

September 10, 2020

REFLECTIONS ON RECOVERY REPRESENTATION (BILL WHITE AND BILL STAUFFER)



Since its inception in the late 1990s, a central goal of the new recovery advocacy movement has been assuring the representation of recovering individuals and families in the decision-making venues that affect their lives. As this movement matured, the complexities of achieving such representation became increasingly apparent. Dynamics within and beyond communities of recovery can threaten authentic recovery representation. Below are six critical dimensions of recovery representation and proposed benchmarks for each.

Authenticity of Representation is the assurance that those representing the recovery experience within decision-making venues are individuals and families with lived experience of recovery who are free from undue conflicts of interest. The problem that sometimes arises is that of double-agency—persons who present themselves as representing the recovery community who, with or without conscious intent, represent instead personal, ideological, institutional, or financial interests. People with personal knowledge of the recovery process and the historical challenges faced by people seeking and in recovery free of such conflicted interests are the best suited for recovery advocacy leadership.

Guidelines: 1) Members of recovery communities are provided a voice in the selection of persons who represent their experiences and needs. 2) Those representing the recovery experience at public and policy levels possess rich experiential knowledge of personal and/or family recovery from addiction. 3) Persons representing the experiences and needs of people seeking and in recovery are free from ideological, political, or financial conflicts of interest that could unduly influence their advocacy efforts.

Depth of Representation assures a sufficient density of recovery representation within any decision-making group. The challenge is to avoid recovery tokenism, e.g., a single person asked to represent the broad range of recovery experiences and recovery support needs. Too many organizations exploit people in recovery to burnish their organizational image or superficially comply with an external recovery representation requirement, while affording little opportunity to affect policy decisions. Depth of representation also assures that people in recovery are at policy decision-making tables and not just involved in an advisory capacity, e.g., representation on governing boards as well as advisory committees.

Guidelines: 1) Recovery community organizations (RCOs) maintain authentic recovery representation greater than 50% at membership, board, and staff levels. 2) RCO leaders are drawn from individuals and family members in recovery or allies vetted by communities of recovery. 3) The RCO is committed to leadership development of its members. 4) Recovery representation in local organizational decision-making is commensurate with the degree to which recovery is central to the mission of an organization or project. The greater the focus on recovery, the greater the desired level of recovery representation.

Diversity of Representation assures the inclusion of people representing the growing varieties of recovery experiences and the diverse cultural contexts and community spaces in which recovery flourishes or flounders.

Guidelines: 1) The pool of available recovery representatives reflects secular, spiritual, and religious pathways of recovery as well as natural recovery and peer- and/or professionally-assisted recovery (including medication-assisted recovery). 2) Recovery representatives are knowledgeable about diverse communities of recovery and speak publicly not as individuals or representatives of one path of recovery, but on behalf of all people in recovery. (The fact that no one is fully qualified to do that helps us maintain a sense of humility, open-mindedness, and inclusiveness.) 3) Recovery representatives embody a spirit of anonymity—the suppression of self-centeredness—embracing and celebrating the wonderful varieties of recovery experience rather than competing for personal attention or pathway superiority. Falling short of these aspirational values is far too easy in the rarified air of public attention.

Stability of and Support for Recovery Representatives assures that people representing the recovery experience at the public level have sufficient recovery time and stability to offer a positive face and voice of recovery without threat to their continued recovery or their physical and psychological safety.

Guidelines: 1) Recovery representatives exemplify a recovery custodian orientation (rather than a celebrity orientation). 2) The custodian role properly places the focus on recovery messages and off the person or persons serving as messengers. 3) Recovery representatives exemplify servant leadership, affirming their role in serving the community. 4) Recovery representatives are not placed in roles involving physical or psychological risk without supervision and clear safety protocol.

Scope of Representation assures that people in recovery have a voice in shaping the full continuum of care related to alcohol- and other drug-related problems. Recovery representation is critical to effective AOD systems design, program implementation, service delivery, systems performance evaluation, and ongoing systems refinement.

Guidelines: 1) Recovery representation is included in policy and programming decisions related to primary prevention, harm reduction, early intervention, clinical treatment, community-based recovery support services, and the larger arena of alcohol and drug policy decisions. 2) Recovery representation is included in decision-making bodies charged with addressing common recovery challenges and resource needs, e.g., co-occurring health conditions, educational opportunity, employment opportunity, etc.

Public Enfranchisement assures that people in recovery are free from arbitrary restrictions on voting, holding public office, or exercising rights afforded other citizens.

Guidelines: 1) Local recovery community organizations exist and advocate for the full enfranchisement of people in recovery, including encouragement to vote and serve in public service roles. 2) People in

recovery disenfranchised due to past addiction-related crimes have their full citizenship rights restored following release from prison or completion of probation or parole. 3) There are no state or local laws or regulations that otherwise suppress the voting, e.g., statutes requiring all fines be paid before voting rights are restored. 4) The addiction treatment and recovery support workforce fully reflects the diversity of the community, is provided a living wage, and is free of administrative burdens that interfere with service provision. 5) The treatment and recovery support system addresses barriers to employment and volunteer participation of people with lived experience of recovery.

Closing Reflection

Supporting and strengthening long-term recovery across multiple pathways of recovery and diverse cultural contexts must remain a central focus of our efforts. This is “the commons” of our movement for which we need deep, equitable, and inclusive representation in matters that effect our lives.

Nihil de nobis, sine nobis is Latin for NOTHING ABOUT US WITHOUT US and has been a rallying cry for democracy and disenfranchised groups for over 500 years. It means that no policy should be decided without the full and direct participation of those affected by that policy. We must ensure that our voices are included in all systems addressing alcohol- and other drug-related problems.

Link to Bill White Post [HERE](#)