Creating a Broad & Inclusive Recovery Plank – Recovery Review 1/1/22

America is facing a huge surge from the impact of increased substance misuse, in part due to COVID-19, but we have been moving in this direction for a long time. Some of the people who are overusing substances right now will end up with severe substance use disorders. This means more people needing help. Addiction has a massive impact on our society, driving up costs, reducing our gross domestic product and eroding the health and welfare of our communities. Recovery and the strengthening of recovery community offer opportunities to turn these dynamics of loss and destruction into processes of rebuilding and revitalization. For all of our focus on the addiction epidemic, the thing we have not yet properly invested in is the development of recovery community organizations. This is despite the fact, as noted by Dr H. Westley Clark those modest investments in recovery community organizations have paid dividends. Now is the time to focus on long term recovery fostered within our recovery communities in all their diversity.

The overarching problem is that we keep building the same care system that repeats the same mistakes decade after decade. Care and support over time shifts to an acute orientation and focused on the individual instead of the development of recovery capital at the community level because of our funding mechanisms. Services become over bureaucratized, overburdened, and focused too narrowly on fee for service units at the individual level because this is the model of care we adopt to. I am oversimplifying here and I don't want to discount huge gains we have made around the edges over the decades. Yet, we make the same mistakes repeatedly over time. A large factor in why this occurs is because society has a vast reservoir of stigma against people with addiction and those of us in recovery. We set up barriers to helping "those" people. We end up over time back to an acute focused, short term, fragmented model. It breaks down, and we start building it all over again to focus on recovery, it works for a while and then it decays into a dysfunctional and fragmented system that does not meet our needs. Rinse, wash repeat.

One of the themes that I heard come out of the interviews with persons who helped start the new recovery advocacy movement was that they listened to each other and spent time identifying common themes and positions in which they broadly agreed on and were excited to support. A number of the interviewees thought we should have continued to have broad dialogue sessions to strengthen our common cause but in the rush of the moment, it did not occur.

I talk to people around the country daily. I hear division, but when asked if the differences are surmountable, the resounding answer is yes. What would happen if instead of a zoom call with a set agenda to achieve a narrow goal or a push poll or a process to use us for other agendas, we were in face to face in rooms together to simply answer the question what do we agree on and how do we work towards those ends? Not set up as by others, but by us, for us.

I personally do not think that there is anyone in the recovery movement that given some time in a face-to-face setting that we would be able to mutually agree on a few broad imperatives that are so important that other minutia of differences would be cast aside to achieve. A common agenda to work on to avoid getting divided up and marginalized. To be clear, although I have listed mine below, I am not here to espouse what those things should be, I think that they would rise up out of the process of dialogue.

This is where I would start a discussion on such a plank:

1. **Recovery communities are the experts on what is needed in their own communities.** Recovery communities are diverse, and our efforts must be supported and funded equitably designed by us to serve our own communities.
2. **Discrimination and stigma against us must end.** Systems that tokenize us are perpetuating discrimination. It is not acceptable to tokenize our voices. There has to be an accounting for how this has happened historically to

marginalize us in order for healing to occur and for our society to reap the full benefits that a recovery orientated model of care can offer.

3. **How we do things matters.** Our recovery communities are quite often vulnerable, and there are many groups, including some run by people in recovery that take advantage of our own people for material gain. We must establish a shared set of values and ethics and adhere to them to protect the most vulnerable among us.

If you are in recovery and are invested in changing our system to meet the needs of your community, I hope you have your own short list on what such a national recovery plank would look like, even your list does not look like mine. I firmly believe that we can build a broad agenda to move our efforts collectively forward. my hope is that the new Office of Recovery within SAMHSA will foster such conversations to help us heal our communities.

We are the people who are supposed to make this change, the next generation is depending on us to do so.

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