What does non-abstinent recovery look like? Why do people choose it?

**Research questions:** What does non-abstinent recovery look like? Why do some people choose this instead of abstinence?

**Methods:** We conducted semi-structured interviews with 65 adults with prior AUD who had never used specialty treatment and who were participating in a larger national study of alcohol recovery. We analyzed transcripts using inductive and deductive coding in Atlas.ti, identifying themes and elaborating their meanings. The analysis involved multiple rounds of reading, coding, memo-ing, and discussion by study authors.

**Results:** The interview participants were mostly men (59%) and white (57%), and large majorities met criteria for severe lifetime AUD (85%) and were in long-term recovery (82%); 40% had attended mutual-help groups (e.g., Alcoholics Anonymous). Abstinence as a recovery goal was endorsed by a small majority (57%). Individuals who chose non-abstinent recovery conveyed a strong sense that they could control their drinking and that their alcohol use would not result in craving or an escalation of drinking. Individuals were highly cognizant of self-imposed limits on the frequency, quantity, or context of their drinking (e.g., as reward, in specific settings). Nearly all indicated that their drinking was very infrequent and light; virtually none reported drinking more than two drinks on an occasion. Aging emerged as a key factor facilitating a sense of control. Additionally, individuals opting for controlled drinking alluded to better quality of life as a result, and that abstinence was unrealistic for them.

**Conclusions:** Study results confirm that non-abstinent recovery is achievable among some people with prior AUD who had never received specialty treatment. As suggested by the qualitative data, improved quality of life can both motivate and reinforce non-abstinent recovery. Longitudinal research could confirm such processes. Future research is also needed to distinguish individuals who might successfully achieve non-abstinent recovery, such as through analyses of genetic, psychological, social, and environmental determinants of AUD.

**Funding:** National Institutes of Health (R01AA027266).