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The New Recovery Advocacy Movement: A Twenty-year Retrospective

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Introduction

It is a pleasure and honor to be with you this morning to commemorate 20th anniversary of the St. Paul Recovery Summit that launched a new recovery advocacy movement in the United States. I would like to dedicate my remarks this morning to the recovery advocates we've lost since we first gathered in St. Paul, and particularly to those we've lost to COVID these past two years. The pandemic starkly exposed the legacy of physical vulnerabilities many of us bring into the recovery experience. As much as we wanted to be together for this event, it was a wise decision to protect our people by shifting this commemoration to a virtual platform.

In my earlier writings and presentations, I have explored the history of the new recovery advocacy movement, including the history and import of the 2001 Recovery Summit. I have celebrated the contributions of the individuals and organizations that were so critical to that event. And I have addressed the many challenges we've faced as a movement since that historic meeting. This morning, I am going to highlight seven major achievements of the recovery advocacy movement since 2001 and offer a few closing reflections on the future of recovery advocacy.

1. Toward a Recovery Paradigm

Our first achievement is in elevating and celebrating the very idea of recovery. For more than 200 years, approaches to alcohol and other drug (AOD) problems in the United States focused on the prevalence of AOD-related problems and their related pathologies as well as their related social, legal, and medical interventions. Throughout these years, recovery, the lived personal solution to such problems, has for the most part remained culturally and professionally

invisible. Twenty years ago, we sent a clarion call to shift the organizing center of the addictions field from one of pathology and clinical intervention to a focus on the lived experience of long-term personal and family recovery. We did so through four core propositions.

We proclaimed: recovery is a reality for individuals, families and communities; and later added that it could also be extraordinary—far more than removal of AOD from otherwise unchanged life. We boldly proclaimed, "We are the evidence—the living proof of the hope and reality of long-term recovery.

We suggested that there are multiple pathways and styles of recovery and we professed that ALL such pathways and styles are cause for celebration.

We asserted that people who have been part of the problem can, in recovery, be part of the solution.

We affirmed that recovery flourishes in supportive communities. We made recovery contagious as we made it visible and accessible in our local communities. We unleashed legions of recovery carriers who embodied that solution—giving hope to individuals, families and communities that were still suffering. Extending the focus to include cultural and community recovery contexts turned out to have profound implications.

We have made significant progress in moving towards this solutions focus. Resistance, resilience, and recovery are emerging as alternative organizing concepts for policy, planning, and funding bodies. We see this reflected in:

- landmark legislation: the Mental Health Parity and Addiction Equity Act, the Affordable Care Act (ACA), the Comprehensive Addiction and Recovery Act of 2015 (CARA) and in currently pending legislation,
- the dismantling of key discriminatory laws and regulations that have posed obstacles to recovery,
- the elevation of recovery as a valuable organizing paradigm at ONDCP, SAMHSA/CSAT, and within state planning/funding authorities, and in
- the attention to recovery within the National Drug Strategy and in reports from the U.S. Surgeon General.

Focusing on the solution rather than the problem seemed like a simple suggestion to us 20 years ago, but it turns out that recovery is a quite revolutionary and a catalyst for fundamental changes in public policy and service practices.

There would be no talk today of recovery definitions, recovery prevalence, recovery capital, recovery management, recovery-oriented systems of care, recovery community organizations, recovery coaches, stages of recovery, varieties of recovery experience, or culture of recovery if the core concept of recovery had not been pushed into central prominence within the addictions field. Similarly, the progress we have made confronting addiction-related stigma has rested on the centrality of the recovery concept. This is our first and foremost achievement.

Mass Mobilization of People in Recovery

Our vision 20 years ago was to achieve the cultural and political mobilization of people in recovery and their families and allies. We have made substantial achievements toward that goal. We have done that through grassroots organizing, recovery-focused political lobbying, new social media outlets, recovery messaging training, recovery conferences, and through local and

national recovery celebration events—from recovery marches to American Honors Recovery. Our numbers are growing and the leadership roles of women, young people, people of color, members of the LGBTQ communities, and other historically marginalized communities, as well as members of diverse recovery communities, have increased the inclusiveness of our efforts. We are becoming what Carol McDaid calls a constituency of consequence. The 2001 Summit set the stage for those mobilization efforts.

A New Sense of Peoplehood

New kinetic ideas and grassroots mobilization efforts triggered an unprecedented milestone: the self-recognition of individuals in recovery as a distinct "people" beyond their identification with a particular mutual aid organization or treatment institution. The historical significance of this sense of "peoplehood" cannot be overstated. Stigmatized populations often express internalized stigma through personal scapegoating and splintering themselves into warring factions. Today, people from diverse pathways of recovery are seeing themselves collectively as "a people" with a unique history, distinctive challenges, a shared destiny, and shared service opportunities. It would have been inconceivable to me when I began this service ministry in the 1960s that I would one day see tens of thousands of people from diverse pathways of recovery marching arm-in-arm publically through the main streets of U.S cities. We have lived to witness that unlikely miracle.

Recovery Institution Building

There is always the risk in social change movements that we briefly energize people without building institutions to support sustained social change. That is when social change efforts quickly rise and fall. We have avoided that pitfall by supporting the growth of new recovery support institutions.

We have supported the national and international growth and diversification of recovery mutual aid societies and online recovery communities.

We have led the rise of the RCO as new type of community institution—different from AOD councils, different from recovery mutual aid fellowships, and different from prevention and treatment organizations. The RCOs and their linkage through Faces and Voices of Recovery and the Association of Recovery Community Organizations have served as the grassroots infrastructure for all we have since achieved and have spurred the further growth of national and local recovery advocacy efforts.

We have supported the growth of new recovery community institutions: recovery residences, recovery high schools and collegiate recovery programs, recovery friendly workplaces, occupation-based recovery support programs, recovery community centers, online recovery communities, recovery ministries, recovery cafes, recovery ministries, recovery book clubs, and recovery-focused activities in music, art, literature, history, media, film, theatre, fitness, sports, adventure, and entertainment.

We are creating the physical, psychological and social space in local communities in which long-term recovery can flourish. We have begun the process of building new recovery support institutions and birthing recovery space within local neighborhoods and forging recovery space within every major social institution. This remarkable achievement will progress and reap rewards for decades to come.

Recovery Cultural Production

We have helped birth an ecumenical culture inclusive of multiple pathways and styles of recovery across diverse populations and cultural contexts. We are representing recovery through recovery-focused values, stories, symbols, rituals, literature, history, art, music, dance, photography, and on and on. We are using elements of this cultural production to challenge the language, images, and beliefs that have historically objectified and demonized us, and we are injecting new recovery-focused ideas, language, and images into public and professional arenas.

There is also an emerging recovery ethic and esthetic guiding such cultural production. There is growing consensus that recovery cultural production must:

- spring from us—meaning that it is rooting in recovery communities and recovery ancestors,
- be produced by us—meaning that it is drawn from our experiential knowledge,
- be for and about us—it must serve as a balm for our wounds as well as a call to service
- reflect both our diversity and our unity, and
- be owned by us—meaning that the resources generated are returned to rather than drained from recovery communities.

Such an ethic can assure the integrity and inclusiveness of the recovery culture and minimize the risk of its exploitation.

We are building a world that welcomes recovery and expands the cultural space in which it can survive and thrive.

Recovery and the Continuum of Care

When I first entered this work, there were early calls for a continuum of care within local communities, which at that time meant prevention, which focused on suppressing youthful drug use, and treatment, which then focused on care for those in the latest stages of addiction. We later added early intervention programs and harm reduction programs. What we have done for the first time is added recovery as a distinct arena within the AOD problems service continuum and then sought the infusion of recovery perspectives into all other areas of this service continuum. The danger is that recovery will become a new silo just as prevention, harm reduction, early intervention, and treatment now exist as separate fields/industries. Recovery as a concept and as a menu of support services must instead be fully enmeshed within all of these arenas if there is to exist a true "continuum of care." We are championing calls to integrate primary prevention, harm reduction, early intervention, addiction treatment, and sustained stage-appropriate recovery support services. We need representation in all of these arenas. Here's why.

Prevention: No effective strategy for preventing the most severe, complex and chronic AOD problems can exist that fails to recognize the intergenerational transmission of addiction and related problems. The families and children of addicted and recovering people must be elevated as a priority population for prevention efforts. Effective prevention requires public modeling of responsible AOD decision-making that includes the choices of responsible use and, for our most vulnerable and health-conscious populations, the choice of abstinence. People in recovery can play an important role in breaking these intergenerational cycles and modeling abstinence as a personal and social value. People in recovery are at present the most untapped prevention resource. As recovery advocates, we need to be at the prevention policymaking tables and involved in the delivery of frontline prevention services.

Early Intervention: Unfortunately, the natural course of addiction can progress for many years before people seek help and initiate sustainable recovery. Shortening addiction careers and extending recovery careers would be a boon to affected individuals, families, and communities, but this would necessitate sophisticated, assertive, and recovery-focused educational and outreach efforts. Such efforts would also require models of problem resolution and recovery support for people with lower levels of problem severity, complexity, and duration. Achieving this would require increasing the visibility and accessibility of recovery within all major social institutions, including government, finance, business and industry, education, religion, health care, media, entertainment, criminal justice, and child welfare. People modeling multiple pathways and styles of recovery across diverse cultural contexts can play an important role in this process of community education, early engagement, and recovery support.

Harm Reduction: Dead people don't recover. People need different supports at different stages of their addiction and recovery careers. Those two propositions mark the rational for recovery advocates' support of and involvement in various HR activities. We need to meet people where they are, but not leave them there without expanded choices. We can both prevent harm and promote the capacity to flourish. We cannot offer sustained support on people's journey from surviving to thriving if we turned our backs on them when they were at the height of their suffering. By integrating HR and recovery perspectives, we can reduce the damage people inflict on themselves and other and reduce the baggage that they carry with them into the recovery process. We can sustain life, enhance the quality of life, and expand choices for people at the "precovery" stage of their addiction and recovery careers. There will always exist a degree of tension between HR and recovery advocates, but we both serve our constituencies best in collaboration rather than in conflict and isolation.

Treatment: At the dawn of the twenty-first century, a growing number of recovery advocates felt that addiction treatment had become detached from the larger and more enduring process of addiction recovery and that treatment organizations had become disconnected from the grassroots communities out of which they were birthed—more concerned with professional prestige and profit than recovery. We were also concerned with the revolving door of addiction treatment in which people with severe, complex and prolonged addiction careers were being recycled through ever-briefer episodes of treatment and then blamed when they experienced addiction recurrence. We viewed such recurrences more as a system failure than as personal failures.

We called for efforts to extend addiction treatment from models of acute care to models of sustained recovery management (RM) nested within larger recovery oriented systems of care (ROSC). RM/ROSC represent a radical redesign of addiction treatment and the training of addiction professionals. Many such efforts are now underway in great part due to our advocacy and our increased involvement in shaping treatment policy.

Recovery Support: We have been the vanguard in the proliferation of peer recovery support services as an adjunct and alternative to addiction treatment, We know that levels and types of support vary significantly across levels of problem severity and across the long-term stages of recovery. In response, we have added recovery support as a distinct element of the continuum of care for AOD problems. It is now time to fully infuse recovery across this continuum of care and across the stages of long-term personal and family recovery. This will be achieved when there is a designated federal and state funding stream for recovery support services.

The key in thinking of this service and support continuum is to focus on all stages of addiction and recover. This includes the stages of precovery, recovery initiation and maintenance, enhancement of global personal and family health in long-term recovery, and efforts to break intergenerational cycles of addiction and related problems

Toward a Recovery Research Agenda

Finally, we have witnessed the emergence of scientific research focused on the prevalence, stages, styles, and processes of addiction recovery across diverse populations and cultural contexts. We have supported:

- the legitimization of recovery as an important arena for scientific investigation,
- an increase in scientists specializing in recovery research, including people in recovery seeking advanced education to pursue recovery research,
- the rising prominence of recovery-focused research organizations,
- an increased recovery focus within peer-reviewed scientific journals, and
- the expanding recovery research portfolios at NIAAA and NIDA.

People in recovery and our allies are now pioneering a new science of addiction recovery. In 2000 shortly before the Summit, I conducted a literature search and prepared a bibliography of recovery-focused research studies. That bibliography was less than 15 pages long. A similar bibliography on addiction or on treatment at that time would easily have been more than a thousand pages. Today, that recovery research bibliography is more than 400 pages. This is a remarkable achievement that will reap enormous rewards in the years to come.

Progress Summary: The achievements I have outlined would have been unthinkable to many of us attending the 2001 recovery summit. Yes, through our efforts we have indeed added bold new chapters to the history of addiction recovery. And we are here in part to celebrate those achievements.

Our Future Challenges

In thinking about the future of recovery advocacy, I would like to note a few of the challenges we will be facing.

Movement Maturation In addressing the future of our recovery advocacy movement, the first challenge is to weather the growing pains of all maturing social movements, including the challenges of

- programmatic and financial sustainability,
- maintaining a sense of urgency to our efforts,
- managing leadership transitions, and
- preventing cult-like closure, purges, schisms and movement dissipation or implosion.

There are, however, currently three issues that have my attention that I would like to share with you.

Mission Fidelity There has been tremendous growth in recovery support services in the past decade and the risk is that this success becomes the movement. If the recovery advocacy movement is reduced to a peer recovery support industry and if peer recovery support becomes only a loose appendage to addiction treatment, we as a movement will have failed and a future

recovery advocacy movement will need to be rebirthed. We have to make sure that one of our objectives does not become our sole mission.

I think we avoid this by doing two things:

1) balancing our change efforts across personal, family, community, cultural, and global levels. Ideally, we can steward our time and resources across these five areas even when our primary personal or organizational focus is on one of these areas.

2) assertively managing the risks of professionalization and commercialization. We must remain a movement and avoid becoming an industry. We must at all costs avoid undermining the voluntary service ethic that is a hallmark of recovery communities.

Representation Checks Social movements that begin focused on the needs of those most marginalized often abandon these very people as the movement garners success. To avoid that risk, we must continually evaluate:

1) the scope and adequacy of recovery representation—avoiding tokenism,
2) the authenticity of recovery representation (avoid the problem of double agentry in which someone represents themselves as a recovery advocate who is actually representing other persona or /institutional interests), and
3) the diversity of recovery representation.

Backlash Management Every successful movement must survive the backlash it creates. That backlash can spring from many sources. It can spring from:

- our disconnection from those we are pledged to serve,
- those whose interests we threaten—from the alcohol, tobacco and pharmaceutical industries, other AOD-involved organizations (the treatment, criminal justice, and child welfare industries) or from allied professional groups,
- the superficial over-promotion of recovery as a diluted and faddish flavor of the month, or from
- our own excesses and ethical breaches, e.g., highly publicized episodes of emotional/sexual/financial exploitation within the recovery support umbrella.

I suggest two strategies to lower our vulnerability for such backlashes. The first is to always consider our critics as potential benefactors. This requires doing a self-inventory of any element of truth within criticisms we face, regardless of the source or motivation of such criticisms. The second strategy involves the codification and internalization of values and ethical codes that separate healers from hustlers. We must ground our organizations in recovery values and conduct a regular self-inventory of values fidelity. We need ethical standards of practice and structures for selecting, training, and supervising those providing peer-based recovery support services. And our organizations, workers, and volunteers must be held accountable to fidelity with those values and codes of conduct.

A Special Note of Gratitude

Before ending my remarks, we would be remiss in this anniversary celebration if we did not acknowledge the debt of gratitude we owe to recovery leaders within indigenous and communities of color and within the LGBTQ community. These communities have made

numerous contributions to our movement, but I think they have gifted us with two particularly priceless lessons. They have taught us the import of time in their illumination of historical trauma, historical resistance and resilience, the value of elder and ancestor guidance, and the need to weigh each of our decisions on its potential effects for the next seven generations. They have also taught us the importance of space: that recovery requires fertile soil to grow and that we must create those healing forests in which recovery can flourish that Don Coyhis so eloquently describes. Through these perspectives on time and space, these communities have shown us the nexus between recovery advocacy and social justice. We are only beginning to grasp the full implications of these gifts.

And An Opportunity

I would also be remiss if I did not acknowledge that we live in a deeply wounded and suffering country at present. Our communities and our country need a recovery process. As experts on the journey from brokenness to wholeness, we can and should be included among its healers. Where else in America do people of diverse political and religious affiliations and cultural backgrounds speak to one another daily with respect and mutual support than "in the rooms" of recovery? The values our country most needs at this moment are values that have guided our recoveries: unity, honesty, humility, tolerance, respect, gratitude, forgiveness, love, and service. These are the balms we can apply to heal America's bleeding wounds. There is a larger call to service here that awaits us.

Closing

In closing, I firmly believe we will extend these achievements and face these threats and opportunities. Twenty years ago, our speakers challenged us to return to our communities and make some history. We did precisely that. Members of my generation are nearing the end of our service ministries. It is our hope that your lives will be as fulfilled in this ministry as ours have been. We hope the lessons we have learned will be helpful to you, but circumstances change and sometimes the old lessons are no longer viable. What each generation of recovery activists must do is to show up and figure out how to affect change within their own era and then pass the advocacy torch to the next generation, informed by but not trapped by, the past. In passing this torch to you, we leave the future of recovery in your hands. We wish you Godspeed on your journey into that future.