

Commentary

“Defining and Measuring ‘Recovery’” Issue

On July 31, 1981, I woke up from my last alcoholic blackout in a Sioux Falls, South Dakota, jail cell, under arrest for disorderly conduct and resisting arrest. After my release from jail, I was fortunate to enter St. Mary’s Rehabilitation Center (now Fairview Recovery Services) in Minneapolis, where I started on the road to recovery.

I am alive and sober today only because of the grace of God, my treatment experience, and the program of recovery.

At St. Mary’s, I was taught by Counselor Cal and others how to “clean house” and live a sober lifestyle. I learned to live life on life’s terms and depend on my Higher Power and the fellowship of others in recovery.

Most people in our program of recovery from the disease of chemical addiction know exactly what recovery is and what it has meant in their life. They are not thinking about an academic process to distill and measure recovery, and they don’t need a definition of the term to enhance their personal understanding.

My policy work in Congress has convinced me, however, that if we really want to address the epidemic of addiction in America, we must understand the components of recovery. Researchers will then be able to better study the process and determine which treatments produce long-term recovery outcomes for different populations.

To that end, the Betty Ford Institute should be congratulated for taking an important first step in formulat-

ing a definition of recovery—“a voluntarily maintained lifestyle composed of sobriety, personal health, and citizenship.” This will give researchers and policymakers, as well as individuals in recovery, a research base from which to start an important body of work.

This new definition will also play an important role in shaping public policy. The many misunderstandings about chemical addiction and recovery that I encountered motivated me to form the Addiction, Treatment, and Recovery Caucus in Congress. Misunderstandings and stigma have also contributed to insurance discrimination against people with chemical addiction through barriers of higher co-pays and deductibles and limited doctor visits and treatment stays.

If health plans were required to pay for treatment that produced outcomes within this new definition of recovery, the addiction and mental health parity bill that I have been working to pass in Congress for more than 10 years would become law with no difficulty.

This definition is a sound step. My hope and prayer are that with each new step forward in our field, those still suffering will have access to treatment so they too can know the blessings of recovery.

Jim Ramstad
Member of Congress