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Citation: White, W. (2014). Tribute to the "recovery movement." ATTC Messenger, Accessed September 6, 2014 at http://www.attcnetwork.org/find/news/attcnews/epubs/addmsg/September2014article.asp
Posted at **www.williamwhitepapers.com**

Tribute to the "Recovery Movement"

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The effective management of historically intractable problems requires the sustained mobilization of multiple community institutions. Such mobilization is achieved through social movements that redefine the nature and complexity of the problem and forge systemic approaches to its solution. The history of American responses to alcohol and other drug (AOD) problems is dotted with such social movements, from therapeutic and mutual aid movements to movements that promised drug prohibition (or legalization) as the ultimate solution to these problems. Collectively, earlier movements drew from two primary sources: knowledge drawn from the study of AOD-related personal and social pathologies, and knowledge drawn from short-term evaluation of clinical or social interventions into these problems. Recently, a third source of knowledge—lessons drawn from the lived experience of long-term addiction recovery—has risen from within what is popularly referred to as the "recovery movement." But what exactly is this recovery movement, and what new perspectives and approaches does it offer?

History of Recovery Movement

Abstinence-based therapeutic, religious, and cultural revitalization movements date to the mid-1700s, and mid-twentieth century policy advocacy organizations (e.g., the National Council on Alcoholism) led by people in recovery played a significant role in creating the cultural and political will to forge the modern network of addiction treatment institutions in the United States. Those recovery advocacy efforts peaked in the U.S. in the early 1980s and were followed by the restigmatization, demedicalization, and increased criminalization of addiction through the 1980s and 1990s. Progressive disillusionment with these latter trends set the stage for the emergence of a reformulated and much more potent "recovery movement."

That power is illustrated by a comparison of two historical milestones. In

1976, the National Council on Alcoholism sponsored Operation Understanding—an event in which 52 prominent Americans (politicians, sports heroes, movie stars, and business leaders) stood before television cameras to announce their status as individuals in long-term recovery from alcoholism. Never before had individuals in such number and of such cultural prominence acknowledged recovery from alcoholism. In 2013, more than 120,000 people in addiction recovery and their families and allies marched in public Recovery Month celebration events—something many long-tenured recovery advocates could not have imagined happening in their lifetime. That unprecedented level of cultural and political mobilization of individuals and families in recovery emerged from new and renewed grassroots recovery community organizations (RCOs) in the late 1990s (supported in part by the Center for Substance Abuse Treatment's Recovery Community Support Program), the 2001 Recovery Summit in St. Paul, Minnesota, that launched Faces and Voices of Recovery, and efforts by affiliates of the National Council on Alcoholism and Drug Dependence to return to their advocacy roots. Recently, the growing network of RCOs has been further organized within the Association of Recovery Community Organizations (ARCO). Today's "recovery movement" or "new recovery advocacy movement," like most social movements, is really multiple movements with broadly shared ideas and strategies.

A Recovery Mutual Aid Movement

The "recovery movement" grew out of and simultaneously fueled the growth and philosophical diversification of addiction recovery mutual aid organizations. Of great import is the growing accessibility of local recovery support resources that today span secular, spiritual, and religious pathways of long-term addiction recovery. What the "recovery movement" is doing is embracing these groups culturally, without formal linkages or formal mutual endorsement, around such kinetic ideas as:

- Long-term addiction recovery is a reality in the lives of millions of individuals and families.
- There are many pathways to addiction recovery—and ALL are cause for celebration.
- Recovery gives back to individuals, families, and communities what addiction has taken.

Individuals who once defined themselves as AA members, NA members, Women for Sobriety members, SMART Recovery members, Lifering Secular Recovery members, Celebrate Recovery members (and on and on) are today beginning to also see themselves within a larger identity: "people in long-term addiction recovery." That extension of identity marks the emergence of an ecumenical culture of recovery in the United States. Of equal import is the growth of Internet-based mutual support media through which that broader identity is expressed. A day could come faster than any could predict when more people will participate in online recovery mutual support activities than participate in local face-to-face recovery support meetings.

A Recovery Community Building Movement

Historically, support for addiction recovery in the U.S. came from two primary social institutions—recovery mutual aid societies and professionally directed addiction treatment institutions. What is of considerable import is the recent growth of recovery support institutions that fit neither of these categories. These new institutions include recovery community centers, recovery residences, recovery schools (at high school and collegiate levels), recovery industries, recovery ministries, recovery cafes, and recovery-focused venues in such areas as sport, travel, theatre, and film. This marks a shift from a near-exclusive focus on intrapersonal processes of addiction

recovery to creating local *recovery landscapes* (a potent form of *community recovery capital*) within which recovery can flourish. Using a clinical metaphor, the community is becoming the patient. Persons in or recently completing addiction treatment are leaving the doorways of their homes as you read this. Where will they go and what will they do? The answers to those questions underscore the need for physical, cultural, and social space in local communities supportive of addiction recovery.

A Treatment Transformation Movement

Processes of professional self-inventory and systems performance evaluation in the opening decade of the twenty-first century triggered calls to: 1) shift the field's organizing center from pathology and intervention paradigms to a recovery paradigm, 2) extend the design of addiction treatment from one focused almost solely on acute biopsychosocial stabilization (recovery initiation) to one that encompassed support for long-term personal and family recovery (recovery maintenance and enhanced quality of life in recovery), and to 3) nest these models of sustained addiction recovery management (ARM) within larger recovery-oriented systems of care.

The calls for this conceptual shift in the field were not without challenges. Critics challenged that the recovery concept was amorphous ("Is it like pornography? You can't define it but you know it when you see it?"), redundant ("We're already recovery oriented."), faddish ("a flavor of the month"), impractical ("No one will fund long-term recovery support."), and dangerous ("Recovery is a political Trojan horse aimed at de-professionalizing, delegitimizing, and defunding science-based treatment and harm reduction services."). Such were the challenges that faced early ARM/ROSC pilot settings (e.g., the State of Connecticut and the City of Philadelphia) and recovery-focused policy shifts within the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (as promulgated through CSAT's Addiction Technology Transfer Network) and the White House Office of National Drug Control Policy.

So what does this call for increased recovery orientation really mean for the future of addiction treatment? It means that system resources are strategically allocated toward the vision of long-term personal, family, and community recovery and wellness. It means that the principles imbedded within the care process are drawn from the lived experience of personal and family recovery and that people in recovery have visibility and voice throughout the system. It means that the benchmarks used to measure the performance of roles, organizations, and systems all have a direct or indirect nexus to personal and family recovery. It means that measures of traditional systems health (e.g., number of people served, number of units of service, number of organizational staff, service costs, organizational budgets) have virtually no meaning and value unless linked to measurable, sustainable long-term recovery outcomes. As outlined, ARM/ROSC will touch nearly every aspect of addiction treatment, including issues of attraction, access, engagement, locus of service delivery, service team composition, service menu, service dose, linkage to indigenous recovery community resources, and the expansion of post-treatment recovery check-ups and stage-specific recovery supports.

A Policy Advocacy Movement

The "recovery movement" also contains a strong policy advocacy arm that, in addition to its recovery community building activities and support of ARM/ROSC, is:

- demanding substantial and authentic representation of people in recovery in all AOD-related policy forums,
- challenging ill-informed and stigmatizing public portrayals of people experiencing or recovering from AOD-related problems,
- challenging discriminatory laws and policies that constitute obstacles to recovery,

- promoting pro-recovery laws and social policies,
- promoting programs of professional, public, and political education, and
- promoting development and funding of a recovery-focused research agenda.

A central tenet within the advocacy movement is that people who were once part of the problem can become part of the solution to AOD problems in local communities throughout the United States.

Closing Reflection

As we celebrate Recovery Month in 2014, it is fitting that we pay homage to the people in recovery and the professional pioneers who have played such integral roles in this revolution in thinking and service practice. Only time will tell whether recovery as a new organizing paradigm will reap its potential promises or will be colonized, corrupted, and commercialized in ways that will render it one more "flavor of the month" cast into the dust bin of history. But make no mistake, the "recovery movement" so briefly described here does have the potential to transform addiction treatment as a system of care and transform local community life in the United States.

About the Author: William White is Emeritus Senior Research Consultant with Chestnut Health Systems and a volunteer consultant with Faces and Voices of Recovery and other recovery advocacy organizations. He is the author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.

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