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Editorial: From relapse prevention to recovery protection, a progressive perspective

In examining the difference between clinical and personal recovery, the value of the recovery model in addiction is apparent. Clinical recovery is typically straightforward to understand, evidence and measure. In the case of substance addiction, it is quantifiable by an individual achieving abstinence (Dell *et al.*, 2021; McCranie, 2011). Abstinence is, in effect, the measure of what can be considered a successful clinical outcome, where the issue that produced the decline in health has been removed (van Weeghel *et al.*, 2019). It is not a measure of the quality of life a person has or how this affects protracted abstinence (Ellison *et al.*, 2018). This is the remit of personal recovery and the recovery model, which is more subjective and harder to quantify. It looks past the symptomology of addiction and mental illness, instead focusing on the person and what they can do to create a meaningful and valued way of life where their wellbeing and ability to function are improved (McCranie, 2011; Jacob, 2015). The distinction being clinical recovery considers outcome, and personal recovery, process, where the processes an individual engages with are key to upholding their future abstinence and improved wellbeing. Looking at how such processes can be strengthened serves to offset and reverse the decline in quality of life experienced through the symptomology of addiction (Witkiewitz *et al.*, 2020; Hasin *et al.*, 2013; Robinson and Adinoff, 2016).

Perhaps it is the emphasis on reversing the decline in quality of life that draws attention to dysfunction and guides support toward correction. For example, 12-step programmes talk of keeping a moral inventory and making amends for wrongdoings (Finley, 2004). SMART recovery looks at interventions that identify and counteract problematic thought processes (SMART Recovery, 2013). Such approaches not only look to fix what is broken but also prevent a return to modes of thinking and behaving that increase the likelihood of relapse. It is here that relapse prevention becomes an observed practice, where an individual is on guard, “standing vigil” over their recovery so they may recognise the signs of being in the process of relapse, taking action when necessary to prevent it (Melemis, 2015). In essence, relapse prevention is averting what we do not want to happen, which in the case of addiction recovery is ending abstinence and re-entering the cycle of addiction and the life that this brings. This raises a question of whether relapse prevention is a constructive way to view protracted addiction recovery, as conceptually, it does not coalesce with the recovery model, which is generally understood to be “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2012, p. 3). The recovery model is forward-looking and very much concerned with encouraging what we do want, not preventing what we do not.

This altered perspective, looking forward to what is desirable as opposed to looking back at what is not, advocates addiction recovery to be a positive lifestyle choice that is aligned with the philosophy of the recovery model, where a better future is envisioned (McCranie, 2011; Jacob, 2015). A future that is worthy of continued and affirming action to protect the good it affords. To convey such a message of anticipated optimism, as opposed to one of prevention, is more empowering, especially for people in early recovery, as it could help to

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break down psychological barriers to seeking support and motivate people towards making a committed and valued choice. Furthermore, it could go some way to assuaging initial concerns over how life can progress without substances and help combat the intrinsic negativity that surrounds addiction and what can be expected from people with a history of substance misuse (Avery and Avery, 2019).

In disseminating the axiom of recovery protection, over time, addiction recovery could become more analogous with the valued outcome of a negative situation that is itself a unique opportunity to attain a satisfying and happier way of life (Ivtzan *et al.*, 2016), as opposed to something that has to be attended to through preventive measures through fear that is not doing so, could jeopardise it. To build momentum in this new perspective, interventions could be referred to as recovery protection, as opposed to relapse prevention, and future work, such as positive addiction recovery therapy (Ogilvie and Carson, 2022), a programme of interventions intended to empower people, could with future research, become a domain of wellbeing study for people in addiction recovery that continues to promote this. For those working within addiction services, adopting this positive and valuing terminology is a simple modification to make in support of empowering service users to safeguard something they value highly. We recommend services move from a relapse prevention perspective to one of recovery protection.

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About the author

Lisa Ogilvie is a doctoral student at the University of Bolton, where she has developed the Positive Addiction Recovery Therapy programme. She graduated with distinction in her MSc in Counselling and Positive Psychology and now specialises in the application of positive psychology in the field of addiction recovery. In addition to working on her PhD, Lisa is a qualified counsellor who volunteers for an addiction treatment service.

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