



# Recovery Academy

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## 2010 Conference William L. White statement

### Dear Friends of the Recovery Academy,

Please accept my regrets that I cannot be with you in person to participate in these proceedings. I do want to convey to each of you the importance of the work that the Recovery Academy is pursuing. A growing body of scientific research has helped unravel the etiological pathways of addiction and evaluate the short-term outcomes of various professional interventions aimed at reducing or eliminating severe alcohol and other drug problems. But from the standpoint of science, we know very little about the long-term lived experience of addiction recovery.

We know a great deal about the prevalence and patterns of drug problems, but very little about the prevalence, pathways, styles and stages of long-term recovery. Our studies of addiction pathology and addiction treatment contain scant reference to the reality of long-term recovery. They have not substantially altered the social and professional stigma attached to these problems nor have they created the great clinical breakthroughs that so many suffering individuals and families have prayed for. If there is an unexplored frontier in addiction research today, it is the recovery frontier. The Recovery Academy has the potential of entering into partnership with individuals and families in recovery to explore this frontier.

Let me convey to you on behalf of people in long-term recovery the importance of this endeavor. People seeking and in recovery are inundated by brain slides illustrating the neurobiology of addiction and by proclamations that our brains have been “hijacked,” but we are shown no slides that promise, or illustrate the range and pace of, neurobiological healing. We are exposed to the growing knowledge of addiction risk factors, but we find no maps charting the secular, spiritual and religious pathways of long-term recovery. We find no guidance on how these pathways differ across cultural contexts and personal characteristics. We find science silent on some of our most basic questions. We know little about the transition from initial recovery initiation to long-term recovery maintenance. We know little about how recovery is managed over the life cycle or how early age of onset of recovery differs from onset of recovery late in life. We know little about the roots and recourse of relapse after prolonged recovery. We know how devastating addiction is to families, but we are offered no science-guided information on the long-term reconstruction of family relationships, roles, rules and rituals. We are told that our children are at increased risk for developing similar problems, but we are not told how to enhance their resilience. No one can tell us whether our own recovery status influences these vulnerabilities or the course of these problems should they develop. So let me make a plea to each of you: Help us answer questions that will make a difference in the lives of individuals and families who are seeking recovery and to those who are striving to live full and meaningful lives

in recovery. They deserve our best efforts and our willingness to enter into respectful partnership with them as we move forward.

Finally, let me assure you that studying the solution to addiction is far more personally and professionally rewarding than studying the devastating pathologies of addiction. The recovery frontier is calling. I wish the Recovery Academy and each of you godspeed on your journey into that frontier.

Bill White

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