

SMART: ‘Abstinence-Oriented’ Recovery Support

By Bill Greer, President, SMART Recovery USA

Recently, the SMART Recovery USA Board made a minor but important change by replacing the term “abstinence-based” with “abstinence-oriented” in describing our approach to helping people. This is because people with opioid addiction are dying from overdoses when their “abstinence-based” treatment and recovery support preclude the use of opioid agonist medications, such as methadone and buprenorphine. A large part of the U.S. treatment and recovery support world continues to regard the use of these medications as “substituting one drug for another.”

SMART strongly opposes this position because these agonists help maintain tolerance to protect people from deadly overdoses when they relapse, which is common in opioid use recovery. This position is shared by the National Institute on Drug Abuse, American Medical Association, American Society of Addiction Medicine, World Health Organization, and many other prominent authorities worldwide.

Using opioid agonists is widely regarded as part of the “gold standard” for treating opioid addiction. Elinore McCance-Katz, M.D., Ph.D., Assistant HHS Secretary for Mental Health and Substance Use and head of the Substance Abuse and Mental Health Services Administration, states:

Medication-assisted treatment (MAT) combined with psychosocial therapies and community-based recovery supports is the gold standard for treating opioid addiction. (Facing Addiction in America: Surgeon General’s Spotlight on Opioids, p. 2, update of June 2019)

SMART meetings provide key community-based recovery support, and we adopted the “abstinence-oriented” term to distance SMART from dangerous and misinformed views about the use of prescribed medications to support recovery from addiction.

This change does not mean that we advocate or teach moderation for people trying to recover. SMART meetings and our 4-Point Program[®] are designed to help people stop addictive behavior.

Our Motivational Interviewing approach does not advise or tell people what their recovery goal should be. Research has well established that people change behavior and recover most effectively when they are empowered to act and set their own recovery goals. We welcome people at any stage of change, from wondering if they might have an addiction problem to currently taking action.

Using SMART, participants learn how to stop harmful behavior. The tools and strategies they use for their recovery, including prescribed medications for treatment, are their choice and not for us to dictate or judge.

In fact, we welcome people and want to help them long before they reach the proverbial “rock bottom.”

We hope those with opioid addiction stop using earlier because they run the risk of using heroin, cocaine, and methamphetamine contaminated with extremely powerful synthetic opioids such as fentanyl and carfentanyl. And we also hope they are taking opioid agonists under professional care.

SMART Recovery has always held an enlightened view of the use of language that can be detrimental to recovery, discouraging the use of terms such as “addict,” “alcoholic,” “junkie,” and worse. We can add “abstinence-based” to this list because this terminology is linked to outdated treatment protocols and support programs that do not recognize the overwhelming science supporting the life-saving benefits of using prescribed opioid agonists to recover from opiate addiction.