

The Alliance Project's
Faces and Voices of Recovery
SUMMIT 2001
October 5-7, St. Paul, Minnesota

Proceedings
And
Associated Exhibits

Prepared by the
Johnson Institute Foundation

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Executive Summary

Summit 2001 resulted from more than two years work by the Alliance Project and its affiliated sponsors to provide focus and channels for a growing advocacy force among individuals recovered from addiction, their families and allies. The St. Paul conference had three goals: (a) to celebrate and honor recovery in all its diversity, (b) to foster advocacy skills in the tradition of American advocacy movements, and (c) to produce principals, language, strategy and leadership to carry the movement forward. By design, the nearly 200 participants were selected to represent the national recovery community – by geography, culture, recovery path, gender, etc. This conference is best seen as a point along a curve of events charting the awakening, maturing and mobilizing of an American recovery movement. The participants accepted their role as representative of a larger population and took that obligation seriously.

Activities of the Summit centered on building network relationships, absorbing organizing skills and crafting a national message strategy. The key points of deliberation included:

- Participation and ownership by family members and others affected by addiction disorders in the movement was strongly endorsed.
- Unity of action and purpose by all recovered people – regardless of recovery path and inclusive of every path – was regarded as essential to success. Impact on the American public is directly related to unity of message within the recovery community.
- The movement was defined as people in recovery – as distinct and separate from the professions, disciplines and businesses involved in the treatment industry.
- Delegates challenged any definition of “anonymity” that deprived recovered people of their rights and obligations as citizens or their access to due process in a democratic society. While upholding the right for organizations to assure anonymity for groups and treatment efforts, they endorsed personal public testimony, pride in

successful recovery and equity with other disease survivors as essential characteristics of a recovery movement.

- The participants focused on developing a new American knowledge of addiction and a new attitude toward survivors. This message focus was purposely separate and different from messages about treatment or treatment's many modalities. While supportive of equitable access to all forms of treatment, the Summit participants distinctly rejected roles in support of individual treatment industry objectives.

The major recommendations to emerge from the Summit's deliberations were:

- Continue to build on grass roots organizing. While national coordinating efforts, such as the Alliance Project and the Faces and Voices Campaign, are essential to the growth and focus of the movement, delegates felt the primary structural organizations should be local and shied away from suggestions about any new national structure.
- Shape and deliver unifying national message.
- Make ending discrimination the primary issue theme.
- Establish a chain of events to continue the building and success of a movement.

Participants rated the Summit extremely high in a range of attributes measured in evaluations. A relatively high (123 of 200) proportion completed the evaluation documents. Two dimensions illustrate the level of satisfaction:

In response to the projective, "Overall content, satisfied my objectives," the response was Strongly Agree, 63; Mostly Agree, 55; Indifferent, 2, Disagree, 1.

In response to the projective, "Presenters met my needs and objectives," the response was Strongly Agree, 88; Mostly Agree, 30; Indifferent, 2, Disagree, 0.

Volunteered responses stressed the historic significance of the session, demonstrated energy of the community, unity from diversity, and the desire to see the movement continue.

Critical comments suggested more time for complex subjects, better definition of regional groupings, and minor comments on logistics and efficiency.

A common thread of the volunteered comments was the desire to see the Summit 2001 as a threshold to more activity as “Faces and Voices of Recovery” mobilize to penetrate the nation’s consciousness. This comment typifies that interest:

“Wonderful beginning. Thank you.”

Overview – Converting Passion To Action

Two hundred representatives of America’s community of alcoholics and addicts in recovery crafted a nexus of passion and action in building a bridge to public understanding at their National Summit 2001 in St. Paul, Minnesota, October 5-7.

“This is the beginning of a civil rights movement,” U.S. Senator Paul Wellstone (D-Minn.) said in a keynote address. The analogy to rights movements through America’s history rang throughout the three-day meeting. Moving past older messages about the efficacy of addiction treatment, Summit participants called for an end to discrimination, equal health care treatment with other chronic diseases and incorporation of family recovery in their campaign to claim and facilitate wellness.

“We’re in this together,” said U.S. Representative Jim Ramstad (R-Minn.) using his own story of addiction recovery to challenge the recovery community to put “faces and voices on recovery” through the nation.

The assembly, called “The Faces and Voices of Recovery Summit,” marked a significant point in the road toward national understanding and appropriate public policy for a problem that touches one in four homes and a disease experienced by one in ten Americans. The milestones recorded at the St. Paul session include:

- Convened the first large, representative body of America’s publicly-active recovery community to meet dedicated to public policy objectives.
- Demonstrated the inclusion of family on equal basis.
- Released the first ever, random-based national poll of people with addictions, people in recovery, and family members.
- Enlisted representatives across every known path to recovery, including those using medicinal assistance in their recovery program.

- Enlisted representatives across ethnic and cultural lines.
- Enlisted representatives in recovery experiencing co-occurring conditions, including psychiatric disorders as well as physical disabilities.
- Included lesbian, gay, bi-sexual and transgender recovery advocates.
- Launched a national campaign to elevate the faces and voices of recovery through modern mass communications.
- Launched a grass roots, recruitment campaign among people in recovery, their families and allies.
- Adopted an agenda to end discrimination in America.

Passion for the advocacy cause ran high and was poignantly illustrated one evening session by a spectacular torchlight ritual. Ronnie Uss, a Summit leader from Monticello, New York, used these words of George Bernard Shaw to express the emotions of the event as the convention hall witnessed the raising of more than 200 torches:

“This is the true joy of life – that of being used for a purpose recognized by oneself as a mighty one.

“I am of the opinion that my recovery belongs to the whole community and as long as I live it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die. For the harder I work, the more I live.

“I rejoice in life and I rejoice in recovery.

“Life is no longer the brief candle it was when I was active. It is rather a sort of splendid torch which I’ve got to hold up for the moment and I want to make it burn as brightly as possible before handing it onto future generations of recovery.”

Action rose from highly focused sessions devoted to (a) training in grass roots organizing techniques, (b) developing a cogent message and plan for a national communications campaign, and (c) selection of leadership to oversee continued progress on the road to effective recovery advocacy. Each endeavor brought the personal

experience of recovery into new public effectiveness with the enhancement of professional assistance.

By the end of the three days, it was clear that every effort was made to heed Senator Wellstone's challenge:

“Don't settle for second class treatment for people in recovery. Be a voice for the dignity of people in recovery.”

Origins of the Alliance Project Summit

The Faces and Voices of Recovery Summit in October, 2001, was historically significant in size, representation, recovery diversity, clarity of focus and dedication to action. It is unlikely any of these dimensions could have been achieved in the closing years (even decades) of the 20th Century. Persistent effort, creative leadership, new government interest, gradual change in public attitudes, and a growing willingness to bear witness at the grass roots level all contributed to the success of the Summit. A few of these forces deserve comment.

Throughout the lean years, when interest in addicts and addiction careened from neglect to hostility, the Johnson Institute Foundation maintained a steady investment in collaboration and creative thinking, fostering a “think tank” process focused on finding a new window for advocacy on behalf of addiction issues. JIF, who pioneered intervention technologies and other treatment innovations, sponsored annual seminars bringing America's prime thinkers and leaders in the addiction recovery field together. These activities probed new boundaries for the field, promoting family illness issues, linkage to mental illness and domestic violence and questioning society's funding mechanisms for treatment, prevention and education.

The National Leadership Forum, created in response to a JIF initiative, began meeting in 1997 – drawing together more than 75 national organizations concerned with addiction, its consequences, prevention and recovery. Meeting twice a year in

Washington, DC, this forum has fostered relationships between a wide variety of American interests, from criminal justice to public health. Dedication to existing science and promotion of evidence-based activities have been core values of the forum's activities.

A work plan to create a Public Awareness Project was developed by NLF in April, 1998, that eventually emerged as the Alliance Project. The Forum adopted the work plan, launching the Alliance Project with a \$100,000 JIF Grant and individual contributions from many NLF members. Linda Kaplan, Peter Hayden and Paul N. Samuels served as the founding Administrative Committee of the Alliance Project. A national search for a Project Coordinator resulted in the engagement of Jeff Blodgett as project coordinator.

The Center for Substance Abuse Treatment (CSAT), the Federal government's primary agency addressing addiction treatment, understood better than most the need to support recovery and to engage recovering individuals and their families as public partners in the effort to build treatment programs, systems, and policies that reduce addiction and its related costs. Under the leadership of H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director of CSAT, the agency began a the Recovery community Support Program to support recovery groups in participating in decision-making about addiction treatment policies, systems, and services. Grants were awarded to 19 American communities in 1998 with the goal of assisting organizing activities at the local level. A second wave of these grants was awarded in 2001. CSAT also provided support for The Alliance Project in message development and the creation, production, and dissemination of educational materials useful to the recovery community. CSAT provided travel support for 75 members of the recovery community and the medication-assisted recovery community to participate in the Summit.

In the closing months of the 20th Century, the American public experienced a shift in opinion regarding addiction, its consequences and its treatment. While subsequent survey research remains to precisely qualify and quantify this change, it was apparent that "jail-only" strategies were expensive and failing, that perception of addiction victims began to be more "us" and less of "them," and that public policies and practices toward treatment were significantly short of the need. This changing view allowed a new courage

to develop among recovered individuals. The value of public witness to wellness became clearer. The willingness to provide that witness increased. The Bill Moyers series “Close To Home” on Public Broadcasting provided new public attention to these changes in attitude and courage.

Momentum for a fresh advocacy movement has been assisted by the writings of William L. White, author of “Slaying the Dragon: The History of Addiction Treatment and Recovery In America.” In addition to chronicling the awakening of the community of America’s recovered people, White challenged and cajoled the “movement” to think large and to claim a place in the larger history and destiny over victory of stigma and ignorance. He especially counseled the use of fresh language to craft potent and successful messages. His powerful paper “Toward A New Recovery Movement,” presented in April, 2000 to a conference of the Recovery Community Support Program, became a call to action as the Summit was organized.

Many other events, collaborations and developments contributed to the success of the St. Paul Summit. Many occurred in neighborhoods and local communities across the nation. People began banding together in advocacy and witness efforts. Covering a wide range of recovery, the groups established voices that could penetrate the larger community. Native American groups, methadone maintenance groups, faith-based groups and existing community service organizations emerged to broaden and strengthen the voices of recovery. By the end of 2000, the Alliance Project had identified 66 active groups promoting recovery advocacy at the local level.

These forces and events paved the way for the Summit in St. Paul.

The Participants

The Faces and Voices of Recovery Summit presented to the world a choir of the recovery community. To a degree unique in the field, participants left their individual agendas at the door to focus on advocacy to the general public. Intra-field controversies or rivalries did not disappear. But the focus on advocacy as a separate function from recovery modalities began a process of collaboration characteristic of other major rights movements in history.

The “choir” feature of the Summit was achieved through careful planning and the tireless and gifted leadership of Jeff Blodgett. A 22-member Planning Committee was established in late 2000 and began work in January of 2001. Representing a broad array of activist groups within the recovery community, the Planning Group set the timing and parameters of building a public campaign. The idea for a Summit, the view of a Summit as a representative body making plans for long range mobilization, and the committee structure to assure success were products of the Planning Committee’s January 20-21 meeting in Minneapolis.

Members of the planning committee include Johnny W. Allem, DC; Tom Aswad, CA; Sonya Baker, CA; Alex Brumbaugh, CA; Jay Clarke, VA; Don Coyhis, CO; Malcolm Dickson, TN; Flo Hilliard, WI; John Magisano, NY; Don Malec, IL; Lisa Mojer-Torres, NJ; Joe Powell, TX; Sally Reynolds, AZ; Ellen Ryder, CT; Bob Savage, CT; Yolanda Sims, TX; Bill Stone, WI; Ronnie Uss, NY; Jeannie Villarreal, CA; William White, IL; Ron Williams, OR; and Jay Youtz, PA.

The Planning Committee established itself as the National Summit Planning Group and names committees in three areas: Outreach, Program and Logistics. In addition, a special sub-committee was named to draft a declaration of core principals to anchor the call for the Summit. The Johnson Institute Foundation agreed to lead an effort to raise \$250,000 toward the costs of the Summit.

By early spring, staff of the Alliance Project had identified 600 prospects representing activists within the broadest definition of the recovery community and reaching all of America – geographically and culturally. A survey questionnaire was mailed to this prospect list to determine interest and commitment to a national advocacy campaign in general and a summit in particular. The results of this survey assisted the outreach and program committees in their work.

The final attendance at the Summit was determined by soliciting applications from the prospect list and standing recovery organizations. A general cap, or limit, of 200 participants was determined by the funding availability. Within that limit, applications were approved based on achieving a balance of geography, cultural-diversity and outreach to various groups based on modality of recovery.

The Planning Group devoted considerable attention to bridging a traditional gap between recovery community members who use medicinal treatments (such as methadone) in their recovery process and those who have experienced recovery without the use of chemical agents. The case for inclusion of all who struggle with addiction and succeed by any means is illustrated in this piece one activist circulated among prospects:

“This is not a treatment seminar. The issues that seem important at the treatment level have splintered us at the public level, keeping us dis-empowered. The Alliance Project, and by extension the National Campaign, must focus on every addicted being and every struggle to overcome – regardless of efficacy, results, sponsorship, funding, religion or body markings. This is not a situation where if you don’t like what I say, just get a new coffee pot. We must love every person in this struggle without judgement and partner without bias in our voice to America and the world. I have come to believe that any internal stigma will reinforce the external stigma.”

This outreach effort was not without bumps in the road, but the participation by recovery-through-medicine leaders was significant and fruitful.

The Program Committee developed the agenda from interests and concerns expressed in the spring survey as well as the results of a Peter D. Hart Research Associates focus group project in 2000. The targets of the focus group project included policy makers, community leaders, people in recovery, and family members of people in recovery. In addition, funding by the Robert Wood Johnson Foundation to the Alliance Project facilitated further work toward planning for a national campaign. During the year 2001, the Alliance Project commissioned further public opinion research and theme development activity by a major public policy communications firm. The Committee developed the following presenters as a result these activities.

U.S. Representative Jim Ramstad (R-Minn.) and U.S. Senator Paul Wellstone (D-Minn.), keynote speakers, Saturday luncheon.

Dr. Kenneth Robinson, inspirational speaker, Saturday evening.

Paul Samuels, President of Legal Action Center.

Julia Ritchie, master facilitator of message work sessions.

Susan Rook, MC of the “Faces and Voices of Recovery” presentation.

Allan Rivlin, of Peter D. Hart Research Associates.

David Mitchell and Will Taliaferro, of Greer, Margolis, Mitchell & Burns, the communications firm commissioned under the Robert Wood Johnson Foundation grant.

The Recovery Association Project, an eight-member team to conduct organizational training.

Jeff Blodgett, Alliance Project Coordinator, Summit Summary Report, Sunday.

William L. White, author and Planning Group member, Sunday closing address.

In addition to the representative participants and the program participants, the Planning Group invited representatives of national organizations as observers of the Summit. Among these organizations were:

Johnson Institute Foundation.

National Council on Alcoholism and Drug Dependence (NCADD).

Center for Substance Abuse Treatment (CSAT).

National Association for Children of Alcoholics (NaCOA).

Addiction Recovery through Medicine (ARM).

National Alliance of Methadone Advocates (NAMA).

Legal Action Center.

Stepping Stones Foundation.

Robert Woods Johnson Foundation.

Join Together.

National Association for Alcohol, Drugs and Disabilities

Staff leadership and support included Jeff Blodgett and Jen Hanson, of the Alliance Project, and William Moyers and Cindy Swan-Henderlite, of the Johnson Institute Foundation.

Goals and Activities

By April, the planners of the Summit developed a three-phase guide to activities of the Summit. These phases were key to governing the schedule:

1. Putting a Face on Recovery:
 - Acknowledge the growing number of recovery advocates.
 - Celebrate the diversity of the recovery community and the diverse paths to recovery.
 - Generate national visibility for recovery advocacy.
2. Skills:
 - Fostering increased recovery advocacy.
 - Increase skills and learn recovery advocacy history.
3. Products:
 - Formulate common principals and a common language.
 - Begin designing a national strategy.

Participants at SUMMIT 2001 self-selected involvement in one of two tracks during the Saturday work period. Track 1 was “Learning the Recovery Community Organizing Process”, led by members of the Recovery Association Project from Portland, OR. Track 2 was on “Developing a National Recovery Advocacy Campaign”.

Coming Together (Opening Night)

The Summit opened on a note of celebration.

Story-telling is traditionally linked with addiction recovery. The stories, however, rarely see the light of public visibility. Friday night’s opening session of the Summit was a demonstration of “The Faces and Voices of Recovery” becoming powerful when used in unity and instilling pride rather than shame when used in advocacy.

“By our silence, we let other people define who we are,” Susan Rook noted as she narrated a powerful program of advocacy stories from a stage featuring new veterans in America’s battle for recognition, fairness and dignity for addicts and alcoholism in recovery as well as in suffering. “We are the next great civil rights battle,” she said.

Grass roots tactics and meaningful results were featured in the testimony of advocates from New England to California. Terry Leckron, of Portland, Oregon, told of organizing efforts that began “one-on-one” to build power in a larger group, “because we found that what we can’t do by ourselves, we can do together.” She reported how group members began assembling to share their individual recovery stories, but learned to identify the passions, problems and leaders that could take the stories to a new advocacy level. “It’s a power building process,” she said. “We come to the table with different skills. Some will do research. Others will visit policy makers. We develop our individual gifts.”

Yolanda Sims, of El Paso, Texas, demonstrated the power of family members in recovery advocacy. “I was affected by the addiction of my late husband, who died a chronic alcoholic,” she said. Working with a community-based recovery organization, she helped organize the recovery community to demand detox services for indigent people in El Paso. After organizing, the group conducted a needs assessment to determine their common interests. After focusing on the need for a new detox facility, the organization formed alliances with 40 other El Paso agencies. “It had never been done before,” Sims said, “We are working together being a community.”

In Doylestown, Pennsylvania, Jay Youtz described the power process: “We started with a coalition of 13 people. Before long, we had over 100 people attending our first large meeting. Now we have more than 1,000 on our database.”

Alfred Jackson described how the recovery community in Tucson, Arizona, organized a candlelight vigil to protest the closing of treatment beds. Their protest resulted in the opening of new treatment facilities. “We came from the grass roots,” he said. “We can’t do it by ourselves. I got one. My friend got two. We started on the ground and went all the way up. We are people with power that are in recovery.”

Sonya Baker, of Santa Barbara, California, recalled a demonstration last March that changed the way the Board of Supervisors viewed the recovery community. Using their “telephone tree” to build attendance at a Board meeting, the group filled the entire hearing room. “They asked all those in recovery to stand, and the whole room stood up,” Baker said. “They were astonished. They invited us to the table in a strategic planning process for the whole county.

“Our people who went through this process kept talking about how empowered they felt – and how freeing the experience was. They were proud to stand up, rather than be ashamed of their recovery.”

Phil Valentine, of Wetherfield, Connecticut, compared advocacy to holding lanterns of light in the night. He told how organized recovery advocates have prepared a documentary video and CD to demonstrate the faces and voices of recovery throughout the state political leadership. “Putting faces on recovery demonstrates to the public, legislators and policy makers the light of recovery.”

Jeannie Villarreal, of Vallejo, California, said, “We used to have annual recovery celebrations, but all we did was get together.” To begin advocacy work, she said five people met at Denny’s for coffee and decided to build unity for action. Soon, 125 people joined the cause. “First, we found our common cause. Soon, we got a taste of a legislative fight involving our cause.” The state legislature dropped addiction from the mental health parity bill and the group lobbied their State Senator to draft a special parity bill for addiction recovery. “And he did,” Villarreal reports. “Our Senator asked us to come to the Capitol to help pass the bill.” The Senator is now using the organization’s members to lobby the Governor for final signature. “Our voices are powerful. If we unite them, they can be even more powerful,” she said.

John Magisano, of New York City, related the story of Father Mychal Judge, the New York Fire Department’s chaplain who achieved fame in death at the World Trade Center. A Franciscan priest, an openly gay man and a person in recovery, he “led thousands to recovery before his death and through his death will lead thousands more,” Magisano said. “That’s the power of telling our stories and being open about who and what we are. That’s a gift to the world.”

Community Organizing

Participants in Track 1 were encouraged to sit by region, but with people they did not know. The trainers, all staff members of the Recovery Association Project, in

Portland, Oregon, used methods pioneered by Saul Alinsky of the Industrial Areas Foundation for community organizing. Relational Meeting is a key cornerstone of this method: People (organizers and potential members, organizers and people they are trying to influence) tell their stories to develop deeper understandings of each others' interests and concerns. Terry Leckron of RAP said that the purpose of the relational meeting is to learn about the other person by listening, not telling. She said that it was important to ask, "Why?", while withholding judgement. During the meeting, she said it was important to look for curiosity, passion and compassion, pain and anger, commonality, connection, and opportunities to combine issues. The session started with attendees breaking into pairs, with each pair member telling the other about themselves and why they were here.

The teaching team was then introduced, each telling a little bit about why he or she was there. Bruce Tyberg then discussed a glossary of terms used in their organizing approach (See Appendix). The team then did a demonstration ("fishbowl") of a relational meeting, followed up with a group critique (plenary) to analyze what was learned in the two-person meeting.

After a break, Kim Matic spoke on "What is Organizing and How is it Relevant to a National Movement?" She said that the first step in organizing starts with Community Mapping, asking who is doing what in the community. Sources of information for this include official biographies, contribution records, and voting records. Current issues can be discovered in news media. Recovery resources should also be mapped. Community mapping, she said, is an on-going process.

The second step is to build a community by sharing stories, gently building relationships, and holding meetings around specific issues.

The next step is discernment, collective reflection to see what can be learned from different member's experiences (including their relationship meetings with people outside the group).

The fourth step is research, to learn who are the players, what are the options, and their costs, who are potential allies, and what is the level of understanding or opinion in the larger community?

The fifth step is public action: people telling their stories in public, publication of research findings, and negotiation (often at public meetings) with officials. By this time, the group pushing for change should have developed its own strategy and objectives. The latter may be a public commitment to a specific change by those in power.

The sixth step is to evaluate how well the change organization has performed, looking at both the outcome and the process of the effort.

The next stage, Matic said, was celebration to recognize and encourage both the people who had worked for the change and the public officials who agreed to implement it. One participant added, and Matic agreed, that the final stage was follow-up, to make sure that promises were kept and that expected outcomes were achieved by the change.

The RAP team then presented a videotaped report on Saul Alinsky, the sociologist-turned-community organizer who pioneered many techniques in the first part of the twentieth century.

In the afternoon session, the group reconvened, breaking into small relational meetings introduced by Randy Sorvisto on the subject of “What is your passion for Organizing and where does it come from?” After about twenty minutes, the conferees reconvened for a Reflection Group led by Louise Wedge. The subject was “What were the obstacles you encountered in recovery or what are the stories you are hearing from others?” The answers included:

- stigma, family and peer pressure, fear and shame
- restrictive criteria for treatment
- old issues
- “one size fits all” treatment
- availability of services, including ancillary services like transportation and targeted services like those for youth
- anonymity
- lack of family services
- stereotyping
- lack of dual-diagnoses services

- lack of post-treatment services
- insurance and managed care limitations
- medical ignorance and prejudice
- discrimination in jobs and housing
- lack of culturally-appropriate services, including those for gay/lesbian/bisexual/transgender people
- our own egos
- lack of advocacy by treatment providers

Ron Williams then led the group on to the next steps: discernment, research, problem definition, issue development, and action (see Appendix). He said that, in this stage, it is important to distinguish between a *problem*, which is general and abstract (“there are not enough rehab services”), and an *issue*, which is specific, concrete, and immediate (“people are frequently not admitted immediately to detox”).

Action, in the RAP approach, may be a mass meeting, a demonstration, testimony at a hearing, sharing research findings, or negotiation with public officials.

After an action, it is important to evaluate its effectiveness by asking questions such as, “did we win?”, “did we get recognition for our power?”, and “did it help build the effectiveness of our organization?”

After a break, Brian Young spoke on the Fundamentals of Leadership, citing William White’s paper on “Recovery as Heroic Journey”. Young said that there were various forms of leadership, but the most effective was that which transforms the participants into something better than they were. White (borrowing from Joseph Campbell) called this the “boon” or “gift of knowledge” and Alinsky called it “gift development”. He said that the RAP organizing process was development driven, not issue driven. That is, issues are the heroic journey which transforms the organizers and the people they organize. Young said that the qualities to look for in potential leaders are curiosity, anger, humor, ego, imagination, courage, success, risk-acceptance, relationship, and passion. It is the task of the organizer to develop such qualities into leadership in

others, not to be the leader. RAP stresses that the Iron Rule of Organizing is “never do for others what they can do for themselves”.

The attendees then broke up into pairs for reflection groups on “What is your experience in developing others?” followed by a plenary discussion on the topic.

Kim Matic then spoke about the root concepts of the Industrial Areas Foundation – the *polis* and the *Shalom Community* – and different kinds of power. The polis is the shared political and economic community in which everyone has a stake, the root idea of democracy. The Shalom Community is the Just Community that lives in peace because it lives the way God intends. She said IAF sees the community as made up of four sectors: the dominant market sector, the government sector, and the tiny civil sector. Matic said that the major problem was the imbalance between the sectors and within individuals, families, and institutions which results in grief and repressed anger. The challenge of organizing is to restore balance in cooperation with others. Organizing transforms hot anger into focussed, effective action, to restore balance in the polis and restore the Shalom Community.

Matic went on to say that there were different kinds of power: dominant, relational, and transformational. The first, exercised by the market, was exploitive, manipulative, and competitive. The second, used by IAF, was nurturing and integrative. The third was the result of the organizing process: awareness and acceptance rooted in direct experience. She went on to review ways to use relational power to confront dominant market power.

The training session concluded with a question and answer period.

Listening To The Recovery Community – Track II

The product work of the Summit centered on development of a national recovery advocacy strategy. Alliance Project Coordinator Jeff Blodgett characterized this effort as “the Face and Voice of Recovery Campaign.” The campaign nomenclature specifically

tied the work to a focused, temporary (i.e., three-year) action to change public opinion on addiction and recovery and foster more positive attitudes about the existence and satisfaction of a large American recovery community.

Blodgett defined recovery advocacy as “public action to deliver the message of the power, possibility and proof of recovery, and to promote public policies and actions that support recovery and break down the barriers for others to find recovery.” He pointed out that this was a different message than previous messages of the field – those largely dominated by treatment and/or disease issues. He further noted that the “campaign” message would have two components: a message to recruit and mobilize the recovery community and a message to be carried to society.

Work on these new campaign messages requires knowledge of current attitudes and opinions. The Summit work began with release of a historic survey research project: the first ever, random, national survey among people in recovery from alcohol and drug addiction and their family members. The Peter D. Hart Research Associates poll was released and introduced to the work process at the beginning of the Saturday morning session on message. The presentation was by Allan Rivlin, a vice present of Hart Research.

The poll reached significant numbers of people in long term recovery – an audience difficult for organizers to identify and mobilize – and found them extraordinarily inclined to support and participate in advocacy activity. Fully 87% of recovery community members say that it is important for the American public to understand the basic facts about addiction and recovery. Additionally, 88% believe that it is important that the American public understand that thousands of people with addiction to alcohol and drugs get well every year.

Half of the members of the recovery community say that they would actively take part in a public advocacy campaign and more than half (51%) feel comfortable talking about the problems they or their family member had with drugs and alcohol.

Other important findings include:

- The recovery community looks just like the American community.

- Recovered people and their families view denial as the greatest barrier to treatment, with fear of shame or social embarrassment as the second most cited hindrance.
- A strong majority support increased government funding to make make recovery accessible.
- The vast majority of family members (68%) have never received any help in dealing with their role or issues.
- One in four recovered persons have had direct experience with discrimination on the job or in the marketplace.
- The term “substance abuse” is a poor choice in defining addiction problems.
- Recovered people overwhelmingly support messages that show children as the most helpless victims of addiction and the biggest winners in successful recovery.

Later in the day’s planning effort, Rivlin returned to discuss parameters of the next survey research project: determining attitudes and opinions of the general public as related to addiction and recovery. This research (funded by Robert Woods Johnson Foundation) is scheduled to proceed in early 2002. The group discussion gave participants a chance to suggest themes and issues Rivlin could include in the next polling effort.

Constructing A National Initiative

The Track II session on building a national campaign proceeded around three basic components: (a) a national message, (b) a national agenda, and (c) a national strategy. To advance the discussion, the Washington, DC, communications firm of Greer, Margolis, Mitchell & Burns proposed draft message materials. The Summit Track II participants convened in small focus groups to develop discussion around the message component. The draft materials included a “core positioning statement,” and a mock-up recruitment brochure to enlist the recovery community into the national campaign.

Since the draft positioning statement was the result of significant input by the planning group and other events leading up to the Summit, it is appropriate to enter it here as part of this report:

Faces and Voices of Recovery Campaign

Core Positioning

“Long-term recovery from addiction to alcohol and other drugs is real for millions of Americans and thousands more get well every year. There are many different paths to recovery as there are different people in recovery. Regardless of how people achieve recovery, their lives, and the lives of those they touch – their families and children – are vastly improved as a result. Those in long-term recovery are the living proof that recovery is a reality and that there are real solutions to addiction.

“For too long, a great majority of the recovery community – those in recovery, their families and allies – have been silent about their experiences and successes. As a result, there has been no unified public voice advocating on behalf of recovery and for those who benefit from it.

“Times have changed. The recovery community is now unifying around key priorities: ensuring needed resources for research, prevention, treatment and other recovery services, ending stigma and discrimination against people in recovery, and working to eliminate barriers to recovery for all Americans. By doing so, we will also help today’s children and future generations, who are often the biggest winners in the process of recovery.

*“The **Faces and Voices of Recovery** Campaign will mobilize the recovery community to advocate for recovery and help more Americans overcome addiction to alcohol and other drugs. The Campaign will allow recovery advocacy groups, already strong and active at the local level, to have a more prominent national presence.*

“The Campaign will demonstrate that millions of individuals and families from every walk of life have found recovery from alcohol and other drug

addiction. It will show that there are many paths to recovery – self-help, professional treatment, medical interventions – and that all of these paths have proven to work.

“The Campaign will actively support public policies to help all people have better access to recovery and to reduce the discrimination and stigma that keeps many people from seeking recovery or moving on to better lives once they achieve it. It will focus media and policymakers on the fact that without support for recovery, addiction will continue to be a massive and growing burden on society.

“The Campaign will show that helping those struggling with addiction to alcohol and other drugs benefits the entire community. It will promote widespread understanding that long-term recovery is a process that takes time and may even include episodes of relapse. Only when Americans have a sound appreciation of recovery, and fully understand the recovery process, will laws and policies be effectively changed to reduce discrimination and lower barriers to recovery services.”

While generally in accord with the presented themes, several key challenges emerged from the focus groups as well as an array of suggestions to be considered by the communications professionals.

The most serious challenge related to efforts to highlight children in the draft message. While agreeing with the poll results that highlighted interest in children as part of the story of recovery, group members wanted to be sure the message did not increase, rather than reduce stigma. Instead of focusing on problems that may occur in families experiencing addiction issues, the group emphasized the positive role of recovery in promoting family healing and wellness. Other messages from the focus groups were:

- Broaden the definition of addiction and recovery to include many paths.
- Talk about many voices with one message.
- Be stronger than “recovery happens...”
- Be specific about what advocacy skills are required.
- Emphasize that recovery is a science-based fact.

- Fight discrimination – end it, don't just reduce it.
- List benefits of personal recovery, family recovery.

GMMB professionals gathered the comments and will use them in message refinement. David Mitchell, a principal in the firm, keynoted the presentation and led the group discussion.

Summit participants began input to the national agenda component Friday night when a survey form was distributed listing potential agenda items for a successful national campaign. The results of that informal poll ranked discrimination as the favored agenda item. Enhancing that ranking were remarks presented by Paul Samuels, executive director of the Legal Action Center, a veteran recovery advocate and leader in the establishment of the Alliance Project.

Samuels documented the legal parallels between the movement for recovery rights and the other major civil rights movements in America. He challenged the recovery community to recognize rampant discrimination of addicted and recovered people and to challenge the status quo. "It's time to stand up, stick our heads out of the proverbial window, and make it clear we're not gonna take it any more!"

He proposed four aspects of an agenda targeting discrimination:

1. Strengthen the protection of the ADA and state human rights laws.
2. Eliminate discrimination in insurance.
3. Repeal or modify ban on student loans, welfare, etc.
4. Promote sober housing, sober schools and siting of treatment programs.

While the Summit message group demonstrated many levels of experience in the advocacy process, they expressed broad consensus on the high ranking of discrimination as a key agenda item of a national advocacy campaign.

The Track II discussion concluded with a presentation by David Mitchell, of GMMB, on what a national strategic plan would look like in terms of events, a time-line and products. He painted a scenario that included a national message kick-off in early 2002, message activities coordinated with the 2002 elections as the local and state level, a national policy conference in Washington, DC, next October and a variety of supporting elements that would tie local and national efforts to a common message.

Continuing Campaign Leadership

The Summit's final session on Sunday focused on establishing an on-going management team for the proposed "national campaign." The group organized as regions of the United States and elected three members from each region to a Campaign Advisory Committee. Most participants representing methadone maintenance recovery had to leave the session Saturday night in order to attend a major convention elsewhere. To accommodate this important constituency, three at-large positions on the CAC were added, making a total of 24 positions on the CAC. These members are:

MID-ATLANTIC

Gloria Cabrera, New York, NY; Jutta Schoeufeld, Philadelphia, PA; and Roger Zellars, Cincinnati, OH.

NORTH CENTRAL

Dan Griffin, St. Paul, MN; Flo Hilliard, Madison, WI; and Tom McHale, Flint, MI.

NORTHEAST

Anara Guard, Boston, MA; Robert Savage, Wethersfield, CT; and Yury Tarnavskyj, Hamilton, NJ.

NORTHWEST

Merlyn Karst, Denver, CO; Neil Scott, Seattle, WA; and Ron Williams, Portland, OR.

SOUTH CENTRAL

Don Malec, Oak Park, IL; George Perkins, Louisville, KY; and Yolanda Sims, El Paso, TX.

SOUTHEAST

Carol McDaid, Washington, DC; Susan Rook, Winston-Salem, NC; and Wardie Smith, Baltimore, MD.

WEST

Gabrielle Antolovich, San Jose, CA; Kathleen Jackson, Tucson, AZ; and Jeannie Villarreal, Vallejo, CA.

AT-LARGE

Lisa Mojer-Torres, Lawrenceville, NJ; and Walter Ginter, Westport, CT.

Earlier negotiations had established the idea that the administrative committee members of the Alliance Project would also serve on the CAC. Current members are Stacia Murphy, Paul Samuels and George Bloom.

In a closing summary and challenge, the erstwhile chronicler and prophet of the “new recovery movement” William L. White delivered a moving and motivating talk. Acknowledging the historic implications of the work in St. Paul, White reminded everyone that the real work occurs back home.

“We have selected the seeds for this campaign; it is time that we went home and planted them,” he said. In keeping the focus at the grass roots level, White urged that only service missions serve at a national level. “I don’t believe we need a new structure to lead this movement. It is important that the resources and leadership for this movement remain to the greatest extent possible at the grass roots level.”

He cited current growth and efficacy of home-grown activism: “We are becoming visible in our local communities and our voices are beginning to be heard in the policy arenas.” To expand and solidify these voices, White urged welcoming “families as equal partners in this movement,” and cautioned against too close a relationship with the treatment industry. “We will support the treatment industry only to the extent that it demonstrates greater concern for the progress of its clients than its institutional profits,” he said.

To be effective, White said the recovery movement needs a “deeply committed vanguard” among the larger community of America’s recovered people. “You have been that vanguard and I want to close by honoring your passion and your perseverance.

“It is time for us to leave here and create the future of recovery in America.”

END

