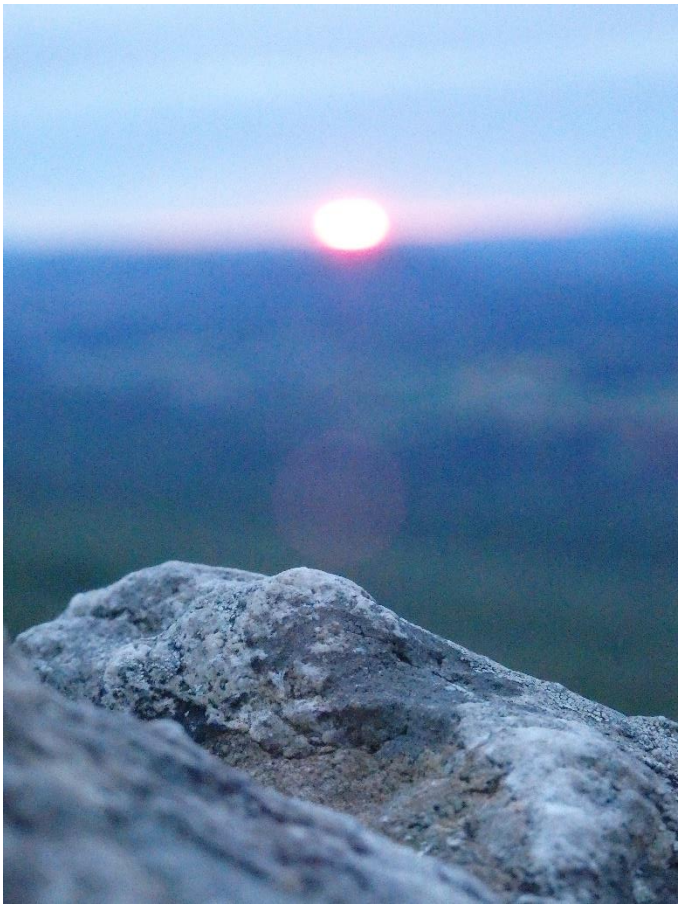
Legitimacy, the Bedrock of Consensus Building – Recovery Review 3/13/22

"...legitimacy is based on three things. First of all, the people who are asked to obey authority have to feel like they have a voice--that if they speak up, they will be heard. Second, the law has to be predictable. There has to be a reasonable expectation that the rules tomorrow are going to be roughly the same as the rules today. And third, the authority has to be fair. It can't treat one group differently from another." - Malcolm Gladwell



I found this quote above last April and half wrote this piece. One year later, it still nails what happens when systems under stress move away from their focus and only pursue narrow agendas. They get insular, reactive and autocratic. Ever shifting rules and favoritism erodes everything. They maintain the illusion of inclusion by only involving people when all the important work is done by a few favored groups. Institutions who value authentic inclusion don't do this. Refocusing institutions who have strayed from legitimacy requires commitment to transparency and openness.

Authentic inclusion occurs without a predetermined outcome in mind. They lead to solutions founded in consensus building that could not occur in any other way. They also are more effective. Anything less reduces the legitimacy of both the process and the outcome. This leads to a system in a perpetual crisis state unable to achieve big things.

Our SUD service system is fraught with inequity. As an analogy, Walmart and local neighborhood groups do not have equal power when in disputes. Walmart ends up being treated more favorably than everyone else. They have nearly unlimited resources. They can outmaneuver all the singular voices. Individuals only have power in these dynamics when they coalesce around solutions. This also plays out in the SUD care systems across our states in resources allocation and policy development. The golden rule of "he who has the gold makes the rules" is in play. The recovery community is left out or coopted. The recovery community has no gold; our currency is community, valued when it comes together. It is the fundamental truth of our own history that outside groups profit from our division at the expense of our collective well-being. Inequity is the standard of our system and is only overcome when we stand together. We must.

These same dynamics play out on the international scale as well. This Brookings Institute article notes that economic prosperity (in terms of GDP) can become decoupled from social prosperity (in terms of well-being in thriving societies). People are getting wealthy as societies fail. Economic prosperity without social prosperity erodes nations. The recoupling dashboard, is an attempt to measure well-being beyond the GDP. Change the measure, change the outcome. Think recovery capital here. We can't fix the SUD system without strengthening our recovery communities. This is a function of the five-year recovery paradigm, a long term wellness orientation. Not a short-term pathology focus.

Getting there is complicated for our whole system. One big barrier is our language. So much of our language around addiction and recovery is inoperable. The SUD harm reduction, treatment and recovery communities find ourselves in a situation similar to what playwright George Bernard Shaw once noted as Britain and the US as "nations separated by a common language." We talk past each other using the same words even as those terms mean different things to each of us! We have not invested the time to develop consensus on what our common terms mean. This lack of common language also creates a barrier to thinking and acting systematically to address the common challenges we face. As a consequence, we talk past each other with little hope of deeper understanding. Our own tower of babel.

In seeking solutions, I looked towards our history. Last year, I interviewed key figures in the New Recovery Advocacy Movement (NRAM). Those interviews are HERE. It was an amazing experience, I gained a lot of insight about the movement, and I am grateful for opportunities I have to share what I have learned. The biggest takeaway for me was that several interviewers emphasized the need for broad, ongoing dialogue to develop common objectives. Not strictly facilitated groups focused on obtaining discrete goals managed by the conveners, but an authentically open process.

I am both equally encouraged and discouraged in respect to dialogue across our communities. It runs the gamut from productive conversations on difficult issues to the tired old dynamic of people waiting to pounce when their confirmation bias lights up and they move to cancel out the offender, shutting down all discourse. Creating wounds instead of healing them. Dollars are dangled to divide, more often than used in ways to bring people together. We need a system that treats all groups equally to find consensus. Strong bridges can only be built on this bedrock of legitimacy.

I see parallels to our current times and where we were 20 years ago. Things are undeniably broken. Addiction and recovery are complex issues. The power of the moment we are in is the opportunity for consensus building. It must be fixed if we are to develop and effective and cohesive care system. Such solutions take time and commitment. But as NRAM shows us, such efforts are well worth it.

What we do, or do not do will be how history remembers us.

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