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**Inside Addiction**  
**An Interview with William White**  
**(October, 2010)**

**Inside Addiction:** What got you interested in the New Recovery Movement?

**Bill White:** A blend of personal activism and my fascination with the history of addiction recovery. In the late 1990s, I was writing about the restigmatization, demedicalization, and recriminalization of addiction throughout the 1980s and 1990s. As a recovery historian, I knew that these conditions often sparked grassroots advocacy movements led by recovering people and their families and allies, but I failed to predict just how quickly that movement would emerge. By 2000, that movement was already taking shape, and in 2001, recovery advocates from around the country met in St. Paul, Minnesota to cast the future of the movement. We had no idea just how historic that meeting would be.

This past September, more than 100,000 recovering people and their families participated in some 200 Recovery Month activities. The recovery advocacy movement is birthing hundreds of new recovery community organizations, increasing the long-term recovery orientation of addiction treatment, wrapping treatment in a more extensive menu of sustained recovery support services, and radically altering how this country views recovery. And it is rapidly spreading to Europe, Asia, and Africa. What this movement has achieved in the past decade is beyond anything imagined by those of us who met in St. Paul. It has been a privilege to witness and document the cultural and political awakening of individuals and families in recovery.

**Inside Addiction:** What is a recovery coach?

**Bill White:** Historically, we have had two types of recovery support roles. There are addiction and allied health professionals who screen, evaluate, medically and psychologically treat, and then discharge individuals and families affected by addiction. And there are the sponsors/guides who provide temporary or prolonged peer-based guidance within particular recovery mutual aid societies. The recovery coach (RC) is a new role that stands between the professional and the sponsor. RCs differ from the professional in that they are experientially credentialed rather than professionally credentialed, and they provide no medical or counseling services. RCs differ from the sponsor, in part, because they work with people across

multiple pathways of recovery, not just within a single recovery fellowship. RCs provide outreach to people in need of recovery, assertively link people to professional treatment and to communities of recovery, and provide long-term, stage-appropriate recovery education and support.

**Inside Addiction:** What is your personal vision of the recovery coach role?

**Bill White:** My personal vision is that the RC will provide the human connecting tissue within an increasingly fragmented and impersonal professional service system, and will serve, for some, as an alternative to that system. I see the RC as the person who has your back through the process of pre-recovery engagement, recovery initiation, the transition to stable recovery maintenance, and the achievement of enhanced quality of personal/family life in long-term recovery.

**Inside Addiction:** How do you envision recovery coaches being utilized?

**Bill White:** RCs are now being employed within addiction treatment organizations (particularly in the areas of outreach and post-treatment continuing care) and child welfare and criminal justice initiatives. They are working in paid and volunteer roles within recovery community organizations, and they are working in independent roles within a new form of private practice. Everyone else in the system is acting like recovery is a hundred yard dash; the RC is saying, “Pace yourself, this is a marathon!”

**Inside Addiction:** How does this role fit into Health Care Reform?

**Bill White:** I think some version of the RC role will be integrated into the health care reform process as a reimbursable service. We are already seeing some managed care companies reimburse these services based on their experience that sustained monitoring and support from a recovery coach reduces the costly recycling of people through multiple episodes of addiction treatment.

**Inside Addiction:** Why did you personally think there was a need for recovery coaches?

**Bill White:** I felt something very important was lost in the addiction treatment field through the diminished recovery representation among addiction professionals (from more than 70% in the early 1970s to about 30% today) and through the over-professionalization of the role of addiction counselor. I saw the recovery coach as a way to retrieve part of that lost value. I think the RC can once

again bring to the treatment environment the living proof that long-term recovery is possible and I think it will restore to treatment experiential knowledge of the long-term recovery process and local recovery cultures

**Inside Addiction:** Who becomes and how does someone become a recovery coach?

**Bill White:** Most people serving as RCs draw on their personal or family recovery experiences as a foundation and then go through some specialized training about how this role differs from that of a sponsor or addictions counselor. There are an increasing number of training programs to prepare one for this role.

**Inside Addiction:** New York Recovery Coaches currently represent special populations such as prisons, reentry, LGBT, veterans, seniors, etc. Is this a common trend for recovery coach services?

**Bill White:** It is a natural extension of the RC role as the individuals served get to personally define what “peer” means to them. For some, the most important ingredient in that is recovery status, but age, gender, sexual orientation, and all manner of other characteristics may be essential to the mutual identification that is such a critical aspect of the recovery support partnership.

**Inside Addiction:** Do you see online and telephone coaching increasing?

**Bill White:** Yes. I don’t think we can even begin to fathom how new technologies will be mobilized as instruments of recovery support in the future. The growth of telephone- and internet-based recovery checkups and coaching are already spreading exponentially. This is the new frontier of recovery support and will be particularly well suited for such groups as women, adolescents, status conscious professionals, and people who are homebound or living in areas lacking recovery support resources.

**Inside Addiction:** What do you think is the biggest barrier to people seeking and receiving help?

**Bill White:** When we ask the 90% of people who need but do not seek help why they do not seek assistance, they tell us they 1) don’t have a problem, 2) have a problem but can handle it on their own, 3) can’t afford treatment, 4) don’t believe treatment is effective, or 5) fear the social stigma involved in addiction treatment. Now, we can shake our heads with great condescension and blame individuals for

such attitudes, but the fact is we as a country and as a professional field are doing little to alter those perceptions among our most important constituents. Nor are we doing enough to enhance treatment access and quality and post-treatment recovery support.

**Inside Addiction:** How can people help this change?

**Bill White:** These are precisely the kinds of conditions those involved in the new recovery advocacy movement are seeking to change. After all, this is America; if you don't like something, organize and change it. That's precisely what we're trying to do. Anyone who wants to help can contact Faces and Voices of Recovery or their local or state recovery advocacy organization.

**Inside Addiction:** What do people need to know about recovery?

**Bill White:** If by people you mean the public, they need to know what it is (most of the public sees recovery as people who are trying to get their lives together rather than as an achieved and stable status). They need to know that recovery is a vibrant reality in the lives of millions of individuals and families. They need to know that there are many pathways and styles of recovery. And they need to know that participation in professional treatment, peer-based recovery support services, and recovery mutual aid societies are particularly important for people with the most severe and complex substance use disorders. They need to know that recovery flourishes in supportive communities. Communities cannot expect recovery if they do not provide the physical, psychological, and social space for it to grow.

**Inside Addiction:** You have been quite open about your own recovery status. How has this personal experience informed your professional work?

**Bill White:** My recovery drew me to the field and has repeatedly affirmed my commitment to this work, but I try to maintain a reasonably clear boundary between the work I do professionally (the clinical research and consultations and my writing for scientific journals) and what I do as my personal avocation (my advocacy work and my writing on the history of recovery). This work has been more personally and professionally fulfilling than I can adequately express.

