



# Selected Papers of William L. White

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## The State of the Movement

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I want to begin by acknowledging the incredible work that Pat Taylor and all those involved in FaVoR have done in making this Recovery Summit possible. It is a great honor for me to be asked to welcome you and to share a few brief opening thoughts about the state of the new recovery advocacy movement in America. Before I had the pleasure of working with William Cope Moyers, I was interviewed by his father, Bill Moyers, for a 1998 PBS special some of you will recall entitled *Close to Home: Moyers on Addiction*. In that interview, I lamented the restigmatization, demedicalization and recriminalization of alcohol and other drug problems and predicted the rise of a new recovery advocacy movement in America. At the time, that statement was more hope and prayer than prediction. Today, that movement is a vibrant reality in communities across the country, and our presence here today is living proof of that movement's birth and growing strength and geographical reach. The vibrancy of that movement is also evident in the rapid response of your

organizations to the needs of recovering people displaced by Hurricane Katrina this past week. When word went out of the need for resources ranging from sober housing to recovery literature, responses poured in from across the country within hours.

Effective social movements become many movements, and we reflect that truth. We are a policy advocacy movement that is taking on issues of discrimination, social justice and service access. We stand for the proposition that addicted people and their families need to be embraced within systems of compassion and care rather than sequestered within systems of punishment and control. We are a public and professional education movement. We are building anti-stigma campaigns, and we are trying to push addiction treatment from an emergency room model of acute intervention to a model of sustained recovery support. We are a recovery research movement. We are a recovery celebration movement. We are an outreach movement delivering messages of hope to the very heart of this

country's cultures of addiction. We are a post-treatment recovery support movement—a housing movement, a jobs movement, a back-to-school movement, a health maintenance movement. We are a movement whose vision is to transform communities across this country into recovery sanctuaries. We are many movements.

What these movements are doing collectively is pushing this country's response to severe alcohol and other drug problems from a pathology paradigm and a treatment paradigm to a recovery paradigm. Let me explain this shift with a brief story.

Some years ago, I arranged to interview a number of old-timers about the early history of treatment in the Southwest, and was fortunate to have a number of people with decades of sobriety and a lot of direct knowledge of the relationship between early AA and treatment in the Southwest. When we took a break in the interviewing Searcy W., the oldest of the old-timers, asked, me, "Bill, what is this research stuff you are involved in?" I explained that I helped conduct treatment follow-up studies with people after they left treatment and proudly noted a few of our studies that were following people out as long as five years after treatment. He mused, "Five years? Very impressive," and then asked me, "What does your research tell you about characters like us (waving his arm to embrace the listening old-timers)? It was a stunning question. I had to admit to him that from the standpoint of science, we knew almost nothing about long-term recovery. Searcy's probing question haunted me in the weeks following my visit and led to my eventual resolve that whatever time I had left in my career would be dedicated to the study of recovery.

As a culture, we fill whole libraries with knowledge about psychoactive drugs, addiction, and addiction treatment. The

problems of addiction are dramatically visible, but the solutions remain invisible and the best kept secrets in the country. We are here today to declare that it is time we honored and studied the solutions to these problems found in the lives of millions of recovering people all over this country and that the lessons learned should be used to widen the portal of entry into recovery. That shift in paradigms has begun as a result of the new recovery advocacy movement and is one of our most historically significant accomplishments to date.

New grassroots advocacy organizations are being formed every day and many of our organizations are growing in size, influence and effectiveness. The fact that the new recovery advocacy movement is coming of age means that we will face the struggles that characterize all successful social movements. An action agenda is emerging that includes some of the movement's most important internal issues. I offer these thoughts not as the last word on these issues but as an open invitation for our discussions in the next few days.

We're going to have to continually back up and regenerate consensus on the core ideas and public messages that will serve as the foundation of this movement. We must guard against the corrupting influence of government and private money in this process by keeping our eyes on the prize of recovery and not exclusively on what ideas and programs are fundable. We have to find ways that the recovery community itself can assume a central role in providing the time, talent and financial resources that will sustain this movement, and we have to bring diverse elements of the recovery community to define our core ideas and strategies. Ironically, generating consensus on a definition of recovery may be the most difficult part of building this conceptual foundation. The proposition that there are multiple pathways to recovery has been one of our key kinetic ideas. It is time for us to

define *recovery*, chart those pathways and then protect this precious concept from commodification and commercialization as the movement spreads and matures.

We are facing decisions on how to transition from local grassroots organizations into a national movement and there is the inevitable question of which national organization should represent this movement. The agendas emerging within this movement are so diverse it is possible that no single organization could effectively represent all of them. The NAACP, Urban League, SCLC, CORE and SNCC all contributed to the successes of the civil rights movement. We already have multiple organizations working for us at a national level. This is not something to be mourned but evidence of our coming of age. Given the diversity of recovery communities in the United States, a single national recovery advocacy organization is unlikely and perhaps not even desirable. We need FaVoR, NCADD, the Johnson Institute, the Legal Action Center, CSAT's RCSP, the National Alliance of Methadone Advocates and others, but we must also have the leaders of these organizations talking to one another and defining common ground on days our multiple movements must stand together.

We are facing questions about whether recovery support services should be integrated in to the existing treatment system or should be delivered through freestanding organizations. I think at this point in time we need to do both and rigorously evaluate both models. This issue should be decided not by bias or institutional interests but by scientific studies that answers the question of which models generate the highest rates of successful recovery initiation and maintenance and whether these outcomes differ across different populations of people seeking recovery. We need to codify these emerging models and subject them to scientific studies and to the scrutiny of

community Elders who carry the history and wisdom of our communities.

We are facing questions about how to transfer ideas and replicable advocacy and recovery support programs from one community to another. We may eventually need recovery advocacy support centers whose charge will be to describe and transfer our emerging technologies and train new recovery advocates and recovery coaches. FaVoR, NCADD, the Johnson Institute and CSAT's RCSP have all helped provide some of this connecting tissue to date, but the need for information exchange, training and technical assistance outstrips the current capacities of all of these organizations. Perhaps it is time CSAT's Addiction Technology Transfer Centers became Recovery Technology Transfer Centers and broadened their mission to include the dissemination of emerging models for designing and delivering recovery support services.

As we are coming of age, we are also becoming more visible. Our growing numbers and influence will render us targets of powerful political and economic interests. Threatened interests from treatment agencies to the alcohol industry will seek to influence us, colonize us and, in some cases, discredit us. We need to develop protective shields for our organizations and our leaders. We need to examine our own internal vulnerabilities and make sure everything from our personal conduct to our finances can pass close public scrutiny. We need guidance on how to negotiate our way through the world of hard-core politics without losing our founding vision and core values. We must build broad community constituencies to enhance our power and protect ourselves.

As a movement, we face many needs, but perhaps none more critical than that of leadership development and succession. Some of the first generation of

recovery advocates entered this avocation late in our lives and some of the younger advocates are getting pretty battle-scared and worn out. We have advocates that with guidance will be ready for local leadership. We have local leaders ready to rise to the level of state, regional or national leaders. We have aging leaders disengaging from this movement whose contributions need to be honored. It is time we began to think about development of a recovery development institute that can nurture future leaders at all levels of this movement. Our leaders need to understand the tendency of stigmatized groups to elevate individuals to leadership and then undermine and scapegoat their leaders, only to later deify the most successful of such leaders. Leadership in historical hindsight looks pure and noble. In the present tense, it is messy and involves imperfect individuals and organizations involved in what are often primitive processes. Our leaders need to understand such processes. It is time we took seriously the challenge of leadership development and the need for succession planning. And in this process, we need to affirm the many roles family members are playing in this movement. It is time we welcomed family members as equal partners in the leadership of this movement.

There are some very important ideas that have emerged early in this movement, but I think none more important than the metaphor of the healing forest that Don Coyhis and White Bison have spread across the country. I think this powerful metaphor far transcends the recovery advocacy work in Indian Country and offers us a vision for the future of this movement. We will continue to find ways to carry a message of hope to those individuals and families who are still suffering, but it is also time we brought the recovery message to whole communities across this country. We need all of our communities to become healing forests.

In closing, I want to say how inspired I have been to witness the work of so many local recovery advocacy and recovery support organizations around the country. You are my heroes and heroines, and I have tried to honor your work as I have talked and written about this movement. We have entered a cultural window of great vulnerability and great opportunity. What we do or fail to do in the next few years will shape the history of addiction recovery in America for much of the twenty-first century. If there was ever a time for sustained recovery activism, it is now. As we participate in shaping that history, I hope we will hang on to one overriding vision for our movement: **RECOVERY BY ANY MEANS NECESSARY!**