

Recovery Review – Looking Beyond Crisis, Our Opportunities Are All About Connection!

“The Chinese use two brush strokes to write the word 'crisis.' One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger--but recognize the opportunity.” — John F. Kennedy

Societies, like people rise to challenges when faced and decay when hard tasks are avoided. Healing for people and societies are complex, multifaceted processes that take effort. Modern society is painful and isolative. Numbing strategies have isolated our community members and eroded social capital to the point we are in a crisis. We have created a negative feedback loop as people sooth the resultant pain on both the individual and community level which then fuels isolation, substance misuse and addiction. The pandemic made all of these dynamics worse, but we have the opportunity to revisit what we are doing to address some of the underlying dynamics related to substance use and alter our course. The recovery community can play a vital role in this revitalization if given the opportunity to do so.



Soothing the hurt of loneliness will not heal us

As this recent [Harvard Report notes](#), America is experiencing an epidemic of loneliness. 36% of respondents reported feeling lonely “frequently” or “almost all the time or all the time.” A startling 61% of young people aged 18-25 and 51% of mothers with young children reported these miserable degrees of loneliness. Stats to pay attention to!

We must address the encroaching sense of loneliness across our society in ways beyond soothing these through gambling, social media, consumerism, alcohol, cannabis, and other drugs to numb the pain. We have a menu of drugs and distractions that provide fleeting respite from our underlying malaise but not much focus on changing our course.

Most of us have seen or heard about the 2015 [Rat Park](#) TED talk. It is quite persuasive. It contains a lot of truth. Our society magnifies sad, lonely rat like conditions for a majority of us. Taking a sad, isolated people and creating conditions to help them feel happy and connected would likely reduce the use of drugs and alcohol to cope with despair. Yet, we cannot delude ourselves into thinking that addressing these societal shortcomings will make addiction disappear. We like such simple solutions, if addiction was easy to solve, we would already have done so. But the dynamics of our rat park are quite real. Addressing these societal ills is a partial solution, not a panacea to addiction.

Society is about supporting its members across the long term. Addressing the dynamics in our society that erode our individual and collective sense of hope, purpose and connection. These challenges must be addressed as central facets of prevention and healing from what we are collectively experiencing as a people to preserve a functional society.

The Pandemic has potentiated societal dynamics of isolation and despair in ways it is clear we cannot sooth our way out of. We are also faced with opportunity to consider solutions to address the underlying dynamics that are eroding our society and impacting our health and wellbeing. The costs are not borne evenly. [The Loneliness Epidemic Persists: A Post-Pandemic Look at the State of Loneliness among U.S. Adults](#) explores the disparate impact that pandemic had on these challenges. Some notable findings they highlight:

- People from underrepresented racial groups are more likely to be lonely. 75% of Hispanic adults and 68% of Black/African American adults are classified as lonely – at least 10 points higher than what is seen among the total adult population (58%). This is notably different than previous data which showed similar experiences of loneliness across racial and ethnic groups.
- People with lower incomes are lonelier than those with higher incomes. Nearly two-thirds of adults (63%) earning less than \$50,000 per year are classified as lonely. This is 10 points higher than those earning \$50,000 or more. Relatedly, almost three in four people (72%) who receive health benefits through Medicaid are classified as lonely,

which is substantially more than the 55% of adults covered by private, employer- or union-provided health insurance benefits.

- Young adults are twice as likely to be lonely than seniors. 79% of adults aged 18 to 24 report feeling lonely compared to 41% of seniors aged 66 and older. This is consistent with earlier research.

Building Social and Recovery Capital

As previously noted, we must [embrace recovery capital within our care system to save it](#). It should not be new information that [successful treatment programs](#) recognize the role of recovery capital and develop interventions that provide support via self-help groups, peer support, and families. We also know there are relationships between [isolation and poor health](#) in our broader healthcare system and that expanding social capital can also [improve economic factors](#). It is a wonder that, given our current, broad societal challenges that developing connections within and across our communities is not a major policy focus here in the US. This is the crisis and opportunity we are presented with.

Where are the efforts to collectively address these challenges?

We should be seizing the opportunity hiding within the crisis to more effectively address our collective needs in a post pandemic era. There is an emerging effort to do so in the UK. This article, [Post-COVID recovery and renewal through whole-of-society resilience in Cities](#) in the Journal of Safety Science and Resilience explores one such effort. The authors note that the necessity of renewing approaches to building local resilience capabilities across the whole-of-society requires synchronization across and between formal and informal approaches – that is, “bottom-up” and governmental initiatives – to meet the diverse needs of communities.

This article examines the newly formed [National Consortium for Societal Resilience](#) (NCSR). It is comprised of business sector organizations large and small, charity organizations, governmental and academic entities. It is a broad-based coalition. The Consortium have identified the following founding principles to underpin this collective effort on whole-of-society resilience that resonate with many of us in the recovery community:

1. We must align behind a shared meaning of ‘whole-of-society resilience’.
2. We must exploit our synergies and the substantial opportunities from working collaboratively together.
3. We are working on an ambitious issue, so we need short-term (realistic) objectives and longer-term (ambitious) objectives.
4. We must be efficient in our work and facilitate researchers to provide its research capacity and support.
5. We need a new, ambitious, nationally consistent foundation on which to build whole-of-society resilience.
6. We will address significant resource gaps by producing materials and collateral which only contain the NCSR+’s neutral-branding and which can be adopted without charge, provided that NCSR+’s neutral-branding is retained equivalently alongside the user’s own branding.
7. We must accumulate diverse good practices from which to carefully select a starting portfolio to localize as no ‘one-size-fits-all’.
8. We must build the consortium into a national eco-system to coproduce approaches with the voices of our communities.
9. We must analyze the impact of our effort.
10. We must disseminate our learning to everyone via our events, website, outreach, and link.

NCSR holds out that we cannot be resilient on our own and they recognize that resilience must be developed from inside communities. This includes building on existing community structures and partnerships and establishing new ones. Shared understanding and joint working relationships will be key to creating an inclusive, supportive, and enabling environment for the co-production of whole-of-society local resilience capabilities. This is an approach which requires an adjustment of relationships on resilience between whole-of-society and resilience partnerships.

Even if the NCSR fails to fully achieve all of its goals, what it will likely succeed at simply by trying to do so is to strengthen social capital across the nation. It is the case that focusing on developing resiliency in diverse communities increases the kind of capital that we have been spending down rather than building up. We need to focus on rebuilding social capital here in America. How do we get a similar effort off the ground here in the US, or create more synergy around these types of efforts where they have already formed?

The challenges we are facing in reversing the alarming trends of isolation and despair run in close parallel to the kinds of things we are trying to do to strengthen recovery efforts in our communities. Recovery communities would make ideal partners in developing strategies similar to what the NCSR is being set up to address in the UK.

There are lessons here that resonates with many of us in recovery. Good things take hard work and collaboration. The more people come together, the more we see we have in common, the more we can accomplish together and the stronger we are individually and collectively. Effort yields some benefit no matter what other outcome is achieved. There is some irony in that we are learning that avoiding pain tends to only forestall and intensify how unpleasant it is once experienced. The other lesson is that no one group can address these issues alone. More evidence of opportunity posing as a crisis.

Let's seize the opportunity to improve our society. It is an effort that will yield a vital bounty no matter what. The alternative is to sooth ourselves and our communities into further decay. It is not a tenable option.

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