Episode 2 - Protecting the Soul of Peer Support – Lessons in History with Bill Stauffer

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Justin Bell: Today's episode is about the history behind peer support and how lived experience shaped our treatment systems long before peer support ever became an official role. Originally, this conversation was planned with William White. If you don't know him, you should. He's one of the most influential historians and advocates in the recovery field. Unfortunately, however, he wasn't able to join us. However, he generously connected me with Bill Stauffer and shared notes to help guide our discussion. Now, Bill Stauffer is executive director of the Pennsylvania Recovery Organizations alliance and brings nearly four decades of experience across clinical practice, recovery support, workforce development, and policy reform. And that includes scholarship into the history of peer support. So if you ever wondered where peer support really comes from and what that history actually means for where we're going, this episode is for you. Let's get into it. All right. Thank you so much, Bill, for joining us today on the, Peer Support Professionals Guide podcast. the first question I wanted to ask, as I mentioned in the intro, was, Bill White wasn't able to join us today, but he was able to send you, some of his notes to guide this conversation. I know you're also a scholar, you're coming into this as well with your own, historical research that you've done. But a lot of times I go to conferences and I ask people to raise their hand if they know Bill White. And, actually sometimes not a lot of people raise their hand, which is a bit disappointing for me. So can you just tell listeners who is Bill White and what is your relation to him?

Bill Stauffer: It's a huge question. And, William White is a thought leader of the recovery

movement and a person foremost in long term recovery who spent many decades doing this work in a variety of different ways. and over the course of his work, compiled the most comprehensive history of addiction recovery in America. his work is the seminal, body of research, and documentation of addiction addiction recovery history in the United States. and he has taken his understanding of history and his experiential knowledge working in our field and apply it to our current field because we can learn a lot by what has occurred before and anticipate what's going to occur, moving forward. I would say this, that, for many people operating today, a lot of the things that you are doing and take for granted about our system have had its origins in people like Bill, coming together to change the way that we do things so that they're more inclusive of community.

Justin Bell: Yeah, yeah, I agree. I absolutely agree. That's why I try to bring them up at conferences and stuff, especially if I'm presenting on peers, because I think it's something that, I mean, we'll talk more about this obviously, but the history is like, it gives me some pride as a person in recovery to learn about our history and to learn about where things come from. And what you said is exactly correct, is like you read Bill's work, some of it, you know, writings that are, I mean, going back, deep, I mean, decades and decades ago. But you read stuff from the 90s and early 2000s and how he predicted what the field would look like today, what the pitfalls would be, what the maybe hopes would be. it does feel like he's an oracle, but it comes from history. Right. He's just looking at patterns, which we'll talk more about. So going deep into the history, I mean, to go all the way back, obviously the point of this podcast here is to talk about certified peers, but I think we have to go all the way back to the history of people in recovery in, healing systems, treatment systems, etc. can you tell us about sort of the first roles, earliest peer roles, where you see efforts for people in recovery formally helping each other, starting in American history.

Bill Stauffer: Yeah, we have such a rich history, you know, going back even before the formation of the country. We had Native American communities coming together and pushing back against the alcohol, use in Native American communities. People like Handsome Lake, who was a Seneca religious leader who used his own recovery to try to bring, the Native American communities back to some of their traditional learnings and cultures and things like that. It's really important for listeners to understand that some of these early movements are some of the earliest recovery movements recorded in the world, and they happen right here in the United States. and those are followed, in the 1790s by the rise of the temperance movements. and what a lot of people may not realize is that alcohol use was rampant in that era. Americans used just under 6 gallons, drank 6 gallons of alcohol per person on average, which is, our current average use is less than half of that. So impairment was a massive problem in early America. And these temperance movements formed, to start to create examples of what happens to people when they drink, essentially to try to encourage people not to do so. And beyond that, when we move into the 19th century, there's a Washingtonian movement that rose up in the 1840s and 50s, and that was more focused on temperance for, working class people. While the earlier movements were towards upper class, more often. And people would share their stories. And the temperance movements, had 100,000, participants in them. And they rose up very quickly and also broke apart rather quickly. And why that's important is when we think about lasting recovery processes like Alcoholics Anonymous. They looked at the history of the Washingtonians and the tradition of not getting involved in outside traditions came from watching what happened with the Washingtonian movement when it got embroiled with, temperance politics of that era. Beyond that, we have things like the ribbon societies that rose up a little bit later in the 19th century promoting alcohol abstinence. And people would wear blue or white ribbons to signify that they were taking abstinence pledges. Groups like the Women's Christians Temperance Union, which may be

something that people have heard of, came out of these processes, at that time to sort of identify the risks of alcohol and were also part of a move towards prohibition. So there was, there was more than one goal of these processes, which is also something to learn from, as I referenced in, aa. but, you know, these are some of the earliest processes and there are lessons that occurred in those areas about what works. What, like, embedding recovery in local culture is an important facet to remember.

Justin Bell: Yeah, that's cool to see sort of the early threads. I think you see a lot of the things that we see today in the recovery movement. Storytelling. Right. People using their story as a way to get to other people, and hopefully get them into recovery. It's obviously something you go to any AA meeting, night and you're going to hear somebody's story. And that was starting then. I think it's cool too to recognize sort of the indigenous contributions. I don't think that gets recognized enough. I know that's one of, William White's, pushes is that, you know, typically when you ask the nor, you know, average person if they know anything about recovery, when did it start? People say, oh, Bill Wilson, you know, aa, you know, bunch of, you know, older guys just starting this club. but it goes back a lot, a lot farther than that.

Bill Stauffer: yeah, and to their credit, they, they paid attention to history. Like, how can we get right? Was a critical element. And 90 years later, they got a lot right.

Justin Bell: Yeah, yeah, true. The fact that it continues to stay around and we still have 12 step groups today I, think is a testament to that for sure. okay, so let's talk about, I guess, fast forwarding the tape a little bit. where do we see sort of the peer roles emerging in maybe treatment systems that we're familiar with today. you know, things like, you know, getting treatment at a hospital, rehabilitation that, the specialty treatment system that we see. Where, where did the peer role start to enter that space?

Bill Stauffer: So when we, we think about this, and I'm, I'm going to take you to like the end of the 19th century. We, we had these things which are considered like reformer men clinics. the Keely Institute, which came up out of the Midwest. And they actually had things like gold cures which they sold to people. And some of those cures actually included things like alcohol, cocaine and opioids. But the other part of that is people in recovery sharing their stories and experience to help other people along. And those might be some of the earlier formal institutions that we see, in America, followed by, the mission movement, things like the Water Street Mission in New York City, founded by Maria McCauley, and later on the Salvation army, which continues its work in our area. That brought it from a religious perspective, but from a formal institutional setting. The earliest, formal addiction service role is probably out of, the delay therapy movement. and a, man by the name of Courtney Baylor, who was the first, paid, laid therapist in the addiction field. So the first ever addiction counselor.

Justin Bell: And about what year was that?

Bill Stauffer: super early.

Justin Bell: Yeah, yeah, yeah.

Bill Stauffer: So the idea of having people in recovery supporting other people into recovery goes back to around 1911. And he worked with a guy named Richard Peabody, who also got into recovery and wrote a book called Common sense of drinking in 1932. So the role of people in recovery helping other people in recovery started from the formalization of our institutions at that time. as we move into the 1940s, the Minnesota Model of, chemical dependency came out of three groups coming together. The Pioneer House, Hazelton and Wilmar State Hospital, where they started

to look more formally at hiring of recovering alcoholics to serve other people in hospital settings. And so this is for listeners. That's probably when you would really start to recognize some of our current systems. In the late 1940s.

Justin Bell: Yeah, yeah, that makes sense. I mean, I'm sure many listeners familiar with Hazleton, probably some at the Minnesota model. I mean, that's something that still exists today. yeah, so those roles make, sense. I think those are early.

Bill Stauffer: beyond that, then we had the therapeutic community model that rose up in the late 1950s and early 60s that really used community as method, where participants helped each other form communities of recovery and Help each other. and then after that, the first paraprofessionals, came out of a 1959 report by the Joint Commission on mental health and Illness, really establishing this paraprofessional movement. I think it's really important for people to note that most of the people who were in these systems in that era and even into the 80s were in recovery. About 80% of our entire workforce were people in recovery. After the Hughes act pact passed, on December 31, 1970, creating our service system, the whole field was mostly people in recovery.

Justin Bell: Yeah, yeah, and I think that's a good point there. I mean, that's something that I try to explain to people about the differences between the mental health field and the addiction field. I think in the mental health field, you've always seen this tension between clinicians, psychiatrists, sort of the medical psychiatric establishment, and people who are mental health patients, sometimes calling themselves survivors, at least that was like, an early label. So you had, a lot of this tension. But I think you have a different path with the addiction field, where, like you said, you know, even early on in the special, like addiction as a specialty, addiction treatment as a specialty, you have, like, almost 75, 80% of people are going through that system in some form or

recovering in some way. so I think that's interesting. I don't know if that gets picked up as much, but I think that's why you see some differences, in the way that these fields have formed is that they've had sort of a different relationship with people. Because in the 1960s, I mean, we've all seen One Flew over the Cuckoo's Nest, you would never see a psychiatrist, at least openly claim to be a person that was recovering from a psychiatric illness. I just don't think that would have flown in the 1960s or even the 1970s. Whereas apparently, back then, to be a person recovery and to say that in a addiction specialty system was okay. I mean, it maybe wouldn't get you up the ladder, per se, which we'll talk about how that plays out today. But, you know, it would be okay to say, which I just think is a very interesting difference in the way, that this played out.

Bill Stauffer: You know, I think it's important to also note that. And I, in my own research, and also talking to people who were working in the models of these times, nobody wanted to work with our people. the mental health system wasn't working with them. So I know somebody whose recovery started when their family identified they had an alcohol Problem. And their option, was a frontal lobotomy. That was the treatment offered to them, which for listeners, that's removing part of your brain that was in. By. Even in the late 1960s, the treatment methodology to treat alcoholism.

Justin Bell: Yeah, yeah, yeah, right. I know, I know. It is. It is amazing how, how far things have advanced and not advanced in certain way. I think we still have a long way to go, and certain things haven't changed. but yeah, I think that is really interesting. I mean, what do you see is. I mean, what was the value here? Why were these systems hiring people in recovery? why do you think that was seen as such a good thing to do even as far back as the 40s to the 60s?

Bill Stauffer: Well, I think, you know, part of it I just interpret. Nobody else wanted to do

this work. and the processes of recovery often happen in community. And I said that in the current tense, not the former. It's still true today. And so transitioning people are from a culture of addiction to a culture of recovery. And for listeners, that's also a title of a William White book and the first one I ever read of his, from the mid-90s, really worth looking at. And so if you think about how do you. How do you move someone from a culture of addiction to a culture of recovery? It takes somebody who's fluent in both cultures to do so, you know, and so if we think about it like that, and a lot of our systems don't understand addiction or recovery, hiring people who want to do work that nobody else wants to do, it's underpaid, overstressed. it. It's this, is these were the people, who were willing to do this work. And I think that that's, largely true today as well.

Justin Bell: Sure. Yeah, I agree. I agree. Yeah. I think. I mean, you know, I've brought up some research that's been done on doctors, you know, where they've asked them in many, many studies that have come out in 20th and 21st century about how doctors feel about dealing with, patients who have substance use problems. And most of them admit that they're uncomfortable. I mean, either they're not trained enough that role to do that job, or they say that they just don't want to. You know, it's like it's their hardest patient to deal with, you know, because it's like the person that you just keep telling in their minds over and over again, do this, do this, do this, and they don't. And then they come back and they have more issues and more issues and brief current story.

Bill Stauffer: I did. I was at a presentation in central Pennsylvania the other day. I ran into a guy with two and a half years recovery. Okay. He's a house manager. Ah. at a center.

Justin Bell: Yeah.

Bill Stauffer: And I, like, I commiserated, like, that's a difficult job. And I said, well. And he said it was. And like, there are very difficult people. And I, like, I was thinking, what could I say to this guy? And like, you know, sometimes it's those people that appear the most difficult. And he stopped me right there and he said, those are my favorite people that you're getting to. Right. And. And you know, from your training and your experience. What he's saying is true that, that sometimes when people seem difficult, it's because you're reaching them at some level. This guy had no formal education at all, but understood something that a lot of professionals don't just from his experiential knowledge.

Justin Bell: Yep, yep. Yeah. And I agree. I mean, I think it's. It's the most gratifying thing to. To get through to someone, or not even maybe to be the person that gets through to them, but to watch that person change. You know, it's one thing to watch somebody with a really high, you know, let's say, recovery capital, like, they have super high resources. They come into recovery and they get it, and that's fantastic. That's, you know, what I would call a miracle itself. But to see the person who's low on that totem pole and doesn't seem to be, getting it and then they do, you know, I think it's really incredible. And I understand the physicians and stuff that don't have the time for it, but I think you're right that, you know, for people in recovery, like, we understand and we empathize with that.

Bill Stauffer: And yeah, when that guy's getting yelled at, he might see himself and like I did. And so I'm willing to tolerate that because I know. I was just like that.

Justin Bell: Yeah, yeah, yeah, absolutely. Me too. okay, so I think something else that's rising up here, which you've mentioned a little bit towards the end of your last answer, you talked about paraprofessionals, and different movements of, people in recovery that

were getting into these roles and treatment systems was there was actually some roles that were starting to professionalize, specifically addiction counseling, which I'm sure a lot of folks that are listening are familiar with, as in there's still addiction counselors to this day. but it's Actually a, you know, very parallel, in many ways between like certified peers and kind of the trajectory of addiction counseling. Can, can you sort of walk through, how addiction counselors started to professionalize and where the role of lived experience or people with lived experience was in that role?

Bill Stauffer: Yeah, and like, this is an important realm of our history. And I think I've mentioned before the Hughes act passed in 1970, which occurred because of the recovery community. So for listeners, almost everything that we have around us in our systems came from grassroots ever efforts in the recovery community. The Hughes acts created NIDA and NIA and publicly funded treatment created samhsa, the state funding. That funding throughout the states all came from people in recovery advocating for that through Congress. And so when that passed, it created this mass excitement in the recovery community and lay counselors formed, and they started to help people in the 1970s into the early 1980s. I got into recovery at that time, so these were the people that helped me in the recovery. So I saw it firsthand. and what happened over time is there was efforts to begin to professionalize them that we needed to legitimize this role. and if you read, Bill White and I would reference readers or listeners the Road Not Taken, the Lost roots of Addiction Counseling, where he talked about sort of two roads to. One was a medical model, to try to bring our systems into a medical care framework. And the other was a community based model. And we went the medical model thinking that if we legitimize services and made them more like our current systems, that, we would legitimize the role in the service. and that's the process that unfolded from the 70s through the 1990s. and through that we ended up with things like certification, standards, more regulations around the work. it also led us

down a pathway of more acute based services, that focused on eliminating pathology, which is, when you think about medical care, that's more of what we do, rather than community based models that help move people into recovery, into recovery community. and so I watched that unfold in our field in the late 80s and early 90s, where as we set up those standards and fewer recovering people were in the counselor roles, those counselors had no idea they might have book learning in the pathology of addiction, the impact of addiction on the brain. They may know some counseling skills to address those things in engagement, but they knew nothing about how to move people into recovery and community, which is a really key element that needs to happen because you need to move people into, More stable processes of recovery beyond the acute service realm. That's what we saw play out from the 1970s through the 1990s. our field, by 1990, had only about 30% of the counseling field was in recovery, and the rest were, not in recovery. and our turnover rates began to increase, which. And they remain significantly high. So I would argue a lot of people still don't want to do this work, and that the people who do have some personal connection to it.

Justin Bell: Yeah, yeah, yeah. But I think you discuss kind of some of the pitfalls of becoming a profession. I mean, it's wonderful that you get, as you said, the legitimacy going in through this medical model, adding more training, adding more requirements, more education that you have to get to become a counselor. Right. All of this was happening between the 70s and the 90s. Ah, suddenly, you know, having a master's degree was at least strongly suggested as a counselor. and, you know, that comes with all the expenses and extra certifications and continuing education and all that's getting added on to this role, which is great for some reasons, because you get more reimbursement, you get more acknowledgment, you get more hiring and treatment centers and hospitals and wherever treatment is happening. But I remember you told me at one point that the sort of pathway that you came into the field is now closed.

Right. Like, the way that you actually came in, like, there was a lower bar for entry. And now if you were to try and do that today in your same position, you wouldn't be able to get into, the field the way that you did. Right. That was kind of.

Bill Stauffer: And it's also true for many other people. And so I. Full disclosure. When I got into the field as a counselor, I had a high school diploma, and the certification process allowed you to move up in tiers to become fully certified. Meanwhile, most employers encouraged college education. So now I hold a master's degree and have for many years. But I wouldn't have had that had I not had the opportunity to come at a high school level, get an associate's degree, a bachelor's degree, and then a master's degree. And I will say that most of my colleagues that came in, in that era came in with a route where they had a high school diploma, but they stayed in the field for 30 or 40 years, and they had masters and PhDs, and they stuck and stayed for an entire career.

Justin Bell: Yeah, yeah, I think that's a sad thing. I mean, we'll talk about that more with certified peers, too. But there's obviously a parallel here of, you know, we can professionalize these things. We can make them really, you know, strong and legitimate. And I mean I, I've, you know, I've come across some really untrained peers in my work and that can be really dangerous to have somebody who has like zero training and they're just like walking into a treatment environment and using maybe what they've learned from like a 12 step group and just applying that indiscriminately in a treatment setting, like that can be really harmful. So I appreciate training. I appreciate. But at the same time, it's like if you're, as the addiction counseling story shows, if you're only going to get people with a master's degree to come into these jobs, I mean, if we do that with the peer role, you're going to end up with this system of people who are the elite and maybe, you know, if they are in recovery, they, you know, maybe are sort of the highest, you know, recovery capital people. You know, they maybe haven't been to

prison, they maybe haven't, you know, been, you know, with certain substances, they haven't had certain experiences. They haven't gone through maybe treatment systems that don't, you know, require insurance. Right. Publicly funded things. They don't have this knowledge and then they're becoming like the sole source of recovery, provisions, service providers. Yeah, it's, it's it's sort of the downside, I think, of over professionalizing.

Bill Stauffer: I think that that's true. Like, I've seen uneducated, you know, I've seen some people have no formal education who are just. There's something about them that is just. They're.

Justin Bell: Oh yeah.

Bill Stauffer: At helping people without opening up a book ever. Right.

Justin Bell: Yes.

Bill Stauffer: But like I see what, I agree. I'm not saying that that doesn't occur. But then I've seen people who are well schooled in academic education who like, why would we serve those people more than one time because they didn't get better or like identifying very low expectations like we're less than, like we're capable, we're less capable than other people. So while there are challenges because there are uneducated peers, there are challenges with people with lots of academic education who, who grew up in the same stigma laden society as the rest of us do. And stigma doesn't necessarily respond to academic learning.

Justin Bell: Sure. Yes, I agree. I agree. Yes. I have met some very educated people who,

I don't, I don't think they were right for Like a frontline service sort of thing. And that's fine. But I think what you talk about, too, is that, like, in the addiction counseling role, there was. There was some pathways to taking a person who maybe wasn't formally educated, but, like you said, had a talent for helping someone and had a passion for helping someone, which I think is really the most important thing about these roles, is that you really want to be there and. But recognize, okay, you don't have the education right now. Let's train you, and let's give you the opportunity to pursue that education, pursue that training, give you the resources to do it so that, yes, as you said, you can stay in this field for 40 years and train other peers or other addiction counselors, like, just continue this, you know, sort of almost like an apprenticeship model in a way of. Of helping others and. And doing that.

Bill Stauffer: As we've. As we've lost that. What is a part of what has occurred is that they. There are fewer people with 20 or 30 years doing this work. And you learn a lot. I'm still learning. I will continue to learn until the day I. The last day I do this work.

Justin Bell: Yeah.

Bill Stauffer: but you have to keep doing this work to learn. And if we. If people move through it, like they get a master's degree, you start doing this work, but you figure out you could make more money for less stress somewhere else, and you move out of it, then there's no core people to actually do the training. And most of those training occurs on the job. So we're sort of losing the efficacy of our entire field by not having longevity in our workforce. And there's one group of people that wants to do that, and that's people in recovery. And we've made it hard for them to do the work.

Justin Bell: Right, right. Yeah, yeah. The brain drain, of the risk of losing that,

institutional knowledge, or whatever you want to call it, you know, and the professional knowledge that, yeah, if it's not imbued, if it's not passed on, people leave, then it's lost. So we've covered sort of addiction counseling, to a degree and starting to highlight some of the parallels there. for folks, you know, who are certified peers, they're peer recovery specialists, maybe a, peer recovery coach. when do we see those roles start to arise or how did those roles start to pop up?

Bill Stauffer: So I kind of got us up to the 1990s, and I'll try to cover in a couple different ways, but in the 1990s, we started to see, the war on drugs kinds of stuff occur, which also occurred during a time when we saw an increase in stimulant use. And there's a tendency we have to be more punitive with addictions when we have stimulant use than opioid use. And that, that if, people can act in unpredictable, it can scare the general public. So that's part of the rise in the war on drugs that occurred. And even as that was happening, we were also, as the systems became legitimized, setting up managed care organizations and things that cut the, like, they cut the lengths of services for treatment very low. and there was no organized group to advocate for that. So if you, in the late 1990s, if you were using crack and you called your insurance company and you said, I need help, and they said, no, we're denying you care. There is nothing for you to do. You're not going to call your elected official and say, I'm using crack and my insurance company is denying me services. So we lost about 50% of our residential service programs in the 90s. and the recovery community started to see our professional field didn't know how to move people in the recovery. Our acute framework system wasn't treating people long enough to receive help. And there was no voice of recovery in any of our systems. That led to the rise of what's called the new recovery advocacy movement, which were people around the country coming together and saying, what we're doing isn't working for our community. We're watching our brothers and sisters and friends and neighbors die and we need to do something different. And that led to a

broad coalition of people that came together, to start to talk about what a world would look like. And Bill White, had just published his book Slaying the Dragon. I think everybody had read it. So most people realized that they were trying to bring something together and it was very fragile, that these things can fall apart easily if they're not careful. So they work together to start to form a framework, for advocacy roles, for establishing the voice of recovery in all of our systems. And they had people come and there were some key leaders in Federal government, like Dr. H. Wesley Clark, to help with the process, and grant leaders like Kathy Nugent, who recognized communities in recovery were something that we needed to focus on. This came out of, the recovery community support program grants were some of the first groups that came in. My organization was formed out of these grants. and we had community coming together and we had the wisdom in government to know where Their limits were. A short story. Don Coyos, who was a founder on Wellbriety, would tell a story about when he met Cassie Nugent. but her role in this, you know, to follow the evidence community. I have 6,000 years of support recovery and she served that community. That there was an experiential level of knowledge that was needed and sort of supported what he was doing and that now that has helped millions of people, not just in his community, but you know, around the world. so it came out of those kinds of processes where there was a recognition that community had a role. Interestingly enough, peer services were not a major component of the early new recovery advocacy movement. It was only after we had a change in federal administration, the idea of strengthening recovery communities made them somewhat uncomfortable, that they started to focus on a service role rather than a support role. And out of that came like the grants were saved. we oriented towards a peer role. But the idea was sort of like an ambassador of recovery community to help people move from formalized treatment into a community based model. Not as a formalized, like short range service, but more of an ambassador of recovery. And that's where it started in that era.

Justin Bell: Gotcha. So it seemed like it was shaped pretty significantly by funding then that there was a, as you said, this was something that was going to be maybe more expansive, maybe more holistic in terms of community development. Right. Kind of having the whole community involved in things. But that as things go with funding that it kind of. It needed this more professional or formal role to sort of deliver the recovery support. It's kind of sounds like where it was coming from.

Bill Stauffer: Yeah, it's really impossible to do things with zero money. And you know addictions and addiction recovery is not like. It's not like puppies. You know, this is. There's not a ton of money floating in my own state. Like we got very engaged in this when we realized that there was there was that kind of funding for mental health communities, but not for addiction recovery communities. And so we actually helped bring those grants to be by going to Washington and saying we want parity, we want to have funding too. And it came out of those processes.

Justin Bell: Yeah, that makes sense. There's you know, that, that need for funding here. so now these roles have you know, started to professionalize. or I should say they've started to. Well they have expanded pretty significantly since from when you're mentioning. we now see peer roles in every single setting now basically where treatment is delivered. from hospitals to, you know, specialty rehab centers to recovery community organizations, there is, you know, some peer role usually existing in those environments or there's plans to put them in. And this has happened pretty rapidly. you know, going back and thinking about maybe some of the addiction counselor stuff we talked about. But you know, from your view today, what, what dangers maybe do you see with that? Are there any dangers, Are there any things that maybe we need to watch out for as this growth happens so rapidly?

Bill Stauffer: Yeah, and I'll like. I actually I provided you a bunch of citations too, which might be helpful for. I don't know how you might include.

Justin Bell: We'll put them in like the podcast description. I think I can put them in. Yeah.

Bill Stauffer: One of them is, William White addressed the ARCO association of Recovery Community Organizations meeting in Dallas, Texas in 2013. And I was there. So I heard him do this.

Justin Bell: Yeah.

Bill Stauffer: And as, as he was saying the things that he's saying, like it really resonated that this is absolutely the truth. The wisdom of his words at that time resonated with me in that moment. And then he wrote this formalized paper and one of the things he said is if we just focus on peer services, our movement would fail, that the peer services would follow that same pathway that occurred with addiction counselors, because that's what he had lived. He had watched it go from a lay service of community based processes into a model that really then began to make it a finite, measured, short term process. And so that was the risk then and I think it is the risk now. As I, you know, I was, I do presentations around the country and you, know, I was in a state recently and I asked the person, do you know where the peer role came from or its history? And they did not. And they were applying social work processes to recovery community peer roles. And so like we lose our benefit when we just turn it into like a mini counseling process. Yeah. Which is the risk.

Justin Bell: Yep, yep. I mean I've talked about it in my work as well and there's a paper that should be coming out maybe by the time that listeners are listening to this. I can

put it in the citations as well that I co wrote with William White and a few other researchers as well as some folks in the peer field that. Yeah, I think with the NRAAM movement you see this like, kind of broader idea and maybe some would say utopian. But you have this ideal of, you know, having the entire community from the top down involved in recovery to some degree or at Least aware of what's going on. And having this pathway between these acute care systems that we've created and you know, are impossible, I think, to completely uproot, you know, we. And there's a purpose to them too, to have some acute care for those emergency crisis situations, but that ultimately there's this path from going to the acute care and leading them into community, as you said. Right. That long term recovery is need. but unfortunately, because of the funding systems and everything, you have this peer role where I've talked to peers and sort of discuss with them, well, what happens when someone leaves the hospital? What happens when someone leaves the treatment center, leaves the jail or prison that you're helping them in? Do you continue with them? Do you at least hand them off? And sometimes, honestly, the answer is no. We sort of lose track of them ourselves and we just hope and maybe even pray that they get into the next thing. And there's not a lot of bridge between that setting and the next thing, the next step, the place to go, the meeting maybe, or the rco, you know, the place that they can find community, that that pathway sort of gets lost. and I think that's something I'm trying to, like in that paper we try to bring up, is that we need to remember what the whole point of this was like. It wasn't just to create some really cheap system for, you know, paying people in recovery, you know, $12 an hour to just fill out some paperwork, that this was a bridge between this acute care and the broader community, the broader breadth of resources that someone could access. And yeah, I do think sometimes we lose sight of that.

Bill Stauffer: So you, you're familiar with this, but Dr. David Best, who's a researcher from the United Kingdom, has done work on civic engagement. And recovering people

are roughly twice as civically engaged as the general public. So the benefit of establishing and supporting recovery community extends to the entire community. We are part of a healthy community. Recovery, community has value to the broader society.

Justin Bell: Yeah, absolutely. Yeah, I agree that I've read those studies too. there was my mentor in my doctorate, Leonard Jason did a study too on Oxford House, which is a recovery housing model that's all peer led. And the same thing was found there, that the Oxford House residents were typically involved in activities in their community, that they did service work. And usually when they would interview the neighbors of Oxford House and ask them sort of what is it like living next to a group of recovering people that, almost always they would, they would sort of say they're great neighbors either they didn't know they existed. And they would be like, oh, I didn't even know I was living next to people that were in recovery. Or they would say, actually, like, they, you know, they, they shovel my driveway. They help me, you know, if they see me getting out of the car with groceries, they might run up and try to help me for that. Or, you know, they, you know, say hi to me every time I come out of the house, they wave and ask me how I'm doing. Like, they make really fantastic neighbors, which goes against the whole narrative, the stigma that we have of, oh, my God, there's a bunch of people who used to use drugs or are, you know, next to me, and they're going to be loud and, you know, get in trouble and cause issues in our neighborhood. And research finds that that's not the truth at all. Well, you said something, you said something earlier which I thought was really good to sort of end this conversation on. You had talked to a peer or somebody in the peer work who said that they didn't know what the history of peers was. I've hear the same thing, actually said even worse once, where I was invited to a talk about peer support, and I offered to do a, section on history. And the person said that they didn't think the audience would be interested. It was all peers. And they said, oh, they wouldn't be interested in history. That's sort of boring. Which I, had to hold to

bite my tongue on that one. and just be polite about it. But from your perspective, why should folks in recovery or anyone care about the history of recovery, the history of treatment, the history of peers? Why does this stuff matter?

Bill Stauffer: Well, first, can we think of any major group, whether it's the, formation of the United States to social workers, that doesn't celebrate and teach people its own history. Whatever discipline you come from, you have a history. And as an American, you know a little bit about our history because we, we have common root.

Justin Bell: Yeah.

Bill Stauffer: That is critical for people to understand. It's also, and I've referenced this about, you know, knowing what past, what has worked in the past and what has not worked, can help us do. Like, it's blind. Like, without any reference to history, we're just experimenting with things that we could learn and from and benefit from what had come before. It's also important to honor our heroes and pioneers. And it's the 50th anniversary of Operation Understanding where people like Buzz Aldrin and Dick Van Dyke and others Stood up and were counted as people in recovery. That was a very courageous thing to do. and beyond that, it's a source of humility. For me, the work that we're doing is grounded in hundreds of years of effort. We're part of something larger than ourselves. The people who came before us did not see the fruits of their labor entire. I got help in the mid-1980s, because of the work of, Marty Mann and Harold Hughes and people like that, who formed a treatment system so that I could walk through a door. And they. They were gone, some of them, by the time that that door opened up. I'd also say about addiction history, you know, it. It goes broader than that. And there's. There's addiction history everywhere. We're probably losing more of it every year than is being preserved. Like, we had these. There's these things called

addiction libraries. Salus, substance abuse librarians and information specialists and these specialized libraries. In the early 2000s, we had like, 71 of them around the world. There's a handful left. And these are special libraries that have our information in it. and archives like Bill White's work. Like a guy named Mark Sanders who. Who has himself the history of African American recovery community, and it lives on his personal website. You know, like, we can't lose these histories, because they can tell us much about where we have come from, and that can actually assist us in understanding where we're going.

Justin Bell: Yeah, absolutely. and can you talk about the. You know, just to point out one archives. Bill White himself has, addiction studies archive. Can you kind of talk about what that is and maybe some of the things that it contains?

Bill Stauffer: So he. Chestnut Health Systems has an archive of his complete work. you can search it by year, by paper, by blog post. and he's written multiple books. and this is a source you could go through and look at the papers that, some of the papers I've cited, and identify when I go back and read things that he was writing in the 1980s, I can see things now that are occurring that helps me understand why things are the way they are now. I'm grateful for Chestnut Health for preserving that history and for Bill, who, from talking to him, I also understood that even as the new recovery advocacy movement was rising up, he knew that documenting it would be important because there would be an fold. There would be. Even though we take two or three steps forward, there would be a time when we would take a step or two backwards. And I will say this also I don't know when people may be listening to this, but if you listen to this in the future and we've gone through a rescission, a period of time where things have fallen back, I would have to say this, that if you understand our history and we're part of something larger, that's not time for despair or to think that things are over. It's actually

just the next step. it's an opportunity for community to come together again and reform our systems again. Everything that we have has come from grassroots recovery, community effort. And so if there are periods where things are falling apart, it's time for community to rise up again.

Justin Bell: Absolutely. Yeah, I think you said it in a great way. I just encourage anybody who's listening, especially if you are just a certified peer, if you're someone who's new or you're training, you're going through, you know, a training at the moment and you're just trying to figure things out. Like learning about the history is, is so fantastic. And I think it just, it, it does, it reminds you that like, yeah, these things happen. I always think about, like there was all this. In January of this year of 2026, there was a big shakeup at SAMHSA, where, you know, it looked like maybe multiple, multiple people were, or, you know, multiple organizations were going to lose funding. and, and that was going on in the 80s with the Reagan administration. There was similar stuff that was happening, in both times, including this year. people came together, people fought back, they found very creative ways to continue to, do the work that they needed to do, even if the funding was lower or cut and even if it didn't exactly turn out that things immediately went back to normal or things immediately got stronger. If you look at, like you said, the longer time timeline, I don't think if we hadn't gone through the things that happened in the 80s and 90s where treatment was really getting hurt badly and lived experience was not representative, you wouldn't have had NRAAM in the 2000s. Right. You wouldn't have had this resurgence and this resetting and sort of the stronger system that we have today, where we have certified peers in so many places, couldn't have happened without the sort of austerity and maybe even destruction of the treatment system that was happening in the 80s and 90s and into the 2000s. So, yeah, it all comes back together. I know you've talked about a lot sort of, the rules of, you know, things fall apart. But Things come back together. And I think that's a really good

reminder for this field. Yeah.

Bill Stauffer: And, you know, so we. We can do great things. and it's often when we figure out how to work together. And I. Like I. The reason I did research, particularly on NRAAM and its origins, was I wanted to understand how something worked because a lot of efforts don't stand the test of time. Here's these regular people who came together and they changed our world. what could be more motivating than that?

Justin Bell: Absolutely. Yeah. That's a good final question. for listeners who are interested in learning about history, who are interested in protecting history, of, you know, addiction recovery and treatment. what do you recommend? How do you recommend somebody learns more about, you know, peers recovery or. Or even maybe gets involved with protecting history?

Bill Stauffer: You know, I will say I'll share a regret. When I got into early recovery, there was a guy around who had been involved in the early alcohol counselors. I'm sure he knew Marty may have okay, but I didn't know anything about any of that stuff, and so his history was lost. so I would recommend learning your local history. Find people who've been around for a while and start cataloging it. because your local community has heroes. I guarantee wherever you are, there are people who decided to build something where nothing occurred, and they were told that it wouldn't work, and they did it anyway. And so preserve your local history. look at things beyond that. Like, I'm looking at the state of Massachusetts, and they brought, Marianne Frangulis, who we used to run more Massachusetts Organization of Addiction Recovery. And she's like the state historian on recovery right now. I think it's a formal one. I don't think she's getting paid, but she is. They're creating a space to archive the history of Massachusetts. And how incredible is that? so creating spaces for our history and archives can be done locally.

but get interested in this, and I think you'll find an appreciation for what you learn and what our own space is in that. And it causes me to think about, what are we going to leave the next generation? I was afforded an opportunity to walk through a door that was created for me. What doors do I want to create for people beyond me? I think the same for every listener to this program.

Justin Bell: Yes, absolutely. Absolutely. I'm definitely going to put, resources in the description of this. I think this is just a primer. This is just like, to whet your appetite. If you're interested in history. There's so much out there about the recovery movement history of people in recovery. so I will put a lot of stuff. Your writings, I think are fantastic. You have a blog that, you write on Recovery Review as well that I recommend to listeners that has a ton of great stuff. obviously we've been grateful to, have Bill White's notes that you've used to frame this conversation. And so I highly recommend Bill White or William White's, work, as well as many other writers and folks that are out there and locally, as you said. So, thank you so much for your time and I appreciate your contribution to this podcast.

Bill Stauffer: Thank you for doing it. Thank you.

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