

The Future of Recovery Research¹
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17th International Congress on Addiction Science
February 11, 2025

I am humbled by the opportunity to offer some brief reflections on the future of addiction recovery research. I will use this time to explore some of the critical “why, what, and how” questions related to the emerging specialty of recovery research and why I think the work of Congress 60 is so important within those contributions.

Why

First is the question of why an explicitly defined recovery research agenda is needed. Four primary arenas of knowledge, or ways of knowing, exist within the alcohol and other drug problems (AOD) arena: 1) experiential knowledge, 2) common or public knowledge--folklore or myth, 3) professional/clinical knowledge, and 4) scientific knowledge. Whole libraries could be filled across these domains with what has been published on addiction and its related pathologies and brief clinical interventions, but until recently, only a few shelves would suffice for what is known from the standpoint of science about the prevalence, pathways, processes, styles, and stages of long-term personal and family recovery.

Internationally, there are now increased calls to extend the center of the addictions field from pathology and brief intervention paradigms to a resilience and recovery paradigm. This shift is particularly important to the future of medication-assisted treatment and post-treatment recovery support.

What

The second foundational issue involves the most critical questions that need to be addressed within a recovery research agenda. I will briefly note twelve critical dimensions of recovery that warrant our attention.

1 Definition and Measurement of Recovery Recent controversies over a definition of recovery underscore its import to multiple stakeholders. No science of addiction recovery is possible without a working definition that meets the criteria of precision, inclusiveness, exclusiveness, measurability, acceptability, and simplicity. Comparing research findings across studies is only possible and productive with a shared definition of recovery and common elements of measurement. Recovery definitions and

¹ Adapted from: White, W. (2024). Frontiers of recover research (opening keynote). National Conference on Recovery Research Science, The Consortium on Addiction Recovery Science, April 24-25, 2024.

measures that serve our research agenda must move beyond vague, aspirational language to achieve the clarity and precision that its import demands. In the context of medications for the treatment of Opioid Use Disorder (MOUD), that will require consensus definitions on such terms as remission, recovery, abstinence, adherence, retention, and recurrence/relapse. Remission involves the elimination or reduction of pathology below the diagnostic threshold, while recovery conveys achievement of remission plus enhancement of global health, social functioning, and the potential to flourish.

2 Neurobiology of Long-term Recovery Tremendous progress has been made in recent decades in unraveling the neurobiology of addiction, while far less attention has been devoted unraveling and disseminating information on the neurobiology of short- and long-term addiction recovery. People seeking and in recovery and their caregivers need normative data on the degree and stages of neurobiological repair following recovery initiation, and caregivers need science-informed guidelines on how to best provide stage-specific recovery support. In particular, we need findings on the medicinal agents most support of brain repair within the stages of opioid use disorder remission and recovery.

3 Incidence and Prevalence of Opioid Use Disorder (OUD) and Recovery As a field, we meticulously measure year-to-year trends in the incidence and prevalence of drug use and the toll of addiction via death, disease, and multiple social cost categories, but have, until recently, remained clueless on parallel trends on the incidence and prevalence of remission and recovery. Recent recovery prevalence and life in recovery surveys are challenging many prevailing myths about addiction recovery. Such efforts need to be systematized via integration into existing population-based substance use and broader public health surveys. Targeted interventions are not possible unless we are able to regularly measure with whom and where OUD recovery is and is not flourishing. We need to know if remission and recovery are increasing or decreasing and what populations are and are not achieving recovery.

4 Resolution and Recovery across the Severity Spectrum Drug-related problems exist on a spectrum of severity, complexity and chronicity, and their course and outcome are highly influenced by levels of internal and external recovery capital. Studies of alcohol and other drug problems in clinical populations generally portray such problems as severe, self-accelerating over time, and resolved primarily through involvement in specialized addiction treatment, post-treatment recovery mutual aid participation, and lifelong drug abstinence. Studies of AOD problems in community populations conclude that most such problems are mild to moderate, transitory, resolved without specialized professional care or formal peer recovery support, and are most often resolved via maturation, change in life circumstances, improved coping skills, and deceleration rather than complete cessation of drug use. The challenge we face as a field is avoiding indiscriminately transferring knowledge acquired from one population to the other as we disentangle, reconcile, and disseminate these findings.

5 Pathways and Styles of Recovery Across Diverse

Geographical/Cultural/Religious Contexts and Clinical Subpopulations. With and without complete drug abstinence. Sudden transformative change versus incremental change. Partial, full, and amplified recovery. Secular, spiritual, religious pathways of recovery. With and without embrace of a recovery identity. With and without participation in a recovery mutual aid fellowship. With and without specialized treatment. With and without medication support. Single versus multiple pathway involvement (dual citizenship in recovery). Pathway transitions over time in recovery. The potential of pathways that inflict harm in the name of help. The work of mapping recovery pathways and styles is at an early stage and must be expanded and completed as a science-grounded guide for individuals, families, and caregivers.

6 Recovery Across the Life Cycle The bulk of what we know from the standpoint of science about addiction and recovery is based on studies of people entering specialized addiction treatment in mid-life and at late stages of addiction. This resulting knowledge base has until recently excluded two critical groups: 1) adolescents and transition-age youth, and 2) older adults. These are the kinds of critical questions that lie unanswered within the existing body of addiction-related science. How is recovery different when it is initiated at age 15 rather than at age 35 or 45? What special obstacles and opportunities exist when recovery is initiated early or late in one's life. Research touching on such questions can have life and death consequences.

7 Stages of Recovery Let's for a moment posit five stages of long-term addiction recovery: 1) *precovery*—a period of recovery incubation/priming, 2) recovery initiation and stabilization, 3) transition to long-term recovery maintenance, 4) enhanced quality of global health and social functioning in long-term recovery, and 5) efforts to break intergenerational cycles of addiction and related problems. Nearly everything we know about recovery from the standpoint of science is based on the study of people in the stage of recovery initiation. If we consider the possibility that distinct stages of recovery exist and that support needs of individuals and families evolve across these stages, then the mapping of these stages, identifying stage-dependent needs, and evaluating stage-sensitive recovery support interventions becomes a critical recovery research agenda item. We have yet to create a comprehensive model of how problem severity/complexity, recovery capital, and service needs evolve across the long-term stages of addiction and recovery.

8 Social Transmission of Recovery One of the central discoveries of the recovery advocacy movement is imbedded within the slogan, "recovery is contagious," meaning that recovery can be socially transmitted and does not depend solely on the ebb and flow of intrapersonal motivation. Where the latter is often conceived as a pain quotient ("hitting bottom"), recovery advocates extoll instead the role of hope conveyed by exposure to "recovery carriers"—people who make recovery infectious based on the power of their personal story and the quality of their character. Such processes of recovery transmission require disentanglement and testing as to whether recovery prevalence could be significantly increased by elevating the density of recovery carriers within a social network or local community.

9 Family Recovery Stephanie Brown and Virginia Lewis conducted one of the first in-depth studies on the effects of addiction recovery on the family and drew an unexpected conclusion. They found that recovery initiation could destabilize families whose relationships, roles, rules, and rituals had for years or decades been frozen into self-protective but toxic patterns over the course of active addiction. Depicting this demand for radical recovery readjustment as the “trauma of recovery”, Brown and Lewis called for scaffolding of support through the family reconstruction process. Studies are needed that inform the family recovery process and that can guide caregivers in the design and construction of the most effective family support scaffolding. Considerable attention has also been given to the intergenerational transmission of alcohol and other drug problems, but far less attention to mechanisms that may be used to break such cycles and promote intergenerational resistance, resilience, and recovery.

10 Recovery Management and Recovery-oriented Systems of Care A growing number of addiction professionals are advocating the extension of acute care models of addiction treatment to models of sustained recovery management. The application of chronic disease principles and practices from primary medicine to the most severe, complex, and chronic substance use disorders offers great promise but requires rigorous and long-term evaluation. As research scientists, we isolate and evaluate the effects of narrowly defined interventions, but I suspect the greatest breakthroughs in enhancing future recovery outcomes will lie in finding multiple interventions that when uniquely combined or sequenced generate dramatically amplified recovery effects.

11 New Recovery Support Institutions, Service Roles, and Recovery Cultural Production For more than 150 years, recovery mutual aid societies and professionally directed addiction treatment have coexisted as the two specialized institutions offering support to people seeking recovery from addiction. In the past 25 years, new recovery support institutions and roles have emerged that reach people at earlier stages of addiction and offer support over the long-term course of recovery. These new institutions include recovery advocacy organizations, recovery community centers, recovery residences, collegiate recovery programs, recovery-focused employment programs, faith-based recovery support programs, recovery cafes, and recovery-focused sports and leisure activities. Newly conceived peer recovery coaches and recovery support specialists are serving in a wide variety of contexts. Collectively, these represent efforts to expand *community spaces/landscapes in which recovery is welcomed, supported, and celebrated*. There is a growing body of scientific knowledge about addiction treatment and recovery mutual aid societies, but only a paucity of research on these new recovery support institutions/roles.

12 Flourishing/Thriving in Recovery Traditionally, addiction recovery has been viewed as a process of subtraction—deleting drug use and its progeny of allied problems. But a singular message across recovery pathways is that recovery is far more than just the removal of drug use and related problems. Recovery in the view of recovery advocates also involves processes of addition (enhancement in global health and functioning and positive reconstruction of person-community relationship) and the potential for processes of multiplication (getting “better than well” via enhanced acts of

citizenship and community service). The study of thriving, flourishing, and mindful citizenship is one of the exciting frontiers of recovery research. We know a great deal about the cost addiction inflicts on individuals, families, and communities, but, until recently, little if anything has been revealed about the assets that recovery returns to the community.

How

The third foundation question involves the processes through which recovery research should be designed, conducted, and disseminated. Put plainly, most of the published studies on addiction recovery have not been directly informed by people in recovery nor have the fruits of such research reached the people in greatest need of science-grounded information on recovery. There are two related issues and strategies of import: 1) the need for recovery representation, and 2) the potential for recovery research coproduction.

Assuring recovery representation within recovery research addresses three concerns: 1) the adequacy of recovery representation, 2) the authenticity of recovery representation, and 3) the diversity of recovery representation.

Recovery research coproduction goes beyond representation to a state of co-ownership in which people in recovery participate with other research team members on an equal footing. This would mean that recovery representatives are involved in all aspects of a study, including topic refinement, instrument development, site selection, subject recruitment, crafting informed consent procedures, data analysis, interpretation of findings, selection of publication outlets, co-authorship or acknowledgement of contributions, selection of post-publication information dissemination outlets, and co-ownership of study data.

Congress 60

Before closing, I would like to offer an international perspective on why I think the work of Congress 60 is so important to the future of recovery research. I base these comments on my regular communications and collaborations with Congress 60 since first meeting Mr. Hossein Dezhakam in 2009. Historically, the professional treatment of OUD has utilized two competing approaches: 1) psychopharmacological treatment, and 2) psychosocial treatment, with each nested within an isolated system of care whose proponents claim moral, clinical, and scientific superiority. While MOUD is designated the “gold standard” for the treatment of OUD, its value is limited by low attraction, weak engagement, high rates of medication adherence and discontinuation, and post-treatment OUD recurrence and related morbidity and mortality risks—many risks also shared with psychosocial treatment approaches. I know of no program internationally other than Congress 60 that has more fully and effectively integrated medication support and psychosocial support to overcome these limitations. In that process, it offers a distinct view of the etiology of addiction (X theory), a distinctive medical agent (opium tincture), a novel scheme of extended but time-limited medication support (DST method), the framing of smoking cessation as a crucial element of full recovery, intensive psychosocial support including intense and prolonged family engagement, an

elaborate system of peer recovery support services (the use of Guides and Co-Guides), all wrapped in a vibrant culture of recovery that involves members in sports, music, the arts, and community service as part of their identity and lifestyle reconstruction. Congress 60 also stands as a model of an NGO pursuing addiction-related research in collaboration with external research scientists as a means of continually advancing its treatment technology. These are among the reasons I have continued to collaborate with Congress 60 for the past sixteen years. It is my view that many of its innovations warrant continued scientific study and widespread replication and adaptation internationally.

Closing

In closing, let me say that a now passed and aging generation of recovery advocates and visionary addiction professionals dared dream of a science of addiction recovery. We envisioned and worked for years towards a day when research scientists from diverse backgrounds would be called to pursue a well-funded recovery research frontier. Today, we leave the future of that vision in your hands. Thank you again for the honor of being with you today.