



ASAM

American Society *of*
Addiction Medicine

Public Policy Statement on the Role of Recovery in Addiction Care

Background

ASAM recognizes addiction as a primary chronic disease of the brain. People with the disease of addiction have debilitating signs and symptoms that affect their mental and social well-being, disrupt insight, and degrade their physical health. The harms related to addiction impact not just the individual with the disease but also contribute to a host of broader public health harms, such as infectious disease transmission and family neglect. At this point, as with many other chronic diseases, no cure exists for addiction.

Without a cure, the goals of addiction care become sustained remission and recovery, recognizing also the critical need to reduce harm for all persons who use substances. A relatively robust body of evidence exists to support a variety of harm reduction and treatment approaches that lead to sustained remission. ASAM acknowledges that the science of recovery, however, is still in its infancy, and that our understanding of the spectrum of recovery will continue to evolve with additional research, thoughtful discussion, and consideration of different perspectives. ASAM recognizes that, just as there are many contributing factors to addiction, there are many contributing factors to any one individual's recovery.

In this context, ASAM has based its definition of recovery, as delineated in the statement "Terminology Related to Addiction, Treatment, and Recovery"¹, on current knowledge and approaches, informed in large part by decades of experience of people living with addiction.

In ASAM's definition, recovery from addiction is an active process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction, and includes the following factors:

1. The aim of improved quality of life and enhanced wellness as identified by the individual
2. An individual's consistent pursuit of abstinence from the substances or behaviors towards which pathological pursuit had been previously directed or which could pose a risk for pathological pursuit in the future
3. Relief of an individual's symptoms including substance craving
4. Improvement of an individual's own behavioral control
5. Enrichment of an individual's relationships, social connectedness, and interpersonal skills
6. Improvement in an individual's emotional self-regulation.

¹ ASAM Public Policy Statement on Terminology Related to Addiction, Treatment, and Recovery. Adopted by the Board of Directors, July, 2013.

ASAM recognizes that reductions in signs and symptoms are important and may allow an affected individual to embrace recovery from addiction. As with the treatment of other chronic illnesses, remission from addiction is a key treatment goal in and of itself. Efforts that reduce harm from substance use are critically important for all people with, or at risk for, substance use disorders. However, harm reduction interventions should not lead to an assumption that respectful efforts to engage individuals and help them achieve disease remission and recovery should stop.

ASAM acknowledges that the process of remission and recovery may happen without treatment. However, professional services, with or without medication, often in combination with peer-driven and mutual supports, including 12-step programs such as Alcoholics and Narcotics Anonymous, can help in the continuous process of personal growth and healing. As a self-directed process, the spectrum and components of recovery are broad, and for some people include a spiritual aspect.

The principles outlined above form a framework for a holistic, continuous approach to addiction treatment and recovery.

Recommendations:

The American Society of Addiction Medicine recommends:

1. That federal and state-level policymakers should fully fund evidence-based addiction treatment and recovery support services, including those provided by peer and community recovery advocates.
2. That patients who take addiction treatment medications may be considered abstinent and in recovery depending on their health, quality of life, and personal growth. Therefore, policies that require patients to discontinue addiction treatment medications should be avoided or eliminated, regardless of whether these policies are established by the criminal justice system, mandated by employers or healthcare plans, or required by non-treating healthcare practitioners.
3. That performance measures or other national and state-level quality of care measures should be established which align with the understanding of addiction as a chronic disease, the concept of addiction care as long-term, remission as a treatment goal, and recovery as an ongoing process, and therefore, do not use “completion of treatment” or cessation of professional services as the desired or measured outcome of addiction treatment.
4. That language and terminology be developed, adopted, and disseminated which reflects paradigms of ongoing care, chronic disease management, remission and recovery from addiction, and recovery management.
5. That federal and state-level policymakers include funding for research on recovery in their priority areas.

Adopted by the ASAM Board of Directors April 11, 2018

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