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## Photo History Series 5 The New Recovery Advocacy Movement in America

**William L. White**

Emeritus Senior Research Consultant  
Chestnut Health Systems  
[bwhite@chestnut.org](mailto:bwhite@chestnut.org)

Barbara Tuchman once suggested that the most difficult task of the historian is to capture the contextual roots and cultural significance of vibrant social movements while they are “still smoking” (1). This essay describes the history, organizational structure, goals, core ideas and strategies of a newly emerging addiction recovery advocacy movement in the United States and illustrates the distinctive character of this movement through photographic images.

**Historical Context** Several conditions set the stage for the rise of a new addiction recovery advocacy movement in the United States in the late 1990s. Many of the goals of the mid-twentieth century “modern alcoholism movement” seemed to be fulfilled in the rise of community-based and private addiction treatment in the 1970s and 1980s (2, 3), but recovery advocates who helped birth modern addiction treatment in America expressed concern in the 1990s that something had been lost through the professionalization and commercialization of addiction treatment. In their view, the founding vision of professionally-guided entry into recovery had mutated into a multi-

billion dollar industry that viewed recovery as an afterthought or adjunct of itself. There was a sense that addiction treatment had become detached from the larger and more enduring process of addiction recovery and that addiction treatment organizations had become disengaged from the grassroots communities out of which they were born. There was also growing evidence that earlier successes in altering public perceptions and public policies toward alcohol and other drug (AOD) problems had deteriorated in the 1980s and 1990s via the restigmatization, demedicalization and recriminalization of such problems (4). Trends inside the treatment industry and shifts in broad cultural attitudes and social policies set the stage for a new politicized coalition of recovering people and their families and visionary addiction treatment professionals.

**Organization** New grassroots recovery advocacy organizations rose in the late 1990s, mirroring the earlier rise of local alcohol and drug councils in the 1960s and 1970s. At the same time, many of the local affiliates of the National Council on Alcoholism and Drug Dependence (NCADD)

sought to revive their historical missions following the realization that operating large, complex service organizations had diverted them from their original mission of public education and public policy advocacy. In the face of this awakening, the Johnson Institute used its Leadership Forum to launch the Alliance Project—the first effort to link these new and existing fledgling recovery advocacy groups into a national network. In 2000, the Alliance Project commissioned focus groups and a first-ever national survey of the recovery community by Peter D. Hart Associates, called The Face of Recovery.

In 1998 the Center for Substance Abuse Treatment's Recovery Community Support Program began providing seed money for local recovery advocacy efforts and continued that support until 2002, at which time its focus shifted to the development of peer-based recovery support services. As the new recovery advocacy movement gained momentum, other organizations such as the Legal Action Center offered support to address issues of stigma and discrimination.

In October 2001, more than 200 recovery advocates from 36 states met in St. Paul, Minnesota under the leadership of the Alliance Project to develop a national recovery advocacy campaign. Presentations at the 2001 recovery summit included addresses by two congressional leaders, Representatives Jim Ramstad and Paul Wellstone, who had been public about their own recovery experiences (Plate One). Emerging from the 2001 recovery summit was the Faces and Voices of Recovery campaign guided by an advisory committee made up of regional representatives of local recovery advocacy organizations. Early funding from the Johnson Institute and subsequent financial support from the Robert Wood Johnson Foundation and the Center for Substance Abuse Treatment allowed Faces and Voices of Recovery to hire its own staff and establish its independence as a nonprofit corporation in 2004 (see [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)). At present, the recovery advocacy movement is led at a national level by a coalition of Faces

and Voices of Recovery, the Johnson Institute, the Legal Action Center and NCADD. At a local level, the movement is represented by more than 125 recovery advocacy organizations and more than 8,000 self-identified core recovery advocates. During September 2006, more than 40,000 individuals and 45 sponsoring organizations participated in Faces and Voices of Recovery's Rally for Recovery education and celebration events (5).

**Movement Goals** The espoused goals of the new recovery advocacy movement are to: 1) portray alcoholism and addictions as problems for which there are viable and varied recovery solutions, 2) provide living role models that illustrate the diversity of those recovery solutions, 3) counter public attempt to dehumanize, objectify and demonize those with AOD problems, 4) enhance the variety, availability, and quality of local/regional treatment and recovery support services, and 5) remove environmental barriers to recovery by promoting laws and social policies that reduce AOD problems and support recovery for those afflicted with AOD problems (4).

**Core Values and Ideas** The core values of this new generation of recovery advocacy organizations reflect a recognition of: 1) the primacy of personal recovery as a platform for political advocacy, 2) the need for authentic, grassroots recovery representation in the development of addiction-related policies and programs, 3) the importance of developing local and national recovery advocacy leadership, and 4) the value of cultural diversity, including representation of diverse pathways and styles of addiction recovery. Where earlier American social movements sought to alter public perceptions of and public policies toward those with AOD problems by redefining the problem ("alcoholism is a disease"), altering perceptions of those with the problem ("the alcoholic is a sick person") or promoting a particular intervention ("treatment works")(6, 7), the new recovery advocacy movement shifts the focus from the problem and the intervention to the solution (8, 4). The core messages that have

marked the earliest stages of this movement include the following:

- 1) Addiction recovery is a living reality for individuals, families and communities (see [www.recoveryiseverywhere.org](http://www.recoveryiseverywhere.org)) (Plates Two and Three),
- 2) There are many (religious, spiritual, secular) pathways to recovery,
- 3) Recovery flourishes in supportive communities,
- 4) Recovery is a voluntary process, and
- 5) Recovering and recovered people are part of the solution: recovery gives back what addiction has taken from individuals, families and communities (4).

This new movement is also suggesting that recovering people, through their silence and invisibility, have been part of the problem (Plate Four). Stigma did not diminish for other health conditions (e.g., cancer) until a critical mass of citizens personally knew someone who was in recovery from these conditions. The new recovery advocacy movement is challenging a vanguard of individuals and families in long-term addiction recovery to step forward and announce their presence within the American culture and to organize themselves as a political force (Plate Five).

**Core Strategies** To date, there are eight major strategies of the new recovery advocacy movement:

- 1) *Building strong, grassroots recovery advocacy organizations and linking these organizations into a national movement* that offers opportunities for recovering people to express their collective voice and participate in community service projects (Plate Six).
- 2) *Advocating for meaningful representation and voice at policy levels* for people in recovery and their family members on issues that affect their lives (Plate Seven).
- 3) *Assessing needs* related to the adequacy and quality of local

treatment and recovery support services.

- 4) *Educating the public, policymakers and service providers* about the prevalence and pathways of addiction recovery.
- 5) *Expanding human and fiscal resources* by encouraging philanthropic and public support for addiction treatment, recovery support services, and recovery advocacy and by cultivating volunteerism within local communities of recovery.
- 6) *Creating recovery support centers* that delivery non-clinical, peer-based recovery support services.
- 7) *Celebrating recovery from addiction* through public events (recovery marches, rallies, concerts) that offer living testimony of the transformative power of recovery (Plates Eight, Nine & Ten).
- 8) *Supporting research* that illuminates effective strategies and the processes of long-term recovery.

**Diversity** Another feature that distinguishes the emerging recovery advocacy movement from its predecessors is the diversity of ethnic communities, pathways and styles of recovery, and institutional settings (e.g., recovery ministries within churches, recovery schools) that it is embracing. This diversity is represented by such organizations as White Bison, Inc. (Plates Eleven & Twelve), the El Paso Recovery Alliance (Plate Thirteen), Recovery Consultants of Atlanta, SpeakOUT: LGBT Voices of Recovery, the National Alliance of Methadone Advocates (NAMA), and Advocates for Recovery through Medicine (ARM). There are also groups such as the Connecticut Community of Addiction Recovery that have built strong, multi-ethnic recovery advocacy coalitions, and there are regional advocacy alliances such as the New England Alliance for Addiction Recovery.

A growing number of people recovering from AOD problems are using their personal transformations as a platform to advocate social change related to the sources of and solutions to community-wide AOD problems. The new recovery advocacy movement in America is transforming people who have been the country's problems into instruments of social action and community service.

## References

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7. Mann M. Formation of a National Committee for Education on Alcoholism. *Q J Stud Alcohol* 1944; 5(2): 354.
8. White W. Treatment works: is it time for a new slogan? *Addiction Professional* 2005; 3(1): 22-27. Plates

Plate 1: Representative Jim Ramstad (at podium) and late Senator Paul Wellstone

address the 2001 Recovery Summit (Courtesy Gabrielle Antolovich)

Plate 2: Recovery is Everywhere Campaign Poster (Courtesy of Dawn Farm)

Plate 3: Recovery is Everywhere Campaign Poster (Courtesy of Dawn Farm)

Plate 4: Silence Poster (Courtesy of Missouri Recovery Network)

Plate 5: Buttons and bumper sticker collected at recovery celebration events (Courtesy of Illinois Addiction Studies Archives)

Plate 6: Recovery Ambassadors Workshop (training for recovery advocates) (Courtesy of Johnson Institute)

Plate 7: Joel Hernandez alleges recovery job discrimination before the Supreme Court (Courtesy of Johnson Institute)

Plate 8: Local Recovery Celebration March (Courtesy of Connecticut Community of Addiction Recovery)

Plate 9: Recovery Advocates Meet at National Capital in 2005 (Courtesy Faces and Voices of Recovery)

Plate 10: 2005 America Honors Recovery Honorees: Tom McHale, Elizabeth Scott, Jerry Moe, James McClain, Stacia Murphy, Mark Helijas and Jay Davidson (Courtesy of Johnson Institute)

Plate 11: Wellbriety Movement Council of Elders members Horace Aztell (Nez Perce), Dr. Henrietta Mann (Cheyenne) and Ozzie Williamson (Blackfeet) at recent Wellbriety Conference (Courtesy White Bison, Inc.)

Plate 12: Wellbriety Hoop of 100 eagle feathers used in Wellbriety Celebrations (Courtesy of White Bison, inc.)

Plate 13: Member of Circulo de Hombres performs at a recovery celebration in El Paso, Texas (Courtesy El Paso Recovery Alliance)