FACES & VOICES OF RECOVERY

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Faces & Voices of Recovery – Recovery Month 2025

Shifting Landscapes Across Generations: Applying Yesterday's Lessons to the Challenges of Today.
Faces & Voices Blog post September 2025 – William Stauffer

Our capacity to transmit recovery across America has been transformed over the last three decades by something called the New Recovery Advocacy Movement. It would be safe to argue that it has been one of the most important eras of our long history. In the face of a shifting environment that including an upswing in stimulant disorders in the late 1980s to mid 1990s, recovery came out of the shadows, and this movement has changed the lives of millions of Americans. Recovery Community Crganizations (RCO)s sprang up across our nation and flourished. We helped move our care systems away from an acute orientation and to consider facets beyond treatment. We began to develop an evidence base that honored experiential knowledge, oriented not on pathology but on our resiliency. This is the legacy of the last three decades.

Our contributions fit into a larger mosaic of effort that has risen and receded in waves across hundreds of years. As the New Recovery Advocacy Movement formed, and moved into the early 2000s, drug use patterns changed. Stimulant use decreased as Opioid Use Disorders (OUD)s increased. Our RCOs were flexible and responsive. Our landscape does shift over time and we have shown the capacity to respond accordingly. Eras that preceded us always have lessons for us to learn from if we listen, with one being the Washingtonian movement, that lacked clear leaders and focused goals. It became a revenue generator for the recovery rock stars of that era and then rapidly disbanded and disappeared. We should always heed our own history.

The seminal work on our history of course is Slaying the Dragon, meticulously researched and written by William White and published in 1998. It came out in an era that I have termed Recovery Retrograde, a period in which our systems had lost touch with the needs of our communities. Recovery community members and our allies around our nation saw what was occurring and moved the mountain together. A few short years later in 2001, the first national gathering of recovery community occurred in Saint Paul Minnesota. We became what White termed "the little engine that could." Regular people dedicated to achieving what many thought not possible. History shows us they succeeded.

Over these three decades we have seen three waves of effort:

- **First Wave (1995 to 2005):** Recovery communities formed organically as the transmission of recovery that extended beyond short term professionally oriented treatment was failing. They came together under mutually agreed upon concepts that served as the framework of the fledgling movement, which I have come to call our Keel, the steering concepts. No one was a leader, everyone was a leader. We stayed in our own lane. Funding was limited but the concepts of resiliency over pathology, community as a healing agent and recovery as an organizing principle began to quietly take hold across America.

- **Second Wave (2005 to 2015):** Recovery became more openly supported and celebrated. There were collaborative efforts with state and federal government. Efforts initiated in 1989 as Treatment Works! Month where refocused as Recovery Month. The movie the Anonymous People came out, and we had a rally on the National Mall bringing in people from every state and territory. Funding for Recovery Community Organizations became more prevalent as peer services took hold. William White, in a presentation in Dallas in 2013 at ARCO celebrated our successes and warned about risks of cooptation and commodification of the movements efforts. RCOs expanded their services, flexiblely responding to the increase in OUDs and other substance use disorders by adapting and innovating peer support services across multiple pathways of recovery, including those for OUDs.

- **Third Wave (2015 to current):** Real progress had been made in the last decade in respect to understanding recovery capital at the individual level. Peer services have flourished. Technical assistance and training for interested stakeholders are accessible. Medication pathways have been more deeply embraced, and some community grounded recovery support efforts have flourished. While progress has occurred, efforts to professionalize recovery processes have led to the loss of community as the foundational healing force. The earlier steering concepts were

largely lost to histoty as early leaders retired, groups fragmented and competition with each other for limited resources increased. Evidence develops that align with William White's warnings a decade earlier and suggest the possible on the end of the era. The challenges rest in preserving the foundational values of our movment while innovating to meet the needs of OUDs, Stimulant Use Disroders and other SUDs moving forward.

Echoes of History

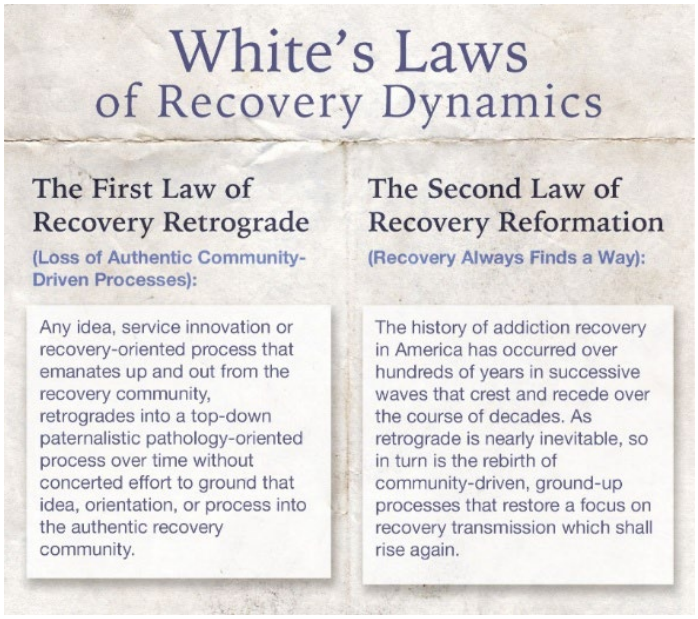
A review of our history can be comforting or alarming, and how we react may well lend itself to how we view history itself. Do we see history as something we can learn from and adapt to or do we see history as something that repeats in cycles with no hope of altering the outcome? As people in recovery, what should be self-evident to us all is that each day is a new opportunity to adapt and change. That is the very lesson of our lives. There have always been people across all of our history, from things like the patent medicine era and the Keeley Gold Cure. Addiction & Recovery Capitalist – Hustlers Hawking Drugs, Hucksters Selling Recovery who take advantage of our community for their own gain. It may be our greatest challenge and a vital focus for future efforts that risk movement goals through processes of:

- **Cashing out** – Risk of people using the movement for personal gain or notoriety.
- **Cooptation** – Other groups re-defining core concepts / redirecting energy to achieve their own goal at the expense of the primary goals of the recovery movement.
- **Loss of Lane** – A gradual loss of critical focus centered on recovery resulting in diminished focus on it.

We can see with clear eyes the evidence before us that we have become fragmented . We can see the broader dynamic in which funding and support for long term recovery became more meager as the opioid epidemic focused on short term stabilization and not the longer term generative processes of recovery. We can focus our energy on reformation, just as those generations before us who accepted reality on the ground but refused to see it as fate and worked towards changing it.

Is the Golden Age of Recovery Ahead of Us or Behind Us?

The answer to this question may well depend on the scope of our view. I recently wrote the two laws of recovery dynamics. As Dr David Best and I noted in our recent piece on White's Laws and the Arc of the Recovery Movement, recovery movement dynamics rarely are fully in one trend or the other. There are innovative processes that are likely to stand the test of time, 1) We have shifted away from the historic acute, fragmented care model focused on a handful of recovery pathways and now embrace long term healing utilizing a myriad of pathways as the standard of healing. 2) We have begun to move our systems of care from a pathology orientation to a recovery orientation aimed at resolutions from a strength-based stance. 3) Recovery and the value of people in recovery to the vitality of our society is now commonly accepted knowledge in America and beyond and we will not go back into the darkness.



We can examine the steering concepts that held together the new recovery advocacy movement in its formative days and consider how to adapt them to the collective needs we face in our current era. Steering concepts that include:

- Stay in our own lane.
- Transparency & inclusion.
- Everyone is a leader, no one is a leader.
- We agree to advocate for the same thing.
- Academic achievement and life experience have equal value.
- Authentic recovery efforts rise from and is produced by us, collectively.
- Emphasis on valuing honesty, humility, tolerance, positive regard for others, mutual respect, gratitude, forgiveness and service.

We can spend more time listening to each other for common cause and less time arguing over every difference. We can stop to consider our own pathways to recovery and we can also understand that many people worked very hard to achieve what made it possible. We can read and share the lessons of our own history and recognize that we are on the cusp of great opportunity but also vulnerable to the internal and external threats that can threaten our efforts to move a new movement forward. One that expands opportunities to transmit recovery through and across future communities. To nurture a new generation of recovery carriers dedicated to service to pay forward what we shared with them.

This is the choice all generations face. What shall we do? I know what I want to work towards, and I suspect that you feel similarly. We want to do things that benefit the next generation. Let's do that. Let's go make history, together!

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