

Are We Serving as Good Stewards in Our Collective Responsibility to the Recovery Community?

"Therein is the tragedy. Each man is locked into a system that compels him to increase his herd without limit -- in a world that is limited. Ruin is the destination toward which all men rush, each pursuing his own best interest in a society that believes in the freedom of the commons. Freedom in a commons brings ruin to all." - Garrett Hardin

I would add to the quote above that we cannot sustain common ground without a sense of shared responsibility to each other, good stewardship, and a lot of hard work. The most effective efforts in the addiction recovery space in the immediately preceding generations has occurred when our community has come together, identified common ground, protected, and nurtured it together. A "we" orientation rather than an "I" orientation.



Twenty years ago, this occurred because the very treatment system that was developed by the recovery community becoming overly focused on profits without a focus on the needs of the community served. The work of treatment became isolated from the very people it was intended to support.

An analogous example of this in agrarian communities is the common grazing lands. A place in which everyone can nurture their livestock and provide sustenance for all their families. Communities feeding themselves through their own effort on their own land. Working collaboratively to ensure that everyone it taken care of, together.

Such ground can only remain viable if it is protected and nurtured by and for the community. Land is sensitive, it can be polluted or overgrazed by members of the community or those external to the community who may not care if its long-term viability is depleted. There is an inherent dilemma. The nurturing of the common ground is neglected, and the land degrades. The [tragedy of the commons](#). We must remain every vigilant about such dynamics and ask ourselves what we are doing to ensure we have sustainable common ground to ensure our long-term common welfare.

There can be powerful individual incentives to use these common grounds for personal gain and to neglect the stewardship necessary for its upkeep. This can maximize the benefit for each individual using the land over the short term at the long-term expense to the entire community. It sets up a dynamic in which people end up competing to get the most right now at the expense of the whole community in the future.

It is in each individual's interest to take the most from the land but invest less back into what may benefit their neighbor. Such land can be very attractive to other communities wishing for additional pastures. Outside groups may not even care if harm is done to the community as this is not their concern. This dynamic tends to lead to an environment that over time becomes unable to sustain any of those dependent on it for their own needs.

It seems clear that it is easier to nurture common goals when all members are equally without sustenance. Looking back at our own recovery community history, when conditions became particularly unsupportive of recovery nationally, people came together to till the soil and create the rich loam needed for us all to grow. What are we doing to sustain our common ground, and how much have we focused on our collective responsibility for our common welfare?

One of the things I noted in collecting histories from key persons involved in the organizing of the first national recovery meeting in America, in October of 2001 was that several of those interviewed noted that in hindsight, they had wished they had invested more time in working on a recovery plank that would resonate deeply across the entire recovery community. This would have created a deeper reservoir of support.

This was not done, but in their defense, they were mostly a group of people with a lot of aspirations and very few resources. The goals that these visionaries developed by working together over twenty years ago have been achieved to the degree that has transformed how we think about recovery and the ways that we support persons with substance use disorders. As a result of their concerted efforts over many years, we now have several national recovery community organizations a few dozen statewide recovery community organizations and a lot of related types of recovery community affiliates across the nation. Yet, we do not have a short list of things we all think are worth our focus.

Can we sustain and build on the ground those who came before us gave us? How do we do so?

We need to examine what are common ground has been historically and work to adapt or change our focus for our current times while working to keep our soil viable or we will all eventually lose. We will be defined by others, our ideas and contributions subsumed within other groups agendas in ways that may not be consistent with our common goals. We will then have to build everything over again, which we can avoid through good stewardship now.

In 2007, Phil Valentine, William White and Pat Taylor wrote a piece titled [The Recovery Community Organization: Towards a Working Definition and Description](#). Their work was widely accepted by the recovery community. They noted there are three core elements of a recovery community organization. Recovery vision, authenticity of voice and Independence. As recovery communities have evolved, a lot of what we now do operated by treatment systems or local governments. RCOs at times pushed aside by more powerful interest groups seeking to use the valuable resources of the community for other purposes. There was some utility in evolving, but we have to ask if we are losing something of value, and is what was done worth it? Good stewardship would require us to regularly ask questions like this and listen carefully to what we hear back. We must be careful to protect our common ground.

These newer variants of recovery community are often not independent, may not have a recovery focused vision and may not center on recovery representation and authenticity of voice as they are discrete services nestled into entities with other goals. The vision that those pioneers had in 2007 was one in which embraced the capacity of communities to heal themselves. As I noted, they included independence as a core element:

“Independence: We believe that an RCO is most credible and effective as a standalone entity. The leading RCOs are open to multiple levels of collaboration with a wide variety of other organizations, but they are not under the control of an organization that may have conflicting interests. For example, RCOs may work closely with, but are independent of addiction treatment providers. The RCO’s real strength is drawn not from its links to other service organizations but from the authentic voice of the individuals in the recovery community who relate to and actively support it. An RCO serves as a bridge between diverse communities of recovery, the addiction treatment community, governmental agencies, the criminal justice system, the larger network of health and human services providers and systems and the broader recovery support resources of the extended community (e.g., recovery-conducive housing, education, employment, and leisure).”

The Recovery Community Organization: Towards a Working Definition and Description (2007)

Valentine, P. White, W., Taylor, P.

Independence is an important core element. When we move away from the unique role of RCOs as an independent entity to engage the community in its own healing, we risk having services being developed in ways that do not meet the needs of our communities. We move away from the powerful dynamic of communities working to heal their own members and instead towards units of care provided to people as a service by an outside entity. We become recipients instead of central actors in our own community wellness processes.

Stigma in all its subtly can play a profound role in moving us away from the core element of independence. It is so strong even in our allies. There is an inherent tendency to become paternalistic in ways that reduces the role and function of recovery community. There is a gradually shift towards a treatment orientation. The services becoming over professionalized and more consistent with models in which people in recovery are passive recipients of care.

We are also vulnerable to stigma. It is so pervasive. Our own internalized stigma can lead us to doubt our own capacity to heal. Stigma is that deeply woven into our entire system. We then become patients and consumers being served as this is the prevailing service delivery system orientation. The shift can happen so slowly and imperceptibly that it may be hard to detect in the short term. Stigma is infused the very water in which we swim in and the air we breathe. It can kill us. History shows us this. It is much like that proverbial frog in a pot of water slowly brought to a boil until we cannot move and we become some other groups meal.

So, I ask again:

- Are we serving as good stewards in our collective responsibility to the recovery community?
- Do we have deeply understood common goals that affirm the role of community to heal itself?
- What are the goals moving forward those members of our community can agree to being worthy of tilling our collective soil?

If we do not answer these questions, even those who seem to have less need to invest in our common ground in the short term will be harmed as our national recovery community is undermined.

Let’s work together to ask the questions, listen to the answers and to be good stewards for the benefit of all our communities!

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