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The New Recovery Advocacy Movement: A Call to Service

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A long series of American social movements have touched the lives of those with severe and persistent alcohol and other drug problems. These same movements have influenced the cyclical ebb and flow of support for addiction treatment. At the 2001 NAADAC conference, I described two emerging movements—a New Recovery Advocacy Movement and a Treatment Renewal Movement—that, through their success or failure, will shape the future of addiction treatment and recovery in America. This article will provide a brief description of the first of these movements.

A Changing Policy Context

Movements ignite when the conditions spawning them reach critical mass. The collapse of 19th century addiction treatment and mutual aid societies and the abandonment of alcoholics and addicts to inebriate penal colonies, the back wards of deteriorating state psychiatric hospitals, and the “foul wards” of urban hospitals all set the stage for the founding of Alcoholics Anonymous, Narcotics Anonymous and the rise of advocacy movements (1944-1970) that laid the foundation for our current system of addiction treatment. That achievement was social, (changing public conceptions of addiction and the addict), political (passing landmark federal and state legislation) and technical (developing new addiction treatment modalities).

The successes of the modern treatment and recovery movements were substantial. A federal, state, and local treatment partnership, the recognition of addiction as a treatable (and reimbursable) medical disorder, and the extension of intervention into the family, workplace, school and the courtroom created unprecedented access to addiction treatment and a dramatic expansion of the culture of recovery in America. But dark clouds were forming even as these successes accumulated.

The professionalization and industrialization of the field of addiction treatment led to a loss of such grassroots advocacy functions as community education, recovery resource development, and policy advocacy. These functions were displaced by paid specialists in public relations, marketing, and lobbying that

promoted the institutional interests of newly defined treatment “businesses.” The subsequent excesses of the treatment industry in the 1980s led to an ideological backlash that spawned a new wave of therapeutic pessimism about addiction recovery and a financial backlash that dramatically altered the treatment landscape.

As America enters a new century, alcohol and other drug problems are again being restigmatized, demedicalized and recriminalized. Images that portrayed the humanity of addicts and their successful recovery (First Lady Betty Ford) have been replaced by images that evoke fear, ridicule and pessimism about recovery (the frenzied media coverage of Darrel Strawberry and Robert Downey, Jr.). The shift from medical to moral and criminal models of intervention into alcohol and other drug problems grew out of climate of “zero tolerance” filled with highly inflammatory and racialized drug warrior rhetoric. As the doors of hospitals closed, people addicted to alcohol and other drugs entered the criminal justice system in unprecedented numbers (1 ½ million drug-related arrests per year in the U.S., up more than 1 million since 1980).

America’s response to alcohol and drug problems has been characterized for more than 250 years by cycles of despair and hope.

When the environment has been most hostile towards alcoholics and addicts, recovering people and their families and visionary professionals have always stepped forward to bring light into this darkness.

An Emerging Movement

More than 5,000 people participate in activities surrounding the Wiping of the Tears Walk across America—a 109 day, 3,800 mile pilgrimage from Los Angeles to Washington, D.C. The journey of a Sacred Hoop of 100 eagle feathers from community to community celebrated the vibrant spirituality, sobriety and healing within Native communities.

In Portland, Oregon the Recovery Association Project negotiates a multi-step action plan with local public health officials to reduce heroin overdose deaths and to respond to the epidemic of Hepatitis C among the city’s drug users.

The following is overheard in the reception line following the announcement of the latest Drug Czar’s appointment: “Mr. President, my name is ____ and I am a person in recovery.”

At Texas Tech University, more than 100 students regularly attend a mid-week recovery celebration meeting. Many are on privately endowed scholarships whose purpose is to provide opportunities for recovering people to attend college within a milieu of supportive of their recovery. As a group, the grade point average of these recovering collegians surpasses that of the general student body by a full grade point.

The Connecticut Community of Addiction Recovery provides a wide variety of support services designed to help people make the transition from addiction treatment to stable, long-term recovery.

The National Alliance for Methadone Advocates pushes an education and advocacy agenda designed to alter the public and professional stigma surrounding medication-supported recovery from narcotic addiction.

In communities across the country, young men in recovery from addiction, wearing T-shirts that read “Amends in Action,” meet Saturday mornings to clean up neighborhood parks, replace graffiti with uplifting art, and talk with neighborhood youngsters. They consider this voluntary service a way to make restitution for the wounds they afflicted on their communities when they were addicted.

Two mothers, each having lost a child to a heroin overdose death, wage an unceasing battle to educate others about addiction and the need for enhanced recovery support services.

Two counselors, tired of seeing the fragile recoveries of their clients devoured within drug-saturated social environments, organize on their own time a network of local recovery homes for people needing sober housing.

In Minneapolis, the Alliance Project brings recovery activists together from all over the country to organize a media campaign to counter the stigma associated with addiction.

* In Chicago, recovering people meet with addiction researchers to explore how research can become more recovery-focused in the questions it seeks to answer.

These local stories are part of a larger story: recovering people and their families and “friends of recovery” across the United States joining together to achieve goals that transcend their mutual support needs. Across the country, these new advocates are standing before public officials telling their stories and advocating for the needs of those struggling to achieve stable recovery. Across the country, they are seeking to push the pendulum of public attitudes and to organize new services that will widen the doorway of entry into recovery.

The structure of this emerging movement is somewhat amorphous. There is no single national point of direction for this movement, no national spokesperson, nor any single point of financial support. It is a “movement” only in the shared values, themes and action agendas of these local grassroots organizations, the beginning recognition of each other’s existence, and a growing synergy between the members of these local groups. The movement is emerging from many of the more than 90 local NCADD affiliates who are recommitting themselves to their historical public education and policy advocacy mission. The movement has been

energized by the Center for Substance Abuse Treatment's Recovery Community Support Program local grantees. The movement embraces many religious leaders, particularly those in African American communities, who have launched successful addiction recovery ministries. The movement is reflected in the growing "wellbriety" movement in Indian Country. The movement is also fueled by survivors, who after having had family members struck down by or saved from the devastation of addiction, are turning their pain or gratitude into social action. It remains to be seen what form this movement will take as these local groups move toward a national identity and structure.

The core values of these organizations currently reflect a recognition of: 1) the primacy of personal recovery as a platform for political advocacy, 2) the need for authentic, grassroots representation and leadership, 3) the importance of developing local and national leadership, and 4) the value of cultural diversity, to include representation of the varieties of addiction and recovery experience. There is, perhaps more than anything else, a sense that attitudes and policies toward addiction and recovery will change only when local faces of addiction and recovery are brought into the consciousness of American citizens, professional helpers, and policy makers.

The goals of these new and renewed recovery advocacy organizations include:

- portraying alcoholism and addictions as problems for which there are viable and varied recovery solutions,
- providing living role models that illustrate the diversity of those recovery solutions,
- countering any public attempt to dehumanize, objectify and demonize those with AOD problems,
- enhancing the variety, availability, and quality of local/regional treatment and recovery support services, and
- removing environmental barriers to recovery, including the promotion of laws and social policies that reduce AOD problems and support recovery for those afflicted with AOD problems.

Core Ideas and Strategies

The central idea of the new recovery advocacy movement is not that "addiction is a disease" or that "treatment works" but that addiction *recovery is a living reality for hundreds of thousands of individuals, families, and communities.* To those who offer a pessimistic or a "one way" view of recovery, this new advocacy movement is declaring that *there are many pathways to recovery.* To the NIMBY response to proposals for new recovery homes, this movement offers a

reminder that *recovery flourishes in supportive communities*. In response to the increasingly coercive nature of addiction treatment, this movement is reminding us all that ultimately, *recovery is a voluntary process*. The new recovery advocacy movement is offering living proof that recovery gives back what addiction has taken from individuals, families and communities and that *recovering and recovered people are part of the solution* (to alcohol and other drug problems). The New Recovery Advocacy Movement is taking a community's historical deficits and turning them into assets through the vehicles of social action and community service.

These ideas come to life through eight strategies that make up the action agenda of most recovery advocacy organizations.

Recovery Organization: developing leadership within communities of recovery so that these groups can declare their existence, express their collective voice, and offer a venue for community service.

Recovery Representation: assuring that the voices of recovering people and their families are included in all venues that address severe and persistent alcohol and other drug problems.

Recovery Needs Assessment: identifying obstacles to recovery, evaluating existing service structures, and prioritizing needed recovery support services.

Recovery Education: educating lay and professional audiences on the varieties, stages and styles of addiction recovery.

Resource Development: cultivating volunteerism within the recovery community and expanding philanthropic and public support for recovery support resources.

Policy Advocacy: championing (through negotiation and social action) stigma-reduction and pro-recovery policies at federal, state, and local levels.

Recovery Celebration: enhancing the identity and cohesion of local recovery communities, making recovery visible within the larger community, and putting faces and voices on recovery via major media outlets).

Recovery Research: supporting research that can illuminate the strategies, structures and processes associated with long term recovery.

Implications for Addiction Treatment

If the New Recovery Advocacy Movement sustains its momentum, it will exert many influences on the nature of addiction treatment. It is that very potential that has long made grassroots advocacy movements vulnerable for colonization by the treatment industry. As treatment professionals, we must find ways to support this New Recovery Advocacy Movement without suffocating it. This Movement can succeed only if it sustains its autonomy from the institutional interests that will

seek to control it.

While providing a potentially powerful advocate for treatment funding, the New Recovery Advocacy Movement will hold treatment programs to an unprecedented level of accountability in terms of responsiveness and effectiveness. This new movement is calling upon treatment institutions to:

- develop and expand low threshold programs of service engagement,
- identify practices and procedures that inadvertently serve as barriers to treatment initiation and completion,
- move the locus of treatment activity from the institution to the natural environment of those seeking service,
- extend recovery support services beyond the period of acute treatment, and
- expand the service menu to reach a broader spectrum of those experiencing alcohol and other drug problems.

This new movement is confronting us with the fact that addiction treatment has all too often become detached from the larger and more enduring process of recovery. We are being challenged to shift from a treatment paradigm to a recovery paradigm. The most significant import of the New Recovery Advocacy Movement may well be this movement's demand that addiction treatment agencies redefine themselves as "recovery-oriented systems of care." (There will be more on this in a forthcoming article.)

A Call to Service

We are at a critical juncture in our history as a professional field and as a country. It is a time that addiction counselors can participate in history or be passive witnesses of history. The future of addiction treatment and recovery could well be determined by our collective silence or voices. It is time for us to stand up and challenge the therapeutic pessimism and institutional economics that are seeking to once again transfer people with alcohol and drug problems from systems of care to systems of control and punishment. It is time for us to stand up and send an unequivocal message of experience, strength and hope to this culture about the living reality of addiction recovery. It is time we all got involved in the New Recovery Advocacy Movement.

It is time we as addiction counselors stepped out of our offices back into our neighborhoods to help build strong cultures of recovery in every community in America. For those of us who have masked our own recovery status behind a growing veneer of professional credentials, it is time we joined others in offering

ourselves as living proof of the proposition that addiction recovery is a reality. Rather than individually lament the progressive loss of treatment and recovery support services, it is time we recaptured the activism that birthed this field in the 1960s and 1970s. There are addiction counselors, young and old, who were born for this moment in history. Some of you reading these words were born to serve this movement. It is time we stepped beyond the demands of our paid roles to volunteer our time, our talents and our personal financial resources to shape this important period in our history.

It is time!

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Source Materials

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2. White, W. (2000) *Toward a New Recovery Movement: Treatment, Recovery, Advocacy*. Keynote address, CSAT Recovery Community Support Program Conference. www.defeataddiction.org. and www.treatment.org.
3. White, W. (2001) *The Rhetoric of Recovery Advocacy: An Essay on the Power of Language*. www.defeataddiction.org and www.treatment.org.
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COMING NEXT: The Treatment Renewal Movement