HEALTH BASICS

Addiction recovery

Addiction recovery is the ongoing process of improving health and stability after problematic substance use.

WHAT IT IS
An ongoing process of improving life after problematic substance use

WHERE IT COMES UP
After diagnosis, treatment, overdose, or a decision to change

WHY IT MATTERS
It supports safer substance use changes and better overall health

WHAT IT IS NOT
Not a disease, diagnosis, or single treatment

WHO TO ASK
An addiction medicine clinician or substance use treatment service

HOW IT IS CHECKED
No single test; progress is reviewed against personal goals

Overview

Addiction recovery is a process, not a medical condition. It describes changes that help someone improve their health, daily life, relationships, and sense of purpose after problematic substance use.

Addiction is a commonly used term. Clinicians may instead diagnose a substance use disorder , meaning that alcohol or drug use is causing significant problems or is difficult to control. Recovery itself is not a diagnosis and does not follow one fixed path.

For some people, recovery means not using a substance. Others may begin with safer-use goals, such as reducing overdose risk or entering treatment. The plan may change over time. Recovery can include medication, counseling, practical support, peer groups, or combinations of these approaches.

A return to substance use does not erase earlier progress. It may show that treatment, medication, support, or safety planning needs to be adjusted. Recovery is often described as a continuing process because a person's needs can change with health, housing, relationships, stress, and access to care.[1]

How it works

Recovery focuses on both substance use and the factors surrounding it. These can include physical health, mental health, sleep, housing, work, legal problems, family relationships, and social connection.

Treatment may begin with an assessment. A clinician asks what substances are being used, how often they are used, and what effects they have had. The assessment may also cover withdrawal, overdose history, medications, pregnancy, mental health, infections, and personal treatment goals.

Possible parts of a recovery plan include:

Medication is particularly important for some conditions. Methadone, buprenorphine, and naltrexone are used to treat opioid use disorder. Taking methadone or buprenorphine as prescribed is treatment, not simply "replacing one addiction with another." These medicines can reduce opioid use and the risk of death.[2,3]

Medicines are also available for alcohol use disorder. The appropriate choice is based on medical history, current alcohol or opioid use, treatment goals, and other medicines. Medication does not always need to be combined with one particular type of counseling, although broader support can still be helpful.

Tests such as urine or blood drug testing may sometimes guide treatment or check medication safety. However, no laboratory result can measure recovery as a whole. Progress may also involve fewer overdoses, more stable health, improved daily functioning, or meeting goals chosen with the treatment team.

- Medication for a substance use disorder
- Individual, family, or group counseling
- Peer recovery or mutual-support groups
- Safer-use and overdose-prevention planning
- Treatment for physical and mental health conditions
- Help with housing, transport, employment, or legal needs

Why it matters for your health

Substance use can affect breathing, the heart, liver, brain, infections, nutrition, sleep, and mental health. Recovery-related care creates opportunities to identify and address these

concerns without reducing the person to their substance use.

Recovery planning can also lower immediate risks. For example, naloxone can reverse an opioid overdose temporarily. Sterile drug-use equipment lowers the risk of blood-borne infections. Testing can identify infections such as HIV or hepatitis C, which can then be treated.

Tolerance is another important issue. Tolerance means the body has adapted so that a larger amount is needed to produce the same effect. Opioid tolerance can fall after detoxification, hospital admission, incarceration, or a period of not using. Returning to a previous amount can then cause an overdose.

Mental health care may be part of recovery. Depression, anxiety, trauma-related conditions, attention-deficit/hyperactivity disorder, and other conditions can occur alongside substance use disorders. They deserve their own assessment and treatment rather than being assumed to be caused by substance use.

Practical stability matters too. Safe housing, food, transport, supportive relationships, and access to care can make it easier to continue treatment. These personal and community resources are sometimes called recovery capital .

What can go wrong

A return to use can happen after a period of reduced use or abstinence. This situation is sometimes called recurrence or relapse. It can increase overdose risk, especially if opioid tolerance has fallen or if the drug supply contains unexpected substances.

Withdrawal can also create medical risks. Alcohol withdrawal may cause seizures, hallucinations, or a severe confused state called delirium. Withdrawal from benzodiazepines, such as alprazolam or diazepam, can also cause seizures. Someone who uses alcohol or benzodiazepines like diazepam or lorazepam regularly should seek medical advice before suddenly stopping.[4]

Opioid overdose can slow or stop breathing. Risk is higher when opioids like oxycodone or morphine are combined with alcohol or sedating medicines, including benzodiazepines. Illicitly manufactured fentanyl can make the strength and contents of a drug supply difficult to predict.

Recovery may be disrupted by untreated pain, mental health conditions, unsafe housing, stigma, or loss of treatment access. Stopping effective medication because of pressure from other people can also increase risk. Changes to methadone, buprenorphine, or other prescribed treatment should be discussed with the prescribing service.

Routine follow-up is appropriate when cravings increase, appointments become difficult to

attend, substance use changes, medication causes concerns, or current support no longer fits your goals. These are reasons to review the plan, not evidence of failure.

Call emergency services if someone:

For a possible opioid overdose, give naloxone if available, call emergency services, and follow the dispatcher's instructions. Naloxone may wear off before the opioid does, so emergency assessment is still needed.[5]

- Cannot be woken or is breathing slowly or not at all
- Has blue, grey, or unusually pale lips or skin
- Has a seizure, severe confusion, or hallucinations during withdrawal
- Is in immediate danger of suicide or serious self-harm

What you can do

If you are considering a change, you can ask for a substance use assessment. Primary care, addiction medicine services, mental health services, and community treatment programs may provide or arrange one.

Before an appointment, it may help to record:

Ask which treatment options fit the substance involved. Useful questions include whether medication is available, whether withdrawal needs medical supervision, how physical and mental health will be assessed, and what support exists if substance use returns.

If opioids are involved, ask how to obtain and use naloxone. People who may witness an overdose can also learn to use it. Keep naloxone where it can be reached quickly and check its expiry date according to its packaging.

You can also ask about testing for HIV, hepatitis B, hepatitis C, and sexually transmitted infections when your exposure history makes these relevant. Vaccination against hepatitis A or B may be discussed based on your health and risks.

There is no single recovery test or schedule that works for everyone. Keep routine follow-up based on the treatment plan, and request an earlier review when risks, goals, medicines, or living circumstances change.

- Substances used, approximate amounts, and frequency
- Previous withdrawal, seizures, or overdoses
- Current medicines and supplements

- Treatments that helped or did not help before
- Your immediate safety concerns and longer-term goals

Common questions

Does recovery require complete abstinence?

Not every service defines recovery in the same way. Abstinence may be the safest or preferred goal for some people, while others begin with reducing harm and improving stability. A clinician can explain the risks associated with a particular substance and help develop a realistic plan.

Does a return to use mean treatment has failed?

No. It signals that current supports and risks should be reviewed. Medication, visit frequency, counseling, living arrangements, and overdose planning may need to change.

Can someone be in recovery while taking medication?

Yes. Prescribed medication can be a central part of recovery. Methadone and buprenorphine are evidence-based treatments for opioid use disorder, and stopping them is not required to count as recovery.[2,3]

Are peer-support groups required?

No. Some people find mutual-support or peer recovery groups valuable, but one format does not suit everyone. Professional treatment, medication, peer support, family support, and community services can be used in different combinations.

Is detoxification the same as recovery?

No. Detoxification manages the period when a substance leaves the body and withdrawal may occur. It does not by itself provide ongoing treatment, overdose protection, or support for the wider issues involved in recovery.

How long does recovery take?

There is no standard timetable. Follow-up is shaped by the substance involved, health risks, treatment response, personal goals, and available support. Some people benefit from long-term medication or continuing contact with services.

Sources

- Substance Abuse and Mental Health Services Administration. SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery . PEP12-RECDEF; 2012.
- National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction - Treatment and Recovery . Revised July 2020.
- Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder . Treatment Improvement Protocol 63, updated 2021.
- American Society of Addiction Medicine. The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management . 2020.
- Centers for Disease Control and Prevention. Lifesaving Naloxone . Overdose Prevention guidance.
- American Society of Addiction Medicine. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update . 2020.