

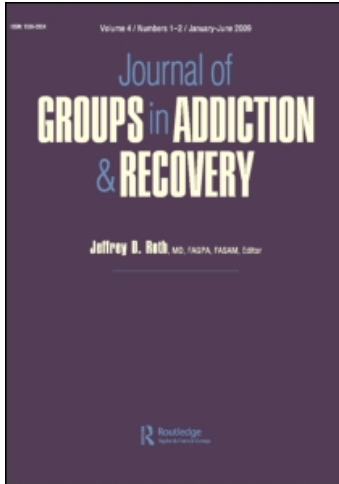
This article was downloaded by:

On: 22 November 2010

Access details: *Access Details: Free Access*

Publisher *Routledge*

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Groups in Addiction & Recovery

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t792304006>

What Is Recovery? Revisiting the Betty Ford Institute Consensus Panel Definition

Online publication date: 17 February 2010

To cite this Article (2010) 'What Is Recovery? Revisiting the Betty Ford Institute Consensus Panel Definition', *Journal of Groups in Addiction & Recovery*, 5: 1, 89 – 93

To link to this Article: DOI: 10.1080/15560350903543980

URL: <http://dx.doi.org/10.1080/15560350903543980>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Letter to the Editor

What Is Recovery? Revisiting the Betty Ford Institute Consensus Panel Definition

Dear Editor:

An unknown but very large number of individuals have experienced and successfully resolved dependence on alcohol or other drugs, referring to their new sober, productive lifestyle as being “in recovery.” Though widely used, the lack of a standard definition for the term “recovery” has hindered public understanding of, and research involvement in, the topic. Better public understanding might foster greater interest in and greater availability of recovery-oriented interventions. Increased research involvement might lead to more effective forms of those interventions. With these goals in mind, a group of researchers, treatment providers, recovery advocates, and policymakers was convened by the Betty Ford Institute (BFI) in September, 2006 to develop an initial definition of recovery as a starting point for better communication, research and public discussion, and understanding. This resulted in the BFI Consensus Panel (hereafter referred to as “the Panel”) definition of recovery (Betty Ford Consensus Panel, 2007):

“a voluntarily maintained lifestyle comprised of sobriety, personal health, and citizenship.”

KEY RECOVERY ISSUES WITHIN THE ORIGINAL DEFINITION

The circulation of the original definition fostered rather broad discussion and promoted many reactions from various groups within the addiction field during the past 2 years; so much so that a second conference comprised of the original members plus some additional providers and policymakers was convened to revisit the initial definition and to clarify or modify the initial position with regard to six key issues: one involving the process of recovery; four examining issues of sobriety; and one regarding the element of citizenship within the definition. The following is a summary of the Panel’s conclusions.

THE RECOVERY PROCESS

Recovery Is Not Synonymous with a Specific Method of Attaining It

This was a particularly important premise in the initial definition. It would have been easiest to define recovery as “abstinence attained through adherence to 12-step principles.” Such an approach would have the advantage of describing recovery in terms of the most familiar methods presently employed in the United States to attain it. However, it would also have frozen the concept in time, confining the concept entirely to a single strategy often used to achieve it.

Reaction. There was no change on the part of the Panel in this premise. While recognizing the increasing evidence supporting the effectiveness of Alcoholics Anonymous and other 12-step approaches (Moos & Moos, 2006; Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997; Tonigan, Connors, & Miller, 2000), the Panel agreed that recovery is an acquired lifestyle, not a particular method. This was quite important and could lead the way for future research to help develop more and better ways of engaging formerly dependent people into recovery.

ISSUES OF SOBRIETY

Abstinence Versus Sobriety

The term “sobriety” was used as a cardinal feature of a recovery lifestyle. The Panel considered sobriety to be synonymous with abstinence from alcohol and all non-prescribed drugs. However, the literal definition of sobriety suggests control, balance, and moderation. Questions have been raised regarding the intent of the term in the definition.

Reaction. The Panel remains quite clear that the operational definition of sobriety in this definition is complete abstinence from alcohol and all illicit and non-prescribed drugs.

Medication-Assisted Sobriety

One controversial point in the definition was the provision that one could be considered to be “in recovery” while taking medications as prescribed. Of course formerly dependent individuals who take aspirin, blood pressure medications, insulin, or antidepressants as prescribed by their physicians, and who meet the other stipulations of the definition have always been considered to be “in recovery.” The Panel simply extended that definition to the additional medical condition of substance dependence. Adhering to the logic of the definition, it is reasonable to include as “in recovery” formerly dependent individuals taking a prescribed medication as directed for the treatment of

their dependence. This logic holds even if the medication has an abuse liability, as long as the medication is taken strictly as prescribed and all other provisions of the definition are met. Prescribed medications presently approved for the treatment of substance dependence include disulfiram, acamprostate, naltrexone, buprenorphine, and methadone—again, when taken as prescribed and when the other elements of the definition are also met.

Reaction. The Panel agreed that this interpretation of the definition, though not conventionally accepted in the United States, was both logical and consistent with the available medical evidence. Of course it is not clear at this time whether or to what extent “medication-assisted sobriety” is as likely to lead to sustained recovery as traditional “total abstinence” methods when they are properly and fully implemented. These will be important research issues for the future.

The Special Problem of Tobacco Abstinence

The original Panel did NOT require tobacco abstinence as part of the conditions for being “in recovery.” Frankly, this was a purely political decision—not wanting to offend or ostracize the many individuals who smoke but think of themselves as being “in recovery.”

Reaction. Although there is absolutely no health justification for this position, the Panel recognized it has neither the power nor the wish to rescind recovery status from those who are otherwise in recovery but for their tobacco dependence. At the same time, within the recovery community, tobacco dependence remains a serious and even deadly health issue. Therefore, the Panel unanimously agreed that this is a clinical concern that warrants the field’s attention and response.

Early, Stable, and Sustained Sobriety

There is not an empirically established or widely agreed-upon time frame for describing the stability of sobriety. Adopting and extending some of the language and concepts from the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, concept of “remission” from substance use disorders, the panel suggested the following adjectives to describe different durations of sobriety.

- “Early” sobriety: 1–12 months.
- “Sustained” sobriety: 1–5 years.
- “Stable” sobriety: more than 5 years.

Reaction. These time frames and the adjectives to describe them were suggested only to promote clinical research into the factors (personal and

therapeutic) that differentiate these tenures and to determine whether there are true differences in measures of life function and resistance to relapse among them.

CITIZENSHIP

Interpretation of Citizenship

As in the case of the term “sobriety,” the term “citizenship” was also interpreted in two different ways. One connotation is “performing duties in line with the expectations of the state,” while the second connotation is “participating in the rights and responsibilities of social life.”

Reaction. The second connotation was actually suggested and used by the U.K. Drug Policy Commission in its interpretation of the initial BFI definition. Upon reflection at the second meeting, the BFI Panel adopted this specification to the original language. One important addition was the notation that citizenship should be considered not just as a cessation of socially harmful behaviors but also the development of pro-social behaviors (e.g., living a productive life, helping others).

SUMMARY AND FUTURE DIRECTIONS

Although the recovery definition put forward by the first BFI Consensus Panel produced some controversy—as was expected—the effort appears to have generated interest in, and become the basis for, a much-needed program of research into the genetic, behavioral, social, and spiritual factors associated with the “**voluntarily maintained lifestyle comprised of sobriety, personal health, and citizenship**” that is called “recovery.” The provisional definition was designed to provide the recovery community, the research field, and the public at large a defensible, measurable definition that would be an adequate starting point for the much-needed research and public discussion about the important phenomenon of recovery.

The Betty Ford Consensus Panel and Consultants
(Address correspondence to Andrew T. McLellan)

REFERENCES

- Betty Ford Consensus Panel. (2007). What is recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment, 33*, 221–228.
- Moos, R., & Moos, B. (2006). Participation in treatment and Alcoholics Anonymous: A 16-year follow-up of initially untreated individuals. *Journal of Clinical Psychology, 62*, 735–750.

- Morgenstern, J., Labouvie, E., McCrady, B., Kahler, C., & Frey, R. (1997). Affiliation with Alcoholics Anonymous following treatment: A study of its therapeutic effects and mechanisms of action. *Journal of Consulting and Clinical Psychology, 65*, 768–778.
- Tonigan, J. S., Connors, G. J., & Miller, W. R. (2000). Participation and involvement in Alcoholics Anonymous. In T. Babor & F. DelBoca (Eds.), *Treatment matching in alcoholism*. New York: Hollis.
- United Kingdom Definition of Recovery. Retrieved from <http://www.ukdpc.org.uk/resources/A%20Vision%20of%20Recovery.pdf>