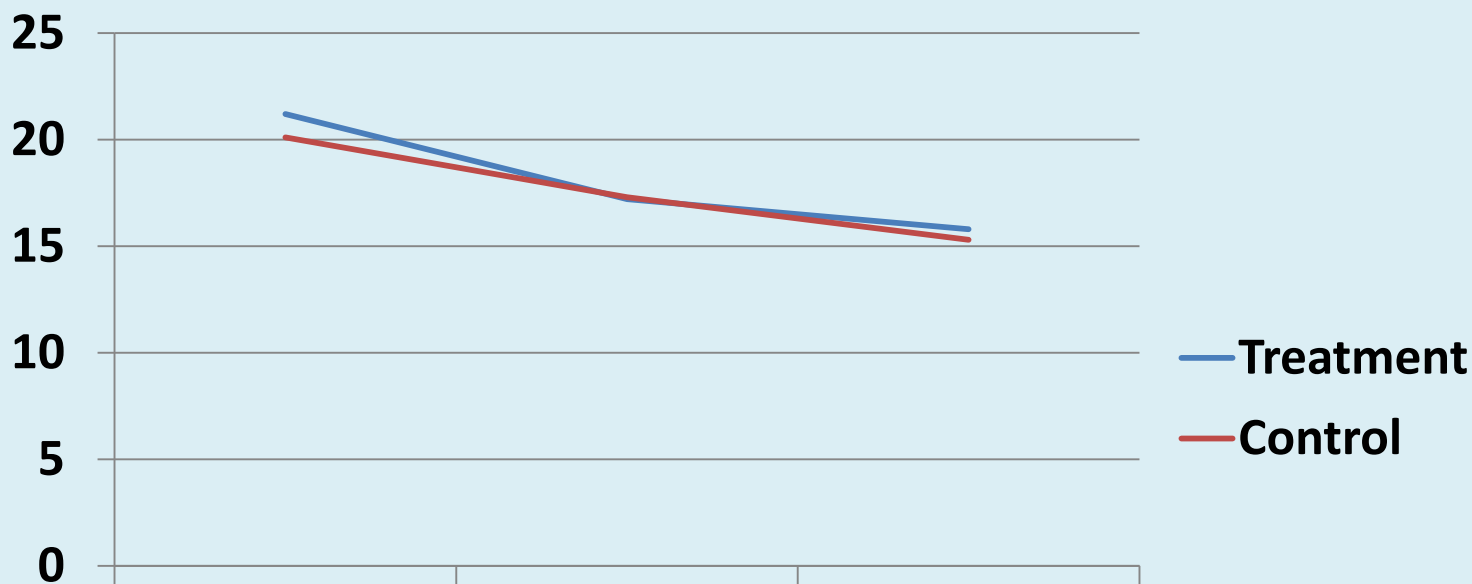
Controlled Nicotine Use

- 25% of Americans who smoke are nondaily smokers
- 10% of British smokers are nondaily smokers
- 70% of American college students who smoke are nondaily smokers
- 36% of New York City current smokers are nondaily smokers
- 2/3 of Central American smokers are nondaily smokers
- The number of nondaily smokers is steadily increasing in the US

- Number of cigarettes per day increases with age until smokers are in their 40 s and then declines
- Hassmiller et al. (2003) report that 10% of Americans have switched from daily (dependent) cigarette smoking to non-daily (non-dependent) cigarette smoking in their lifetimes.
- Annually in various countries world-wide, 1–7% of daily smokers convert to non-daily smoking. Such conversions may be increasing, as the US Behavioral Risk Factor Survey (Porter et al. 2003) and other US surveys are showing a dramatic rise in non-daily smoking over time.
- A small number of daily smokers report large reductions in cigarettes per day (i.e. $\geq 50\%$ reduction); this is reduction with dependence.

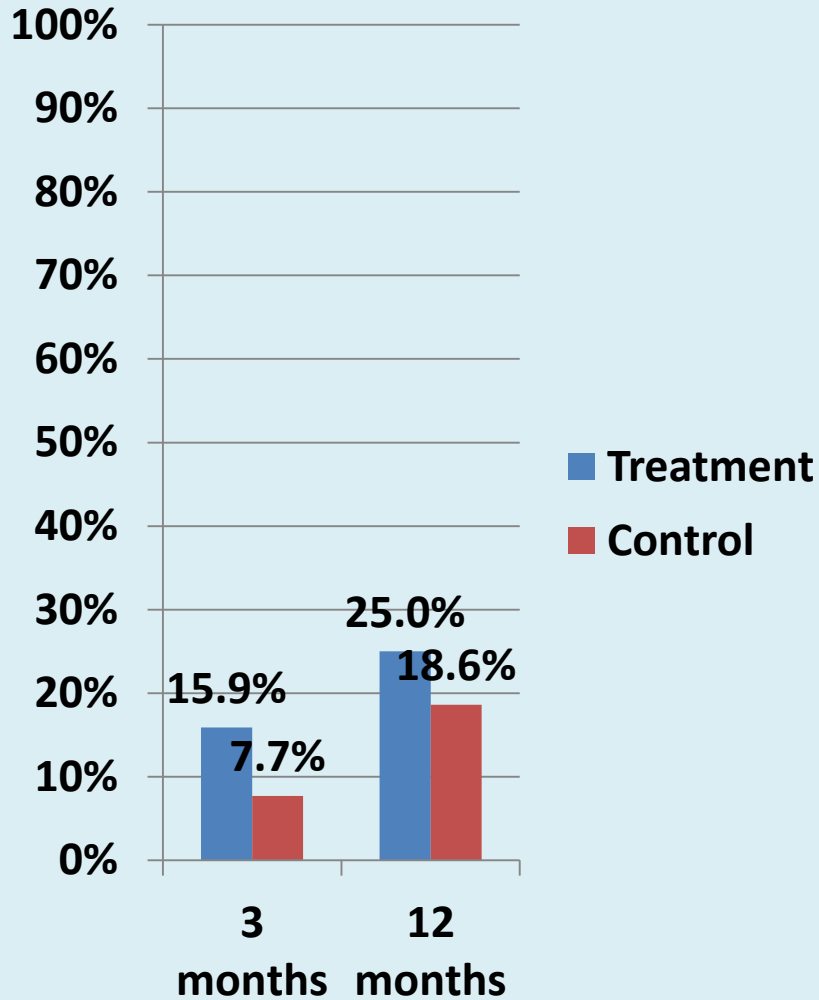
One Year Smoking Reductions by a Cohort Desiring to Cut Back (Glasgow 2009 intent to treat)

Cigarettes per day

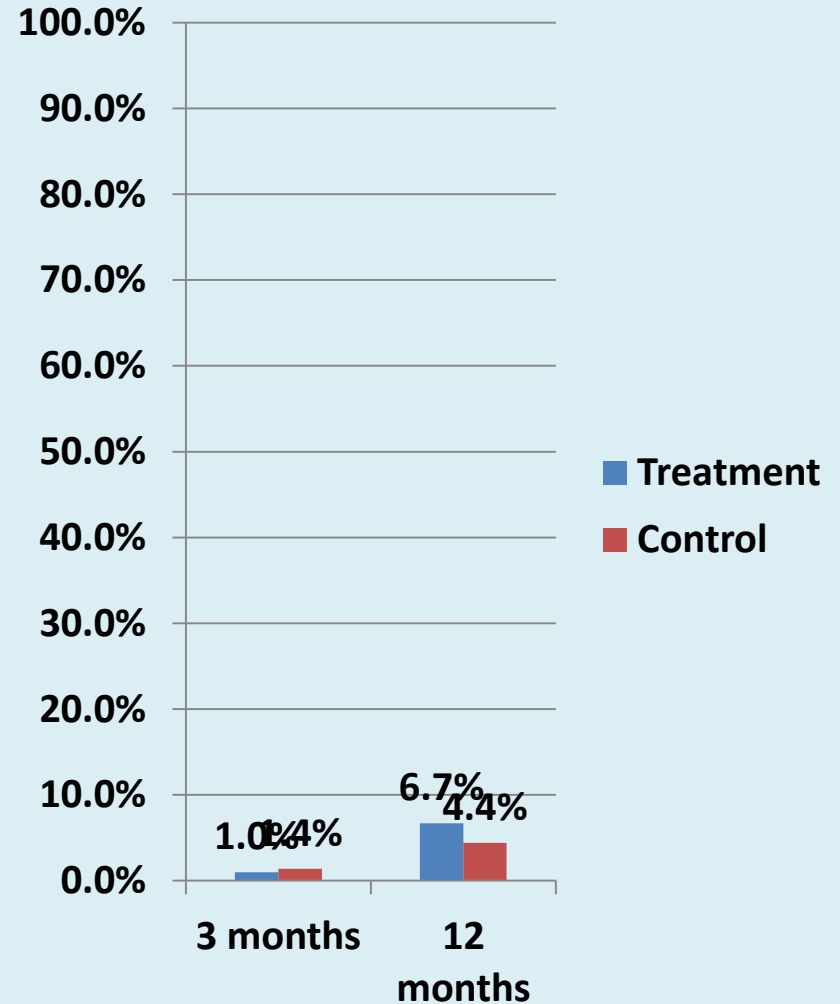


	Baseline	3 months	12 months
— Treatment	21.2	17.2	15.8
— Control	20.1	17.3	15.3

Reduced $\geq 50\%$



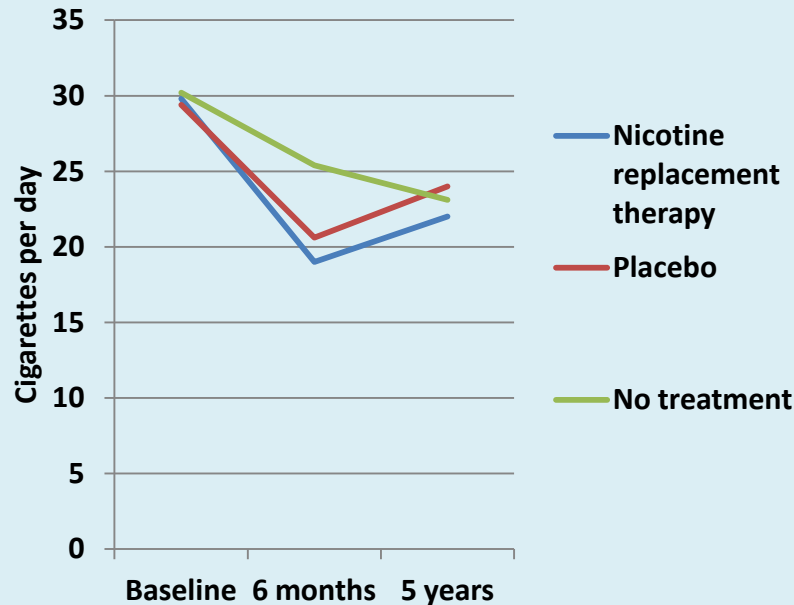
Quit smoking



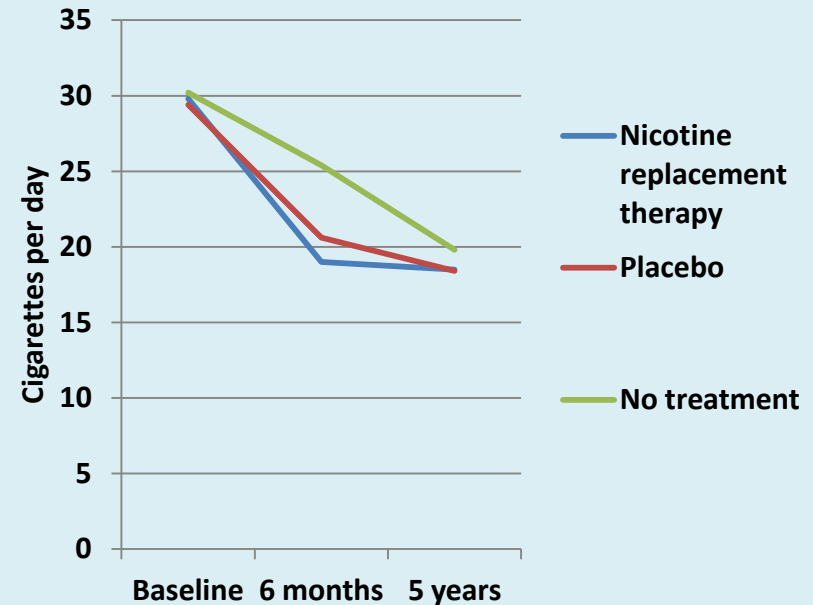
- Cigarette related harm including lung cancer is directly dose dependent so non-daily smoking should be viewed as a positive change and not a new scourge to be battled.
- Any reduction in number of cigarettes smoked per day is also a positive change

Reductions with Nicotine Replacement Therapy

Intent to treat, quitters excluded



Intent to treat, quitters included



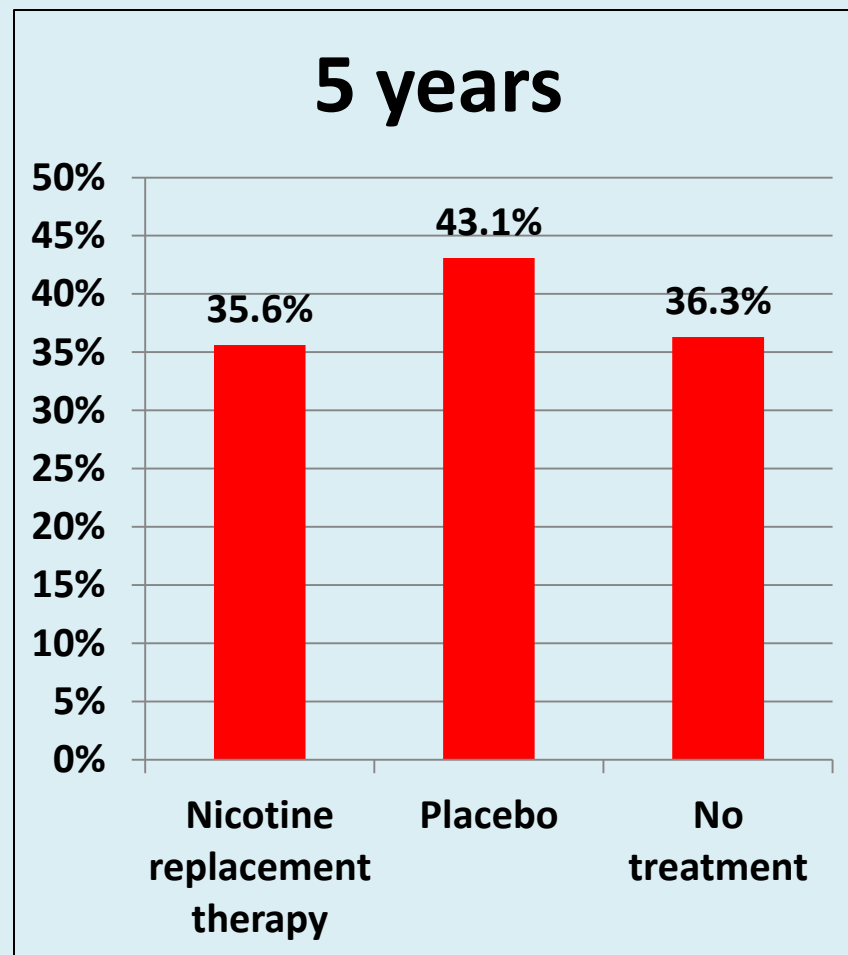
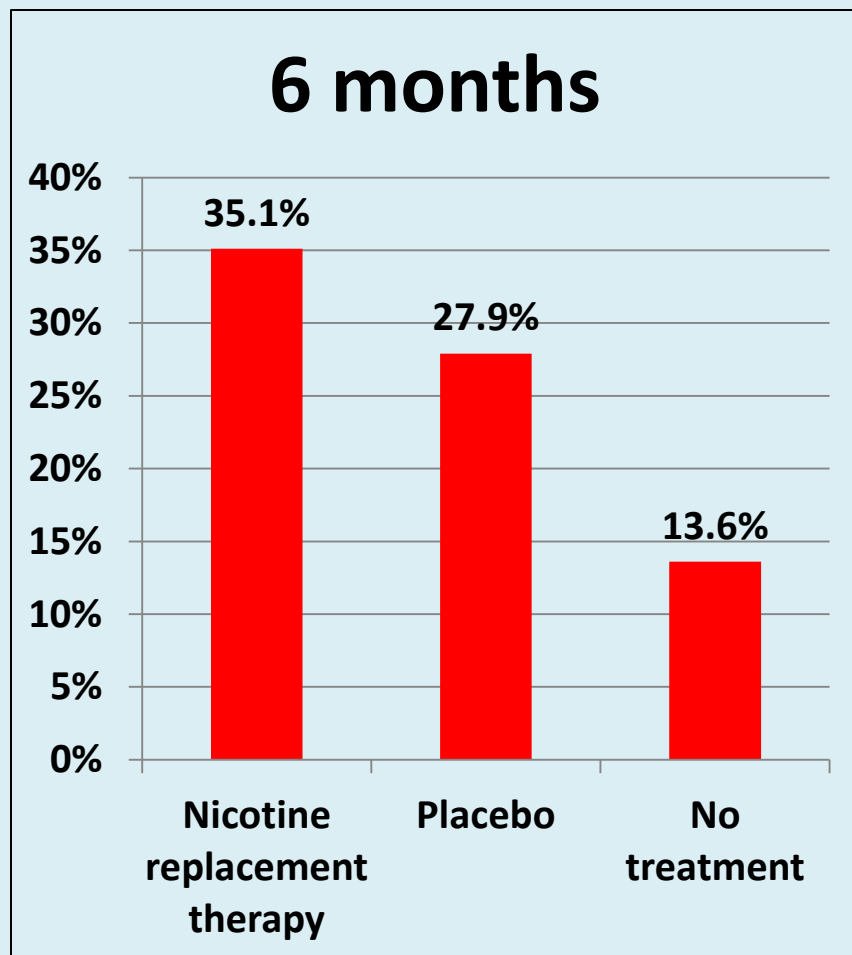
Etter does not specify if quitters were included or excluded at 6 months, though there were few at this point so it is not a major point

Loren Fishman



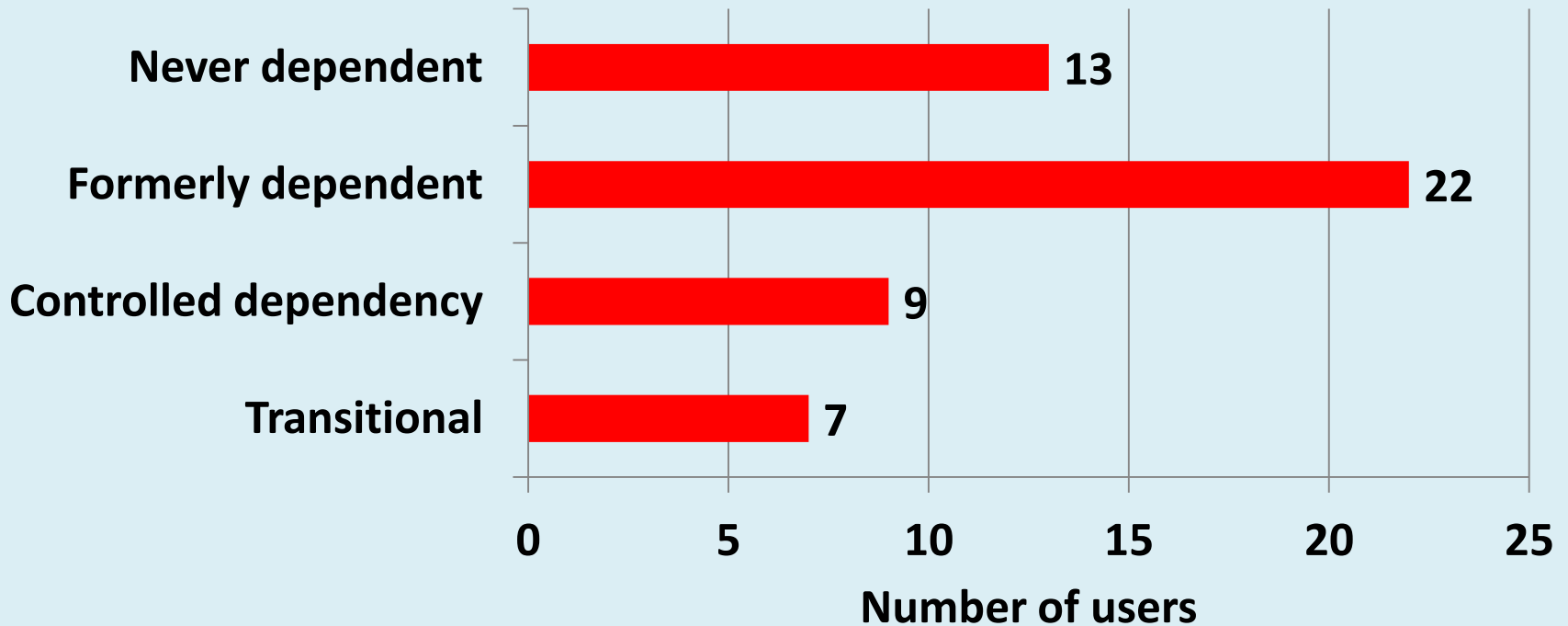
“Hmm... better go with these.”

Percent who quit or reduced cigarettes per day by half or more



Controlled Heroin Use

Use patterns of 51 active controlled heroin users (Warburtin et al. 2005)



- Warburton et al. (2005) interviewed 51 controlled heroin users and found the following patterns:
- stable mid- to long-term non-dependent use without ever incurring a period of dependence (13 respondents)
- mid- to long-term non-dependent use after experiencing a period of dependent/problematic use (22 respondents)
- stable mid- to long-term controlled dependent use (nine respondents)
- transition (i.e. recent dependent or problematical use) and new using (seven respondents)

Controlled Heroin Use Factors

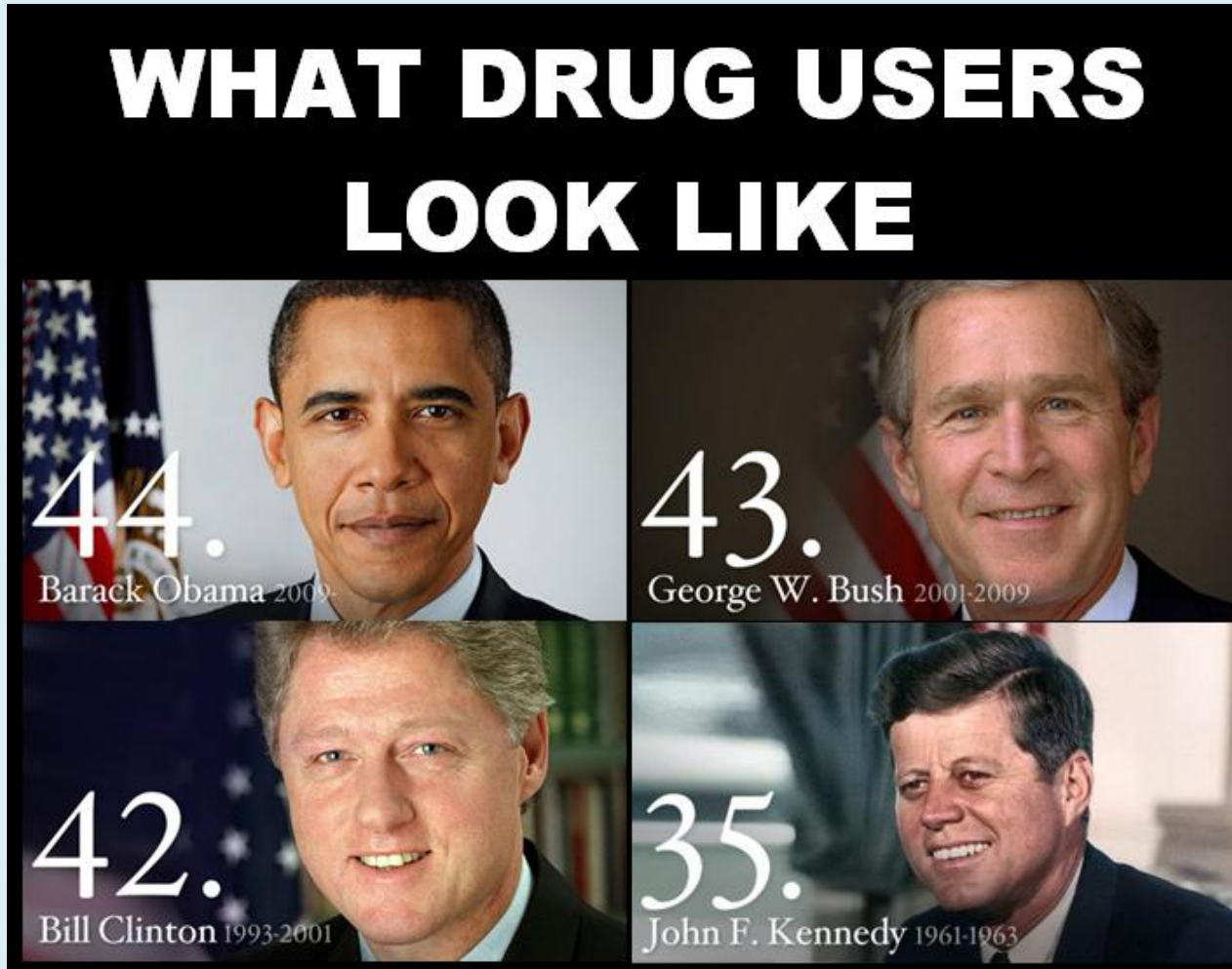
- the application of ‘using rules’ – including rules about *frequency* and *amount* of heroin used, access to the drug, where an individual used heroin and with whom
- their expectations of the physical and mental effects of heroin
- life structures and commitments – for example, being employed, having stable accommodation arrangements, maintaining good family and social relationships, and having non-heroin-using interests and friends
- attitudes and personality traits – such as a generalized ability to exercise control over their lives
- their own experience of heroin use, or indirect experience – such as witnessing the damage done by heroin to friends’ lives
- the perception of the stigma attached to uncontrolled or dependent use, and their desire to avoid stigmatization

What drug users look like on TV

**STOP THE DEHUMANIZATION
OF DRUG USERS**

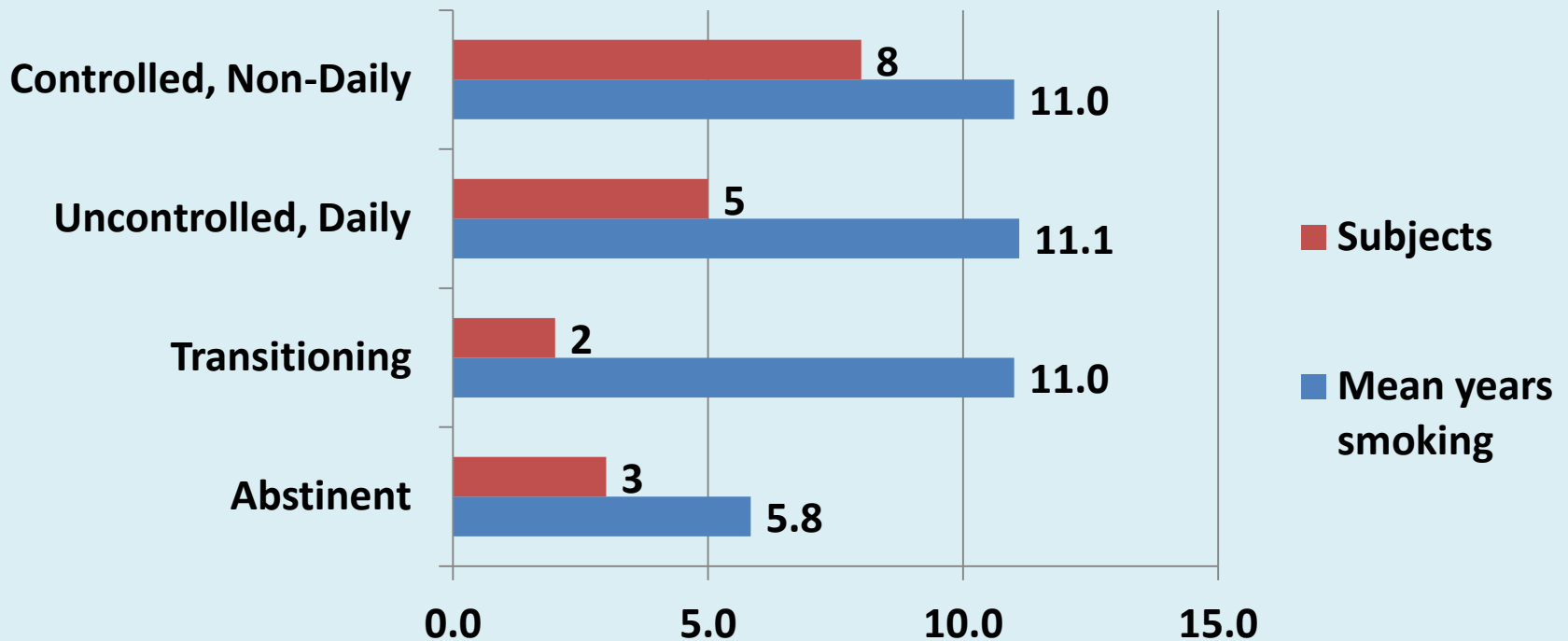


What drug users look like in real life



Controlled Crack Smoking

Controlled Crack Use, Ohio 2007



Average abstinence period for abstainers 7.33 months

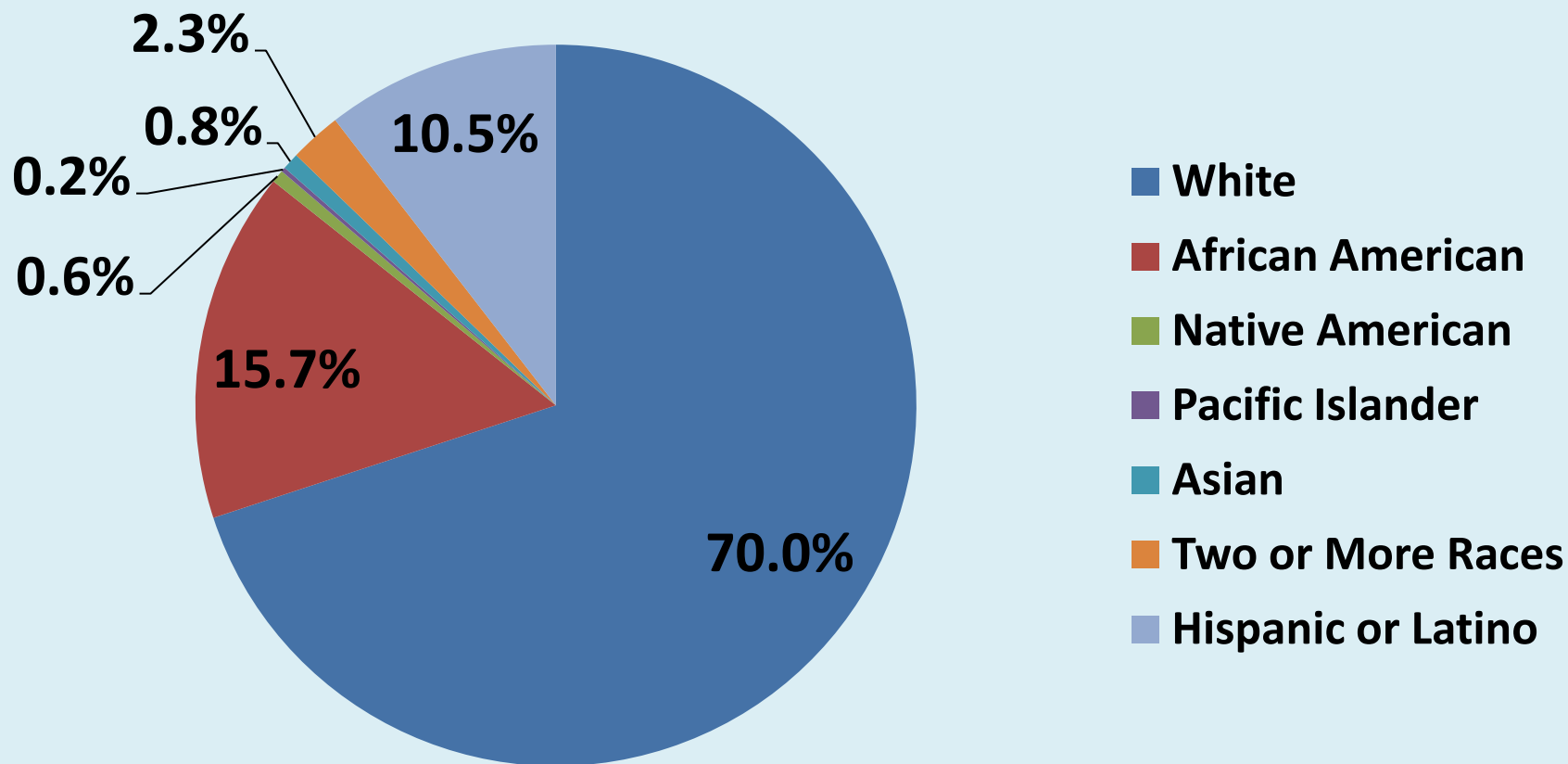
Protective and Risk Factors for Controlled Crack Use (Ohio 2007)

- Controlled Crack Use - protective factors:
 - using rules
 - Financial planning
 - employment
 - family support
 - children
 - non-using friends
 - stigma of uncontrolled use
- Uncontrolled Crack Use - risk factors
 - family enabling
 - unemployment
 - all using friends
- Controlled users often reported earlier periods of uncontrolled use
 - return to moderation is possible

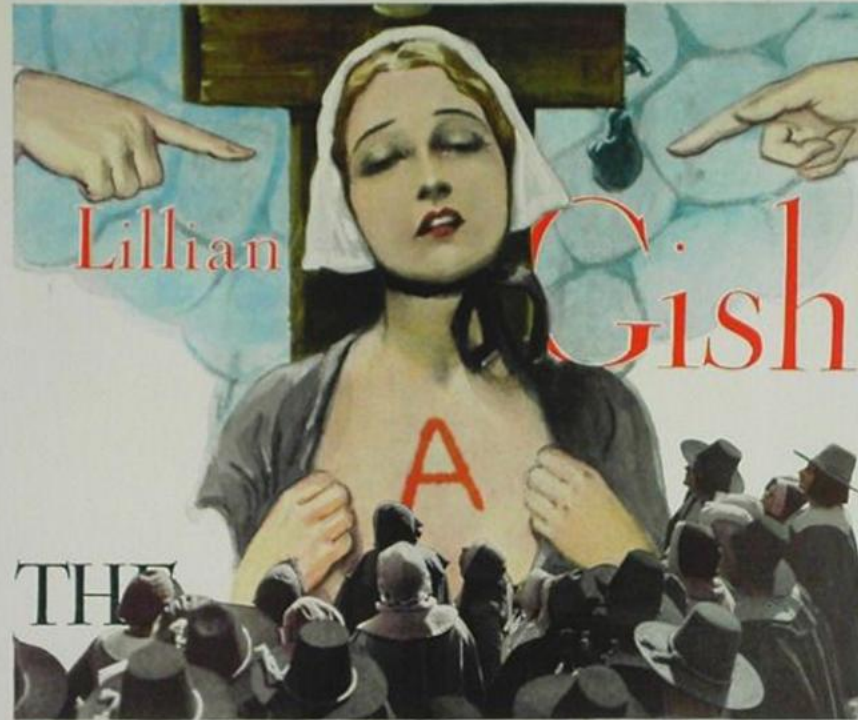
Other Studies of Controlled Crack Use

- Jackson-Jacobs studied 4 controlled crack users on a college campus and outlined the rules used to keep use under control. 3 dominant rituals were: 1) cooking from powder; 2) cooking small batches; 3) passing the pipe. One of the four became an uncontrolled user
- German and Sterk classed inner city crack users in Atlanta into 4 categories: 1) stable; 2) tempted; 3) grappling; 4) immersed

Ever Used Crack (2012 NSDUH)



**WHEN PEOPLE IN RECOVERY
STIGMATIZE ACTIVE DRUG USERS,
THEY HURT US ALL**



THE SCARLET LETTER

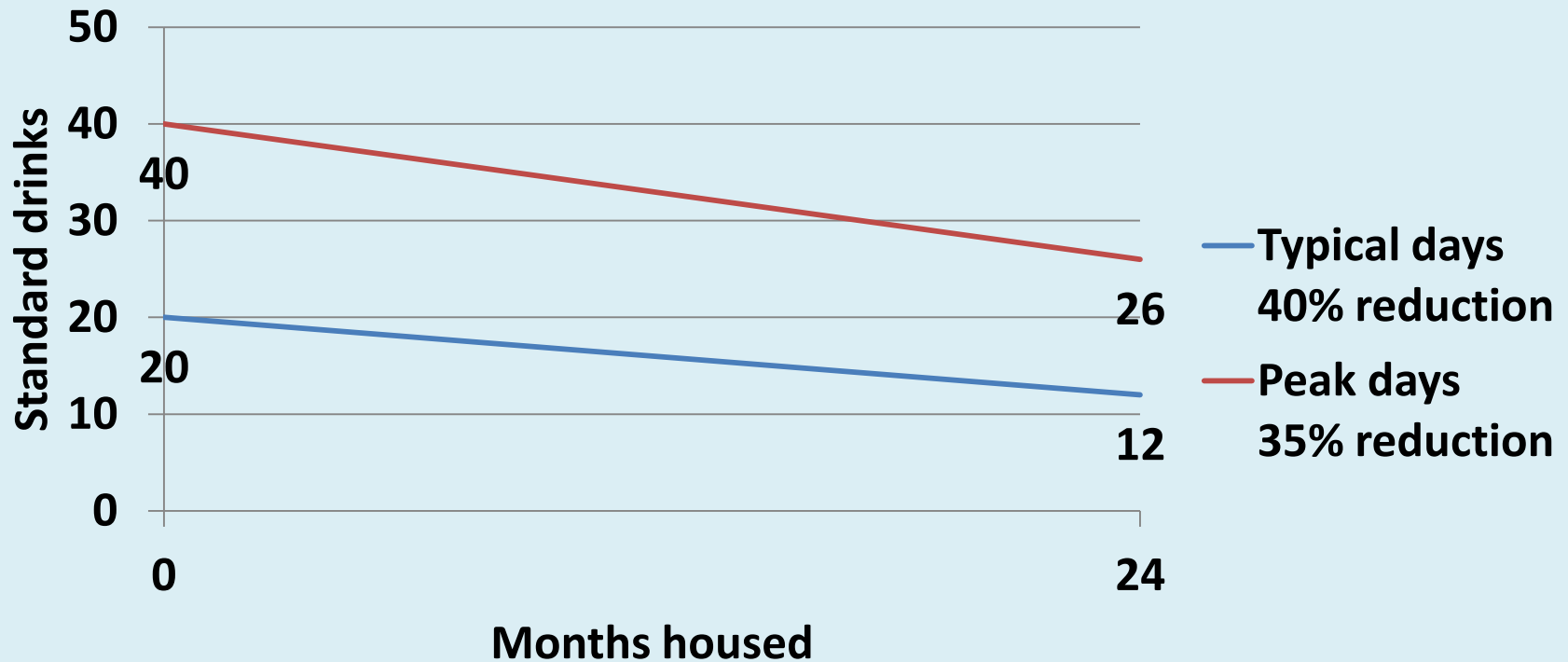
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Alcohol

- Recovery from alcohol dependence should not be tied to a specific drink number—but to the absence of impairment
- NESARC found that over half of people who recovered from alcohol dependence did so via controlled drinking

Controlled Alcohol Dependence in Wet Housing

Drink Reduction Corresponding to Months Housed for Homeless with Alcohol Dependence



Naltrexone + HR Therapy in a Homeless Cohort with Chronic Alcohol Dependence

- 24 homeless individuals with severe alcohol dependence showed the following results at 12 week follow-up after treatment with naltrexone and harm reduction counseling:
 - decrease in alcohol craving (33%)
 - decrease in typical alcohol use (25%)
 - decrease in peak use (34%)
 - decrease in frequency (17%)
 - decrease in problems (60%)
- Participants: 54.8% Housing First residents, 45.2% Currently homeless

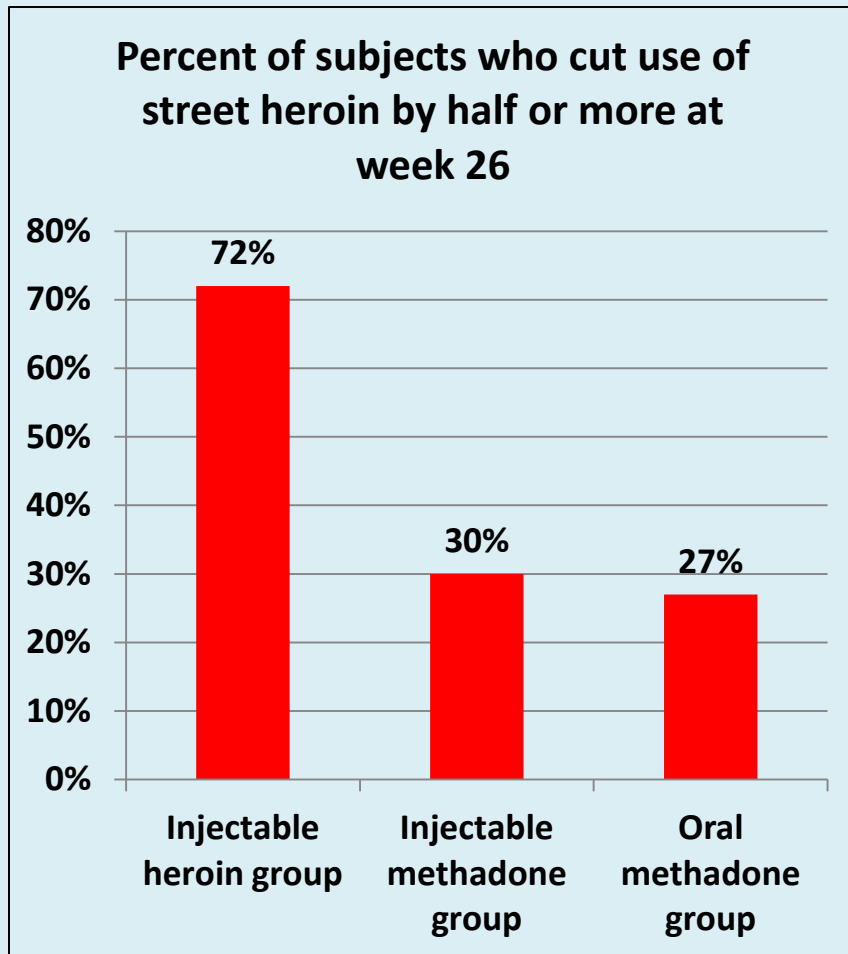
Maintenance, Substitution, and Drug Switching

- Opioid maintenance: methadone, bupe, heroin assisted treatment
- Nicotine maintenance
- Cannabis substitution
- Stepping down from a harder to softer drug
- Controlled drinking in former opioid addicts
- ALL of the above are FULL RECOVERY if impairment is eliminated and PARTIAL RECOVERY if impairment is reduced

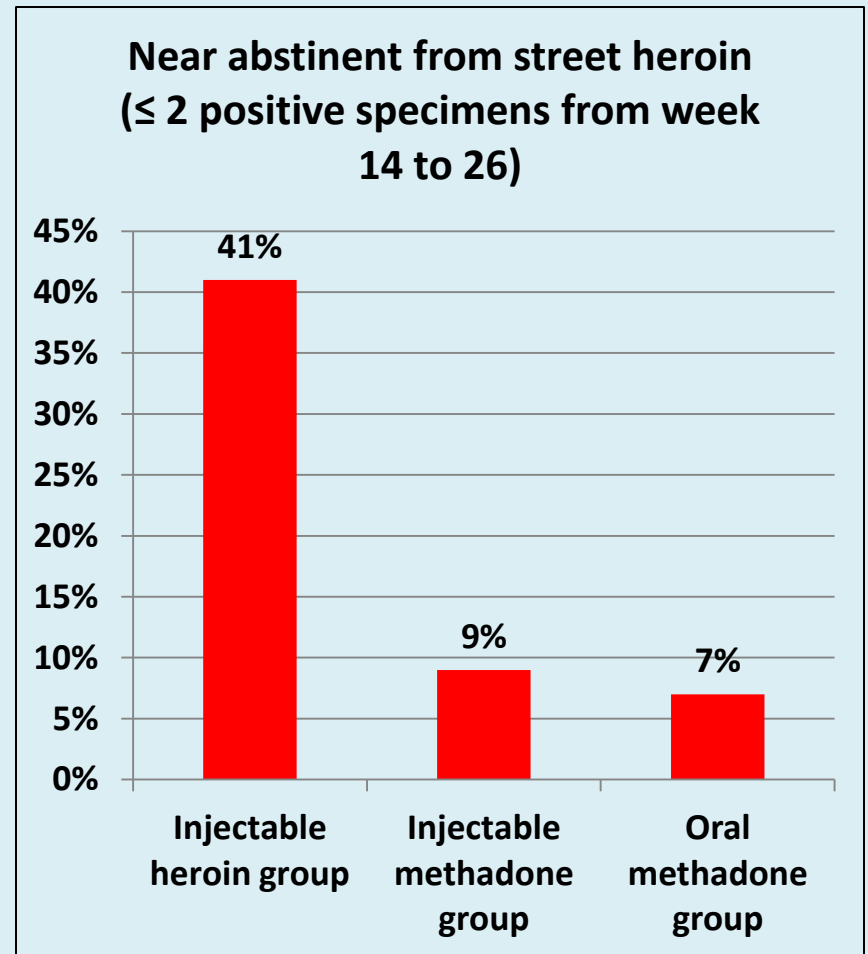
Heroin Assisted Treatment (HAT)

- Heroin Assisted Treatment (HAT) is available in the UK, Switzerland, Germany, The Netherlands, and with limits in Canada
- Heroin Assisted Treatment (HAT) is for users who do not do well with methadone or bupe
- Heroin Assisted Treatment (HAT) has demonstrated reductions in crime and use of street heroin along with improvements in drug user health and well-being

Heroin Assisted Treatment (HAT) for Methadone Resistant Heroin Users



Significant for intent to treat analysis



Significant for intent to treat analysis

Heroin Assisted Treatment (HAT) is recovery too!



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Nicotine Maintenance

- Non-carcinogenic options for Nicotine Maintenance include: Swedish Snus, Electronic cigarettes, gum, patch, inhaler, and lozenge: These show dependence without harm
- Other forms of oral tobacco are less carcinogenic than cigarettes and reduce risk
- **WARNING:** low tar and low nicotine cigarettes can be **WORSE** than high tar and high nicotine cigarettes due to compensatory smoking, high nicotine and low tar is safest but also most addictive

Cannabis Is the Exit Drug

- Reiman has found evidence of successful cannabis substitution for all drug dependencies including alcohol, opioids, stimulants, tranquilizers, and others

**CANNABIS SUBSTITUTION IS
MEDICATION ASSISTED
RECOVERY TOO!**



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Can Ex-Narcotics Addicts Drink Safely?

- Some can and some can not
- There is no good epidemiological data to tell how many can and how many can not
- William White reviewed the anecdotal data from people given “drinking privileges” at TCs and found that somewhere between 10% and 80% of ex narcotics addicts developed alcohol dependence if they attempted social drinking
- The current addiction treatment policy of mandating abstinence from all substances except nicotine and caffeine is due solely to this anecdotal evidence
- San Patrignano TC in Italy currently serves wine at every lunch and dinner (Lala Straussner, personal communication)

- Poorer prognosis for social drinking in ex-narcotic addicts is associated with the following factors:
 - 1) a family history of alcohol problems
 - 2) a history of alcohol problems predating the emergence of another pattern of drug dependence
 - 3) co-addiction to alcohol and other drugs prior to entry into treatment
 - 4) the presence of a co-occurring psychiatric illness
 - 5) a history of childhood victimization
 - 6) later developmental trauma (e.g., loss via death or separation)
 - 7) enmeshment in a heavy drinking social network.

Changing Route or Potency

- Switching from whiskey to beer
- Snorting instead of shooting for heroin or cocaine
- These strategies can result in partial or full recovery depending on whether there is reduction or elimination of impairment

Cross Addiction Is a Myth

- People who overcome an addiction are only half as likely to develop a new addiction as those that don't

**I LOVE DRUG AND ALCOHOL
USERS, OR AS I SOMETIMES
CALL THEM, PEOPLE**



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Can one be dependent on one substance and in recovery from another?

- This is very common if you think of the numbers of people who have recovered from alcohol or heroin dependence but still have nicotine dependence
- Generally this is possible unless the substances are cross-tolerant – i. e. in the same category
- Scherer et al. found that 59.5% of current heroin and/or cocaine users reported natural recovery from problematic alcohol misuse

Drug Use Typology

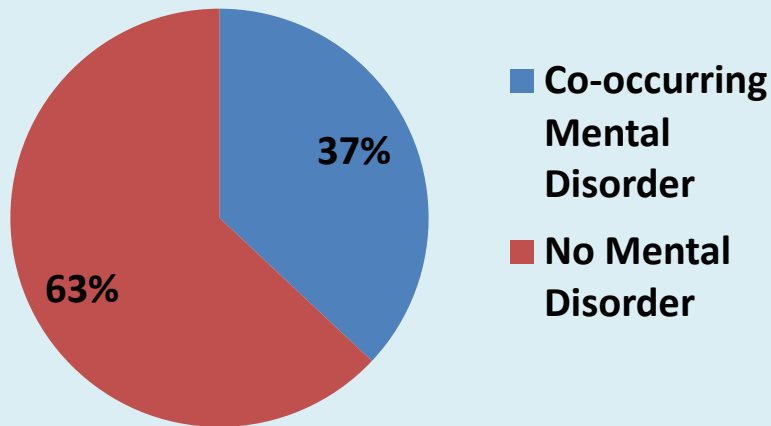
- Mushing everything together into the category SUD like the DSM 5 does misses a lot – we suggest the following typology
 - dependent/ non-dependent
 - chaotic & problematic/ non- chaotic & non-problematic
 - controlled/uncontrolled
- These patterns are independent of each other and can be occur in all possible combinations
- For example:
 - Methadone Maintenance - dependent, controlled, and non-chaotic & non-problematic
 - DSM IV Alcohol Abuse - non-dependent but chaotic & problematic

Celebrate Every Positive Change

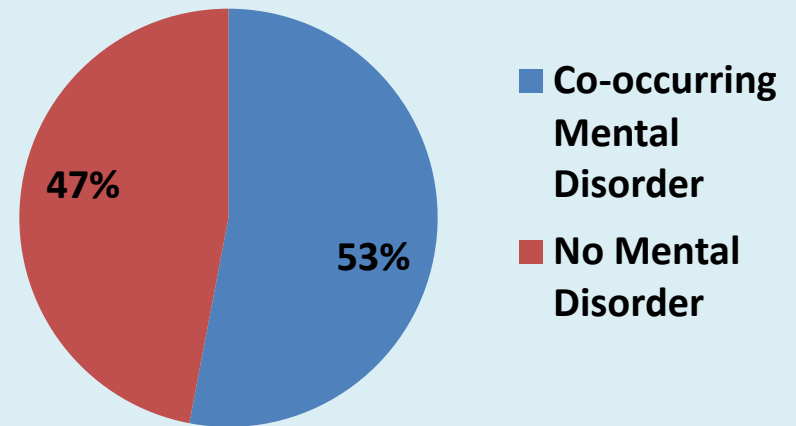
- There are many ways to recover and they are all valid
- There is no reason to point fingers and say one person's recovery is less valid than any other person's

Lifetime Psychiatric Comorbidity and Substance Use Disorder in Community Samples (ECA)

Co-occurrence of Mental Disorder With Alcohol Use Disorder (ECA 80-84)

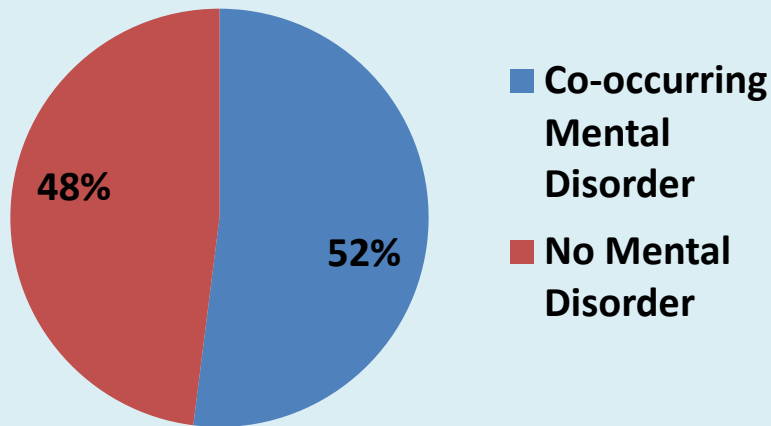


Co-occurrence of Mental Disorder With Drug Use Disorder (ECA 80-84)

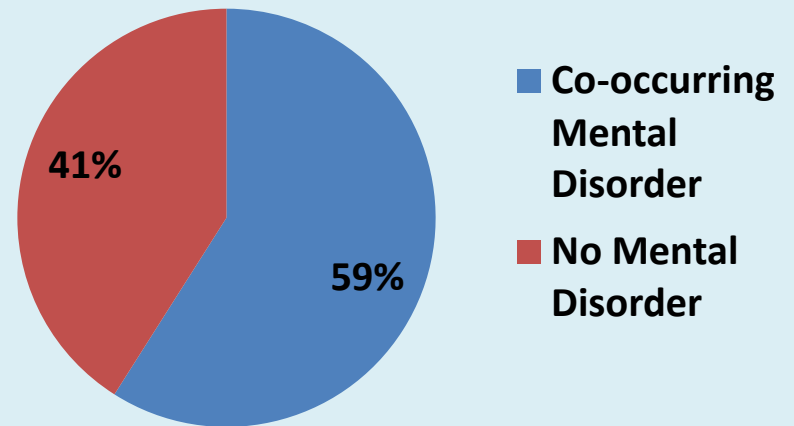


National Comorbidity Survey (90-92)

Co-occurrence of Mental Disorder With Alcohol Use Disorder (NCS 90-92)

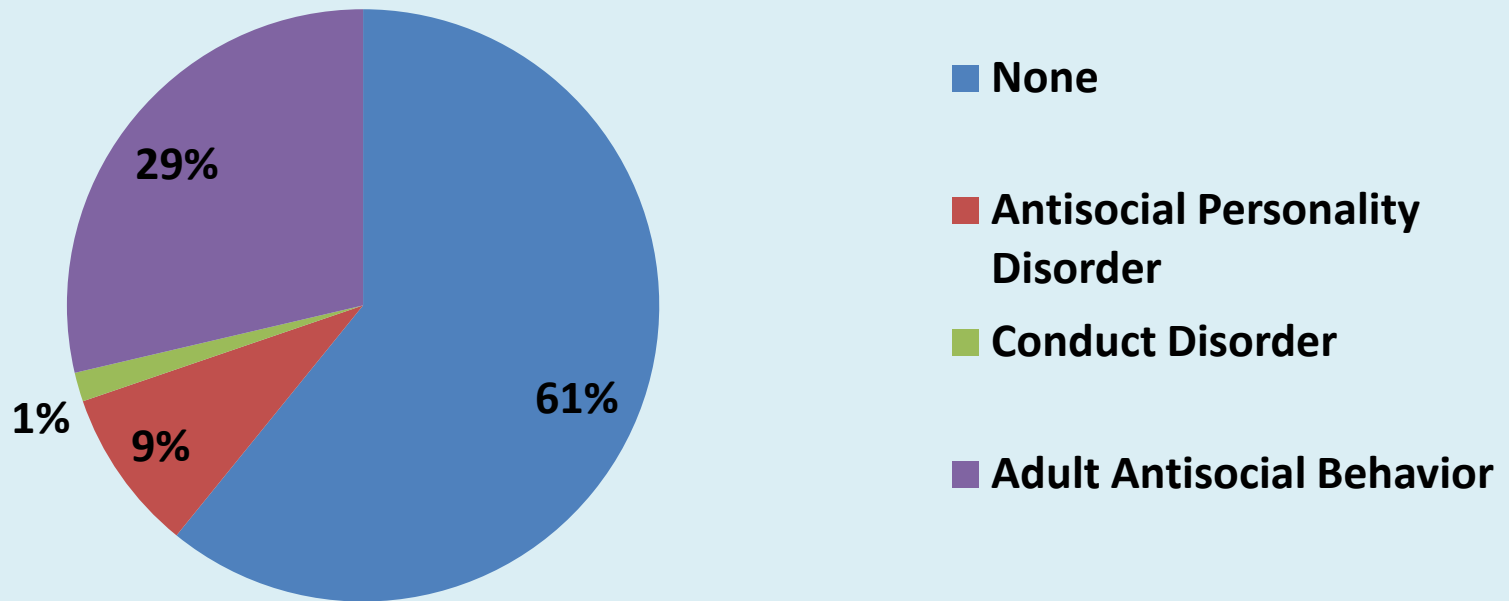


Co-occurrence of Mental Disorder With Drug Use Disorder (NCS 90-92)

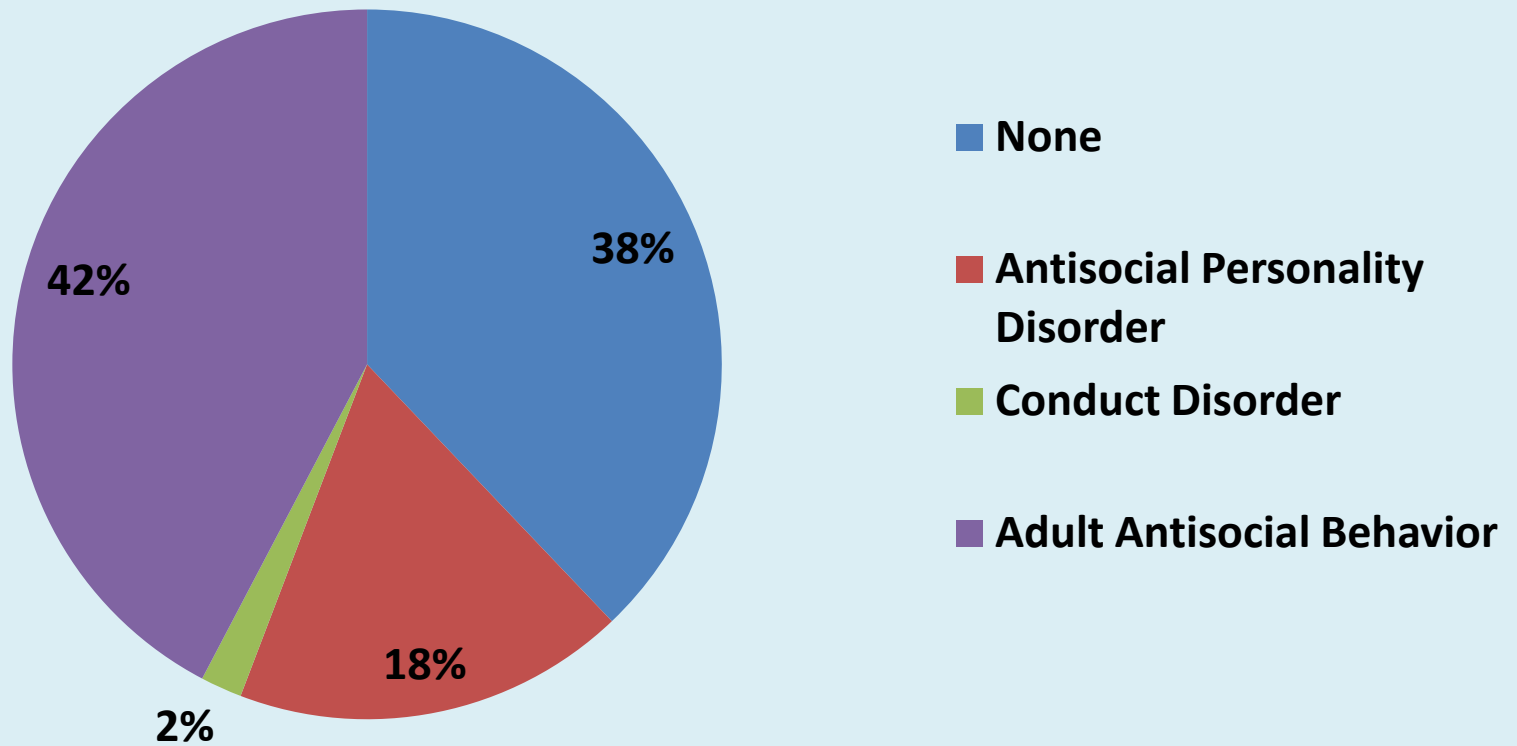


Antisocial Behavior and Substance Use Disorder in Community Samples

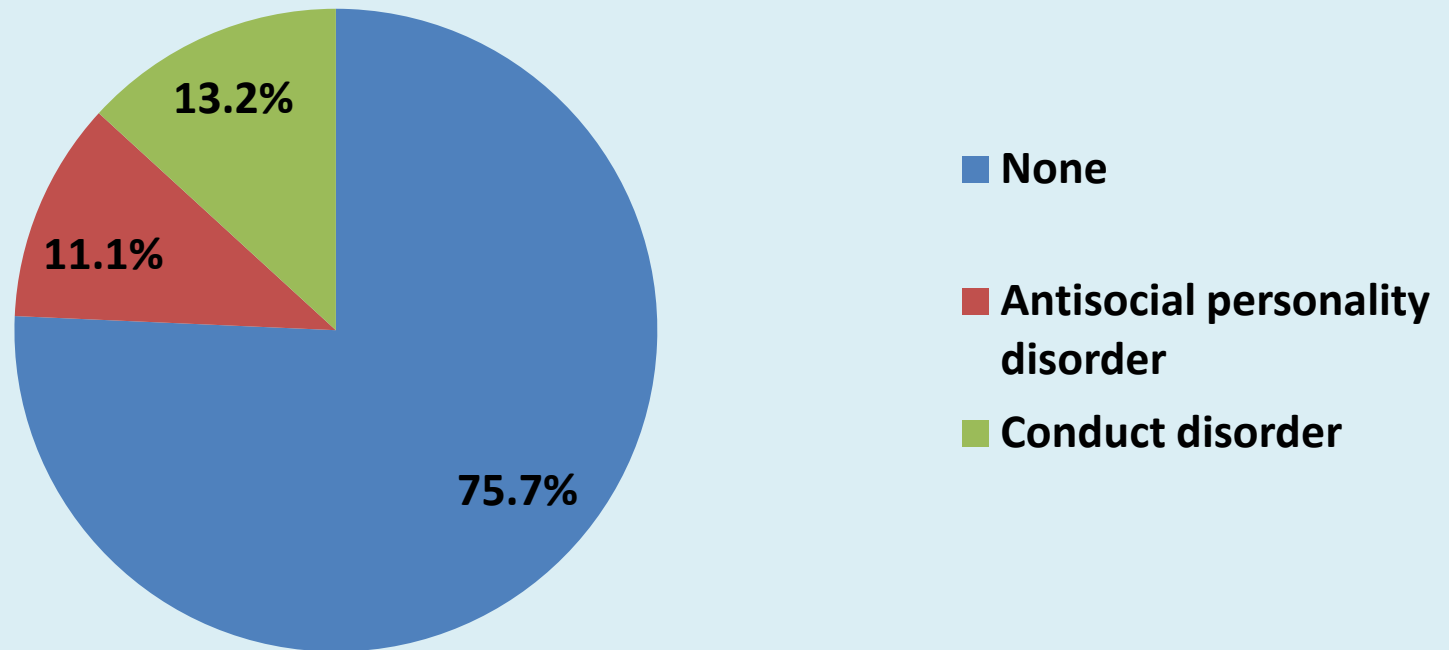
Comorbidity of Alcohol Use Disorder and Antisocial Syndromes (NESARC)



Comorbidity of Drug Use Disorder and Antisocial Syndromes (NESARC)



Comorbidity of Nicotine Dependence and Antisocial Personality Disorder (NESARC)



Adult antisocial behavior not included

Funny that today no one says that smoking cigarettes hijacks your brain and makes you rob little old ladies

Recovery and Comorbidity

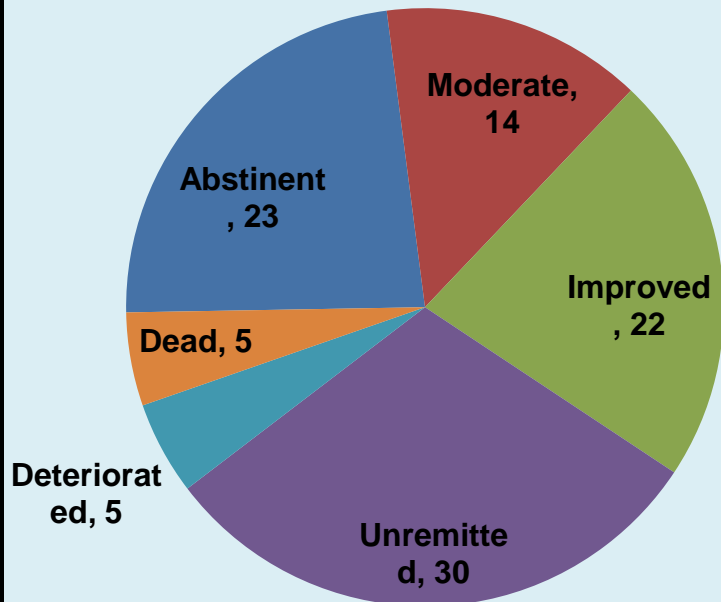
- Most people with Alcohol Use Disorder and many people with Drug Use Disorder do not engage in antisocial behaviors so it is insane to make it a part of recovery to force everyone to confess to being a thief or pathological liar
- Since psychiatric comorbidity is very common with Substance Use Disorders, recovery from these comorbidities is an important part of recovery from Substance Use Disorder for many people

Progression

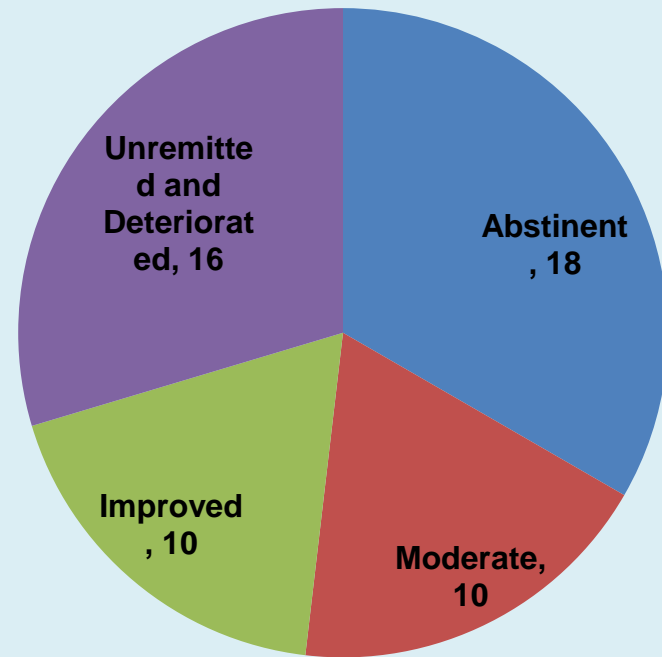
- Addictive progression is the rare exception and not the rule for dependence
- Bill Miller found that only 5% of subjects with Alcohol Dependence showed progression in his BSCT study
- As we saw above smokers begin to smoke fewer cigarettes in their 40s and thereafter

Miller's Outcomes

**BSCT Treatment Outcomes
For All 99 Subjects – dependence
and abuse**

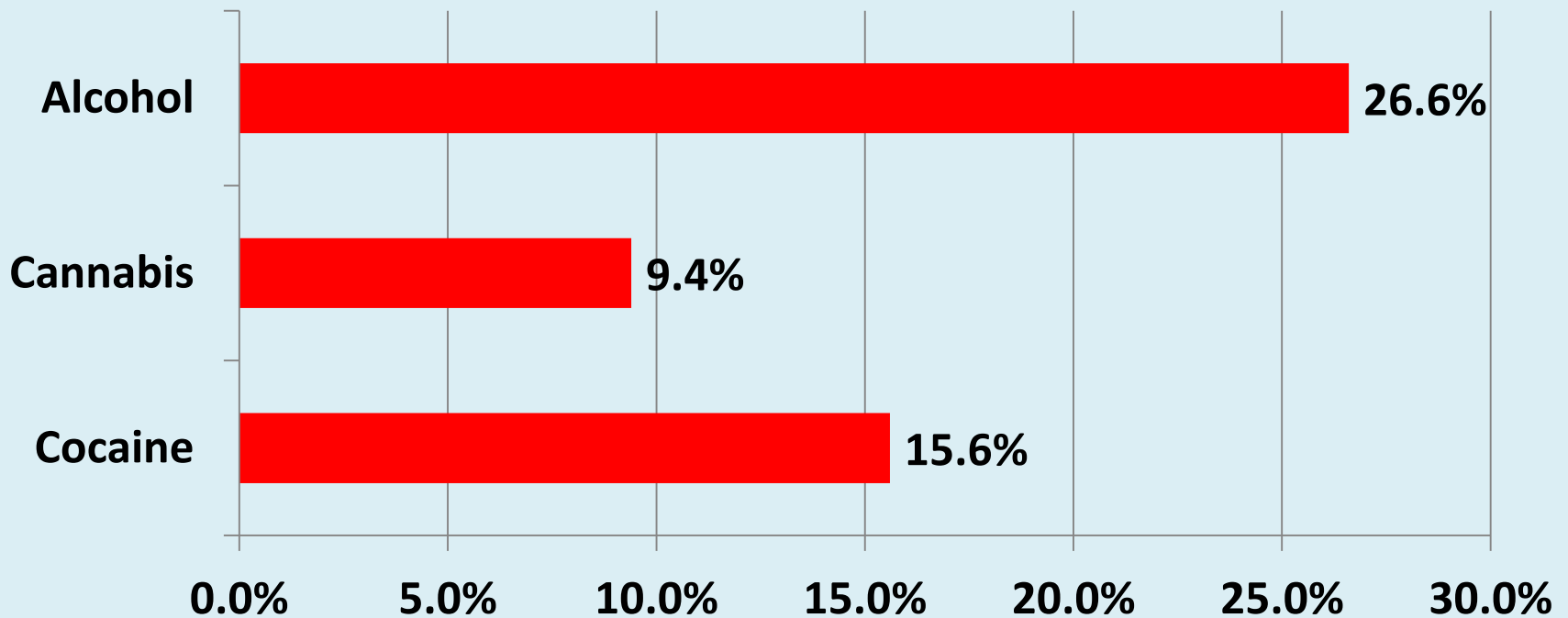


**Outcomes of Subjects with
Alcohol Dependence: 54 Subjects**



Progression in NESARC

Lifetime transition from abuse to dependence (NESARC)



What Is Recovery?

- Recovery means the elimination of drug/alcohol related problems
- Partial recovery is any reduction in drug/alcohol related problems
- Recovery can mean any of the following:
 - no drug/alcohol use at all
 - non-dependent, non-problematic use
 - and even dependent non-problematic use
- partial recovery can range from anything from using clean needles to giving up drunk driving

**I am proud to be an ex-addict and a
problem-free drug user!
Please share if you are an ex-addict
and/or problem-free drug user too!**



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What We Need to Promote All Forms of Recovery

- An end to the drug war
- An end to discrimination against drug users – both active and former
- An end to coerced treatment
- Drug user equality under the law, including student loans, religious freedom, and criminal prosecution
- “Disease” can not be a get out of jail free card

Everyone Needs a Voice in the Conversation

**CAN'T WE ALL JUST GET ALONG?
CONTROLLED DRINKING IS
RECOVERY, TOO**



ALL FOR ONE AND ONE FOR ALL!





THANK
YOU