



# Selected Papers of William L. White

[www.williamwhitepapers.com](http://www.williamwhitepapers.com)

Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

**Citation:** White, W. (2019). The recovery revolution: Its critical ingredients. Posted at [www.williamwhitepapers.com](http://www.williamwhitepapers.com)

## The Recovery Revolution: Its Critical Ingredients

**William L. White**

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

The second edition of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* includes a chapter entitled “The Recovery Revolution.” What exactly is the nature of this “revolution” in thinking and practice? What distinguishes it from earlier responses to alcohol and other drug (AOD) problems? Recovery is by no means a new phenomenon as *Slaying the Dragon* meticulously details, but there are recent fundamental shifts within the AOD problems arena that are of potentially significant historical import. Critics of recovery advocacy have sometimes claimed that recovery advocacy, recovery management, recovery-oriented systems of care, and related ideas and initiatives are just a “flavor of the month” passing fad and that there is no “recovery revolution.” This brief outline below suggests ten foundational shifts that will dramatically affect the future of addiction treatment and recovery in the United States and beyond.

### I. International Growth and Diversification of Recovery Mutual Aid Organizations

#### A. International growth of 12-Step programs

- Anomaly of explosive NA growth within the Islamic Republic of Iran since its beginnings there in 1990 (NA presently hosts 70,065 meetings in 139 countries; of these, 27,677 (40%) are in the United States, and 22,613 (32%) are in Iran. NA members in Iran now consume more NA literature than the rest of the world combined.) (Source: Email Communication with Rebecca Meyer, NA World Services, July 19, 2018; Galanter, White, & Hunter, Cross-cultural applicability of the Twelve Step model: A comparison of Narcotics Anonymous in the USA and Iran, in press, *Journal of Addiction Medicine*)
- Advent of drug-specific 12-Step groups in response to particular drug surges, e.g., [Crystal Meth Anonymous](#), [Heroin Anonymous](#), [Opiates Anonymous](#)
- Continued adaptation of AA Steps to address problems other than addiction (endless permutations)

B. Growth of special interest groups within 12-Step programs, e.g., for women, young people, LGBTQ, Spanish and other languages, etc.

- Growth of secular meetings within 12-Step groups, e.g., Atheists and Agnostics in AA (Quad A), [AA Agnostica](#), and recognition of these groups via [dedicated issue of the AA Grapevine in October 2016](#), AA publication of [One Big Tent, Atheist and agnostic AA members share their experience, strength and hope](#), and independent publication of such books as [Do Tell! Stories by Atheists and Agnostics in AA](#), [A History of Agnostics in AA](#), and [Beyond Belief: Agnostic Musings for 12 Step Life](#)

C. Growth of secular and religious alternatives to mainstream 12-Step groups

- Secular groups: [Women for Sobriety](#), [Secular Organizations for Sobriety](#), [SMART Recovery](#), [LifeRing Secular Recovery](#)
- Religious groups, including Eleventh Step Groups: [Celebrate Recovery](#), [Refuge Recovery](#), [Buddhist Recovery Network](#), [Calix Society](#), [Jewish Alcoholics](#), [Chemical Dependents and Significant Others \(JACS\)](#), [Jewish Recovery Network](#), [Millati Islami](#)

D. Profession-specific recovery support groups, e.g., [physicians](#), [health care professionals](#), [pilots](#), [lawyers](#), [food and beverage industry workers](#) (also see Ben's Friends interview [Here](#)), [musicians](#), etc.

E. New culturally-specific recovery mutual aid frameworks

- [Red Road Wellbriety groups](#)
- [Grupo de Cuarto y Quinto Paso \(CQ, 4th and 5th Step Groups in Mexico and U.S.\)](#)

F. Advent of “big tent” recovery support groups

- [All Recovery \(AR\) groups](#)
- [Multiple Pathways of Recovery \(MPR\) groups](#)
- [Methadone Anonymous](#); [Medication Assisted Recovery Anonymous](#); [Drug Addicts Anonymous](#); [Medication Assisted Recovery Support \(MARS\)](#); [Ability, Inspiration and Motivation \(AIM\)](#); [Suboxone Support Group](#); [Moms on Methadone](#); and other groups with an explicit welcome to people in medication-supported recovery

G. Phenomena of [dual citizenship](#) (concurrent participation in two or more mutual aid programs)

H. [Stage-influenced changes in recovery affiliation](#)—changes in primary mutual aid affiliation across the stages of recovery (e.g., recovery initiation in AA followed by recovery maintenance through the church) or changes in pattern/intensity of participation (e.g., recovery initiation within a formal mutual aid group followed by disengagement and sustained recovery support via family and friends)

I. New resources for affected families including special groups for grieving family members spawned by rising overdose deaths (e.g., [GRASP--Grief after Substance Passing](#)).

J. Recent recognition of large population of people who [resolve AOD significant problems without addiction treatment or mutual aid involvement and who do not embrace recovery identity](#)

## II. Exponential growth of virtual recovery communities and online recovery support resources

A. [Virtual recovery](#) resources as both adjuncts and alternatives to traditional recovery mutual aid societies and addiction treatment services (see [Here](#) and [Here](#) for review)

B. Resources span online meetings of recovery mutual aid fellowships, moderation groups, online recovery guidance, e-therapy, and other e-recovery support tools

C. Particularly valuable for people lacking local recovery support resources, women, youth, people who experience social anxiety, and people with mobility/travel limitations.

### III. Birth and Maturation of a New Recovery Advocacy Movement

- A. Proliferation of grassroots [recovery community organizations \(RCOs\)](#) focused on recovery advocacy, peer recovery support services, recovery-focused professional and public education, and public celebration of recovery
- B. Increased visibility of RCOs within communities of color (e.g., [Atlanta](#), [Dallas](#), [Detroit](#), [Baltimore](#), etc.; the [Wellbriety Movement](#); [Latino Recovery Advocacy](#)), their broader influence on the recovery advocacy movement, and [advocacy for new models of treatment and recovery support within communities of color](#)
- C. Networking of RCOs through [Faces and Voices of Recovery](#), [the Association of Recovery Community Organizations](#), [Facing Addiction with NCADD](#), and [Young People in Recovery](#)
- D. Distinctive focus on shaping community and policy environments in which recovery can flourish via such concepts as the [ecology of recovery](#), [recovery spaces/landscapes](#), [social contagiousness of recovery](#), [recovery carriers](#), recovery cascade (Braithwaite, in press) and [community recovery](#) (e.g., focus on healing wounds inflicted upon the community by addiction and related problems)

### IV. Emergence of an Ecumenical Culture of Recovery

- A. Individuals in recovery seeing themselves as [a distinct “people”](#) apart from any identification with a mutual aid or treatment organization
- B. Increased recognition, acceptance, and celebration of [multiple pathways and styles of recovery](#) initiation and maintenance; extolling the value of choice within the recovery process
- Guiding mantra: *Recovery by any means necessary under any circumstances*
- C. Emergence of [shared recovery culture](#)
- language: [purging stigmatizing language](#), forging a [recovery lexicon](#) that transcends language of particular recovery mutual aid organizations
  - values that cross secular, spiritual, and religious recovery mutual aid and other recovery support institutions, e.g., humility, respect, tolerance, forgiveness, gratitude, service
  - symbols, slogans, recovery advocacy posters, iconic images/tokens/color that signify recovery, e.g., chips, key tags, jewelry, t-shirts, recovery-themed tattoos.
  - landmarks, e.g., places linked to the origin or key milestones within one’s recovery, e.g., pilgrimages to birthplace of one’s recovery fellowship or other landmarks, such as AA members visiting [Stepping Stones](#) or [Dr. Bob’s house \(Founder’s Day rituals\)](#)
  - rituals, e.g., home groups, celebrating recovery anniversaries, etc.
  - literature that shifts focus from the problem (addiction) or potential interventions (treatment) to the lived solution (recovery experience, prevalence, pathways, styles, and stages of personal and family recovery)
  - new genre of recovery-focused (as opposed to addiction-focused) biographies and autobiographies
  - recovery lifestyle magazines e.g., [Recovery Today](#), [The Sober World](#), [Recovery Campus](#), [Gabriel: Christians in Recovery](#), [InRecovery](#), [Recovery Campus](#), etc.
  - treatment alumni newsletters/magazines, [Together Magazine](#) (Hazelden Betty Ford) and such earlier publications as *Findings* (Betty Ford Center, 1998), *Hazelden Voice* (1990), and *Sierra Quarterly* (1998), etc.
  - Recovery advocacy newsletters, e.g., *NCADD Amethyst*, *The Voice of Recovery* (Recovery Communities United-Chicago), *FACTUALITY* (Friends of the Addicted for

Comprehensive Treatment–New York City), *The Recovery Herald* (Connecticut Community for Addiction Recovery), *Speak Out: Lesbian, Gay, Bisexual, and Transgender Voices for Recovery*, New York City, *The Ambassador* (Pennsylvania Recovery Organization), and *The Recovery Advocate* of the Substance Abuse and Addiction Recovery Alliance, Fairfax County, VA.

- Attempts to “manualize” recovery via recovery how to guides
- recovery art, e.g., use of photography, painting, sculpture, and other artistic media to convey the recovery experience e.g., [Syracuse Recovery Arts Festival and Exhibit](#) or to support recovery of people affected by addiction, e.g., see [Here](#).
- recovery-themes music, e.g., musicians publically disclosing their recovery status and expressing the recovery experience through their music
- Films focused on recovery experience and recovery advocacy (e.g., [The Anonymous People](#), [Generation Found](#)) and recovery film festivals (e.g., [Reel Recovery Film Festival](#), [The New Jersey Recovery Film Festival](#), [Rochester Recovery Film Festival](#), [The Art of Recovery Film Festival](#), [FOR-NY Recovery Art Festival](#), etc.
- recovery-focused theatre projects, e.g., [The San Francisco Recovery Theatre](#), [Hilltown Recovery Theatre](#), [Los Angeles Recovery Theatre](#), [Rise 2 Recovery](#), [Improbable Players](#).
- leisure, e.g., [sober vacations](#), [recovery cruises](#), recovery runners clubs, etc.
- recovery-focused businesses serving the recovery community
- recovery philanthropy, e.g., people in recovery and people effected by addiction/recovery offering financial support to recovery-focused education, service, and advocacy organizations

## V. New Recovery Support Institutions

A. New institutions that fall outside the boundaries of the historical recovery mutual aid societies and addiction treatment organizations

- [treatment alumni groups](#)
- [recovery residences](#)
- [recovery high schools](#)
- [collegiate recovery programs](#) (for examples, see [Here](#), [Here](#), and [Here](#))
- [recovery friendly workplaces](#)
- [recovery community organizations \(RCOs\)](#)
- [public recovery celebrations/walks](#)
- [recovery community centers](#)
- [recovery ministries, recovery churches](#), and [recovery-friendly churches](#)
- [recovery cafés](#)
- recovery comedy/improv events (for examples, see [Here](#), [Here](#), and [Here](#))
- recovery music fests, e.g., [Rockers in Recovery Music Festivals](#)
- recovery film festivals, e.g., [Reel Recovery Film Festival](#)
- recovery book clubs, e.g., Recovery Rising Society, [Women in Recovery Book Club](#)
- [recovery art shows and coops](#)
- recovery-themed fitness, sport, and adventure clubs, e.g., [The Phoenix](#), [Adventure Recovery](#))
- [recovery theatre projects](#)

B. Networking of these institutions through new associations, e.g., [National Alliance for Recovery Residences](#), [Association of Recovery Schools](#), [Association of Recovery in Higher Education](#), [Treatment Professionals in Alumni Services](#), [Recovery Café Network](#), etc.

## **VI. New Recovery Support Roles/Services**

- A. [Emergence of peer recovery support specialists / recovery coaches](#)
- B. Increased federal, state, and local funding for non-clinical, peer-based recovery support services
- C. Integration of peer support roles in addiction treatment, primary health care (particularly emergency services), child welfare, criminal justice, and educational settings.
- D. Advent of new [peer recovery support training programs](#), [credentialing standards](#), [role clarity papers](#), [ethical guidelines](#), [research reviews of peer service effectiveness](#), [manuals on peer supervision](#), and [peer services implementation manuals](#).

## **VII. From Acute Models of Addiction Treatment to Models of Sustained Recovery Management (RM) Nested within Larger Recovery-Oriented Systems of Care (ROSC)**

- A. [focus from acute care models of treatment \(brief episodes of screen, admit, assess, treat, discharge/graduate\) to models of sustain recovery support across the stages of recovery](#) (e.g., precovery, recovery initiation, transition to stable recovery maintenance, enhanced quality of personal/family life in long-term recovery, and efforts to break intergenerational cycles of AOD and related problems)
- B. [RM & ROSC involve such service design innovations](#) as community engagement and assertive outreach, pre-treatment stabilization, comprehensive and continual person/environment assessment, a focus on asset inventory and asset management, broadening the service team, shifting the locus of service delivery to natural environments of those served, extending dose/duration of services, assertive linkage to recovery community resources, and extended post-treatment recovery checkups.
- C. Focus on [mobilizing community resources to support long-term personal/family recovery](#)
- D. RM & ROSC as an organizing framework for [SAMHSA](#), dissemination through the [Addiction Technology Transfer Centers](#), with increased numbers of states and local communities using RM & ROSC concepts to guide systems transformation efforts.

## **VIII. Cross-fertilization of Prevention, Harm Reduction, Early Intervention, Treatment, and Recovery Support Services**

- A. Increased bi-directional [Integration of pharmacotherapy and recovery support services in both traditional Twelve Step Treatment Settings](#) and increased integration of peer recovery support services within clinic-based and [office-based pharmacotherapy settings](#) and [primary health care settings](#).
- B. RCO involvement in primary prevention, street outreach, Narcan distribution, overdose intervention, community education on treatment resources, public information on medication-assisted recovery, intervention, post-treatment recovery checkups, drug courts, child welfare projects, etc.
- C. [Advent of drug user unions in the U.S.](#) with overlapping advocacy agendas with RCOs and hybrid organizations sharing agendas of RCOs, HR organizations, and drug user unions, e.g., [Rebel Recovery](#).

## **IX. Recovery-Focused Research**

A. [Methodologically rigorous studies on the prevalence, pathways, stages, and styles of long-term personal and family recovery](#)

B. [Senior and junior research scientists focusing careers on recovery-related research](#), e.g., Ashford, Bergman, Best, Dennis, Godley, Godley, Greene, Humphreys, Jason, Kaskutas, Kelly, Laudet, Mericle, Polcin, Sanders, Scott, White, etc.

C. Increasing numbers of people in recovery pursuing graduate education with plans to focus on recovery research—all aided by increased numbers of college and university [undergraduate and graduate addictions studies programs](#)

D. [Increased NIH interest in recovery research](#)

E. New recovery-focused research institutions, e.g., Harvard's [Recovery Research Institute](#)

F. New recovery-focused peer reviewed science journals, e.g., [Journal of Recovery Science](#)

## **X. Recovery as an Organizing Paradigm for Drug Policy**

A. Organizing center of AOD problems arena extending from exclusive focus on addiction pathology and methods of social and clinical intervention to [extracting knowledge and problem resolution strategies from the collective lived experience of people in long-term recovery](#)

B. SAMHSA/CSAT provision of seed funding to RCOs via the [Recovery Community Services Program](#)

C. Increased [representation of people in recovery within policy positions](#), e.g., ONDCP, SAMHSA, state and local policy and planning agencies

D. Recovery focus within [2016 Surgeon General Report Facing Addiction in America](#)

E. Inclusion of funding for RCO development and peer recovery support services within in the 2018 [Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act](#)