

Social Movements End – So How Will Ours End?

Six years ago, I had the opportunity to spend time with [David Mactas](#), the first Director of the Center for Substance Abuse Treatment. He got the ball rolling on establishing the funding for recovery community organizations nationwide, including the Recovery Community Support Program (RCSP) grants from SAMHSA. I was talking with him about what had risen from early efforts to establish drug and alcohol recovery community grants and the rise of the “[New Recovery Advocacy Movement \(NRAM\)](#).” I was excited to share what had happened in part because of his efforts.



To summarize the recovery movement. NRAM is grounded in our own history to further common objectives achieved through meaningful representation and voice in policy matters that impact us. Its aim includes developing resources focused on recovery, building recovery community, celebrating recovery as a transformative process, while furthering research to understanding the positive impact of recovery to more effectively spread recovery in diverse communities across America. There is clear progress on all of these objectives.

As David and I talked as I drove him to the train station about the progress made, he dryly noted that all movements end. He asked me if we really want to frame efforts to alter public and professional attitudes toward addiction, recovery, developing recovery-focused policies and programs, and supporting efforts to break intergenerational cycles of addiction and related problems as a social movement. He had an important point, but it is a movement. Part of a larger history of recovery movements. Communities who rise up in their eras to change how we deal with addiction and recovery. It would not be possible to frame what has occurred in any other way than a social movement.

The conversation has been with me ever since. So where are we heading, and how will NRAM end?

Bill White’s 2013 address to ARCO and Faces & Voices [State of the New Recovery Advocacy Movement](#) highlighted five threats to the cause:

- The mobilization of people in recovery in sharing their stories and celebrating recovery not centered on common purpose, a topic we later collaboratively wrote about in [Personal Privacy and Public Recovery Advocacy](#). There is a growing risk our stories are being used for other purposes by other groups. Ownership of our own stories is vital.
- The implosion of the movement through loss of key leaders, the collapse of key organizations or movement exhaustion. He noted that centralization of leadership made this a significant risk for the movement. It is a greater risk now due to the generational transition of key leaders.
- Colonization/Professionalization/Commercialization are significant risks. One of the early developments exposing these risks was the shift of focus from recovery community development to peer services. This has led to professionalization and commercialization of Peer Recovery Support Services. He noted “if the recovery advocacy movement morphs solely into a PRSS appendage to the addiction treatment system, the movement will have failed and will recreate conditions that will set the stage for a future revitalized recovery advocacy movement.”
- Marginalization of the movements efforts if it fails to achieve significant representation and accomplishes a restructuring of addiction treatment system. This includes “death by dilution” from either the treatment system or alignment with sister movements. He emphasized the need to keep our “eyes on the prize” and not lose our addiction recovery focus. We must have organizations nationally focused on recovery to move forward.
- Professional/Cultural Backlash resulting from excesses within the movement. As he wrote, “such backlashes are intensified when they allow full expression of dormant prejudices related to highly stigmatized issues, e.g., addiction.” The highly charged, partisan world we now have increases the risk that our work gets associated with one political tribe, something that will almost certainly result in significant backlash and loss of common goals.

It is clear that NRAM is a social movement and that it will ultimately end. In general, social movements have four stages, from emergence to coalescence through bureaucratization and finally decline. Decline can take several courses, including success, repression, co-optation, failure, or establishment within mainstream perspectives.

My sense is that a case can be made that we are to some degree in each of the stages. There is still widespread dissatisfaction with how our care systems and institutions view addiction and recovery. It would also be safe to argue that there has been some bureaucratization, our early successes systematized, with inherent risks and benefits. Decline is evident through the loss of clear consensus goals across the country that everyone is working towards, which is perhaps the most profound risk to our forward momentum.

While there seems to remain widespread agreement on saving lives and expanding recovery to all Americans experiencing addiction, we get mired down in nuanced difference. We argue incessantly about language, move our missions to fit funding or we get sidetracked by interest groups with their own agendas. These trends run in contrast to one of the fundamental understandings of the early days was that what was being built was incredibly fragile. An understanding that stemmed from the timely publication in 1998 of the seminal history of recovery in America, [Slaying the Dragon](#) by William White. It highlights this threat. The risk remains very real, the fragility is less widely understood.

Recovery support peer services are becoming formalized. For better or worse we have institutionalized peer services into our care system. While they have helped people, they generally replicate services from an individual orientation grounded in the traditional treatment system model. This model inherently deemphasizes community and focuses on individual wellness. It risks fostering dependency as providers bill units of care and are incentivized to center peer workers as the change agent, rather than the individual being served and the community as was originally conceived of as part of a recovery-oriented system of care.

The case can be made that our movement has partially achieved goals and is now in decline. People and institutions are losing focus on the primary goals, shifting to other aims as funding and public interest changes. It seems evident that we are at a crossroads. It is a time for great caution. History is instructive here. Progress can reverse. Gains lost. History is not linear. A lot of the dynamics that can make this occur, such as changing drug use patterns or public attitudes are perhaps beyond our control. Yet how we respond always matters. It is our movement to sustain or lose.

Do we act with unity and integrity and “keep our eye on the prize” as Bill White urged a generation ago, or do we respond otherwise? The stakes are high. We have achieved what we have by placing the greater good and a focus on recovery above all else. As gains have been made, the forces that would pull us apart grow. They include:

- **Cashing out** – There is always a risk of people using the movement for personal gain or notoriety.
- **Cooptation** – Early success increases the risk of other groups re-defining core concepts or taking them to redirect our energy to achieve their own goal at the expense of the primary goals of the recovery movement.
- **Loss of lane** – Groups redefine their objectives for funding or other reasons, resulting in the loss of critical focus centered on recovery resulting in diminished focus on recovery.

The hope is for success. Achieving that would include:

- A robust **investment in long-term recovery** as the focus of our care systems for persons with severe SUDs.
- A broad focus on **developing recovery community capital** that supports recovery across the diverse communities that make up this nation.
- **Authentic inclusion of persons in recovery** in system design, service provision and evaluation of treatment and recovery-oriented services.

Mactas was right. Movements end. How ours will end is dependent on what we collectively do. The movement started when the forces that drew us together became stronger than the forces that pulled us apart. Nothing about us, without us, depends on there being a unified center. In communicating about this issue and asking for reflections, Bill White considered the ending of NRAM and noted the goal of every social movement is to become obsolete and die: due to having successfully altered the conditions that spawned it and imbedded these social changes in new institutions sustain and improve on prior efforts. He noted that in some of his early work, he considered the goal of an “appropriate death”—a death one might choose for ourselves. His wish for our movement, one he and many others invested significant effort a future appropriate death. One in which its focus is no longer needed.

An appropriate death would include a world in which meaningful representation and voice in policy matters that impact us is systemic. We are not there yet. It is a goal worthy of sustained effort. That answer of whether that occurs is up to us. Long term history is always on our side. Recovery always finds a way. Recovery is highly resilient on both

the individual and community level. The question is more of one related to how long we can sustain forward momentum. The farther we get, the less ground that the next movement will need to walk again. The stakes are high, but so is our demonstrated capacity to accomplish great things, together. So, let's go make history!

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