

## Meet B Here Today's Recovery Carrier Robert Ashford

I've had the pleasure of working with [Young People in Recovery](#) (YPR) and getting to know several young people who not only live successful recovery lives, but also dedicate much of their time to advocating for recovery. This month's Recovery Carrier epitomizes the meaning of both. Only 26 years old, Robert Ashford has poise, determination and a singular vision envied by people twice his age.

This is the 10<sup>th</sup> post in this Recovery Carrier series.

William White defines [recovery carriers](#) as “people, usually in recovery, who make recovery infectious to those around them by their openness about their recovery experiences, their quality of life and character, and the compassion they exhibit for those still suffering.” ([www.williamwhitepapers.com](http://www.williamwhitepapers.com), 2012)

### Before we talk about recovery advocacy and recovery carriers, let's talk a bit about the current recovery movement and what it looks like to you.

I believe this is actually the third recovery movement. If you look at history, there was something missing in the first two and is the reason why those movements died out (described in detail in the documentary [The Anonymous People](#)).

The first two movements were not grassroots—this one is—and the first two didn't have young people. Having young people as a part of the movement and getting more young people engaged, the movement will sustain itself. Guys like me can still be involved 50 years from now, but we need young people continuing to show young people that recovery is a good thing.

Not only are young people creating sustainability because we're going to be around longer but we're allowing people to not spend 20 or 30 years in active use because they're seeing people like themselves recover.

I think we're in a perfect storm to finally get it right.



### When you hear the term recovery carrier, what does that mean to you?

I think of a virus. If I have this thing, am I carrying it to other people? I think back to Day 57 of my recovery when I found out about [Young People in Recovery](#) (YPR), became empowered in my recovery and realized the importance of not only telling my recovery story but what that could do for others.

People have to know the message of recovery, that it's not just abstinence. I'm a whole-hearted believer in all pathways to recovery. There are a lot of roads that lead to Rome. You just have to find the road for you. It doesn't matter which road you pick.

Telling people—especially young people—that there are tons of different options, gives them hope because they don't know that. Having addiction means you lose your humanity, which means you've lost your hope. Carrying the message of recovery means you're giving young

people hope again and helping restore their humanity. Or at least you've started the process.

## Are you a recovery carrier?

Yes because somebody was for me. If I hadn't become empowered by YPR, if I hadn't gotten the message of recovery—what it meant and what it could be—then I wouldn't be here today. It is as important as my 12-step program. I'll say that flat out.

## From where you sit, what's the number one issue or challenge that a recovery carrier faces?

There's an internal problem or challenge as well as an external one. The internal barrier of a recovery carrier is being able to talk about recovery in terms and ideologies and philosophies that anybody can understand.

For example, I have a strong emotional attachment to 12-step programs, the recovery program that saved my life.

But when I go out to spread the message of recovery, if I'm so tied to the passion of my recovery program, then my message begins to look like *my* recovery program. But for the millions of people out there who need recovery, their path may not look like mine.

Being a 12-step recovery carrier would be one thing but my primary purpose as an advocate is not to help everyone work the 12 steps. I need to deliver a message of recovery that has the broadest appeal.

The external problem is the age-old one about shame and stigma. Let's say we overcome the internal problem and that we can talk about recovery in a positive way. Are people receptive to that message? For so long they've been inundated with substance use disorder—or, as the media calls it, substance abuse, which is not a term I ever use—if that's what people know, if that's their perception of what addiction looks like, how are we going to change their minds?

I think that until we overcome the internal conflict and learn how to deliver that broad message of recovery in public, we'll never overcome the external barriers. They work hand-in-hand, but one has to be solved before the other can happen.

## Where do you see the field of addiction, recovery and advocacy 10 years from now?

I think that in terms of addiction professionals, in 10 years we'll see a true integration. It may not necessarily be addiction treatment integrated with mental health treatment, although I think there will be some of that. There will be centers that look at physical health, mental health and substance use disorders as part of behavioral health centers.

When I think of integration, I'm talking about peer support that will have been fully integrated and utilized successfully in a professional setting.

Currently, that level of peer support is being talked about but professionals are scared because they think peers are going to supplant them and take their jobs. That's not going to happen. The reality is we need licensed professionals. They have an education and

background that cannot replace lived experiences, especially not the way the movement is going with multiple pathways.

But we need peer support as well. We know how effective it is. It's cost-effective; it's beneficial, particularly when you start looking at recovery aftercare. We need peer-certified specialists working hand-in-hand with professionals, doing clinical assessments and round-tabling together. In 10 years, I think it's a seamless connection of everyone working together on the continuum of care from day one to year five when the instance of returning to use is small.

In terms of advocacy, I think parity will be fully enacted. I think we'll start to see full pay-out from insurance companies, and we will have transitioned into a fully unified, larger recovery movement with one leading entity that is disseminating funding down to states and communities to support advocacy and training to fill in gaps where state-run services don't have enough money.

I think advocacy becomes more than just about legislative advocacy, as it has begun to. I think it will be advocacy for people who don't have a voice and more and more talking about recovery so that 25 years from now, we're no longer educating the public about what recovery looks like but that recovery has become the norm. We'll no longer have to have discussions about recovery; it will no longer be something we need to explain or talk about why we do it.

### Why is the work we do so important right now?

The standard answer is that we're saving lives and while that's true, I think it's much more than that. There are people out there, whether it's with addiction or other marginalizing issues that involve discrimination who feel they don't have a voice or they're put into a place where their voice is taken away. So our work is important because we have the ability to speak when



others don't. When we get to the point where lives are saved, we get to make sure they have the same rights and the same resources. We need to address whether they're still being looked down upon. People will always need advocates because they don't have anyone else or they can't.

I've been one of those people where I didn't have a voice and the only way I got my voice

back was because someone else spoke for me. I heard them speaking for me and I was able to make the decision to speak for myself. Giving people back their humanity is where it all stems from for me.

## So what are your aspirations? What's next for Robert Ashford?

The short-term trajectory is finishing my bachelor's degrees and grad school. I like education; it's empowering to me and besides, if the goal is to get people to listen about recovery, then we need the credentials to teach them to listen.

A year ago, I would have told you I wanted to be a clinical director or a program director for a large-scale treatment conglomerate; I also thought about owning private transitional living centers.

But as time goes on and I'm more involved in political advocacy and work more in the arena of helping people, I don't know if the treatment side will be where I end up. I think it will be in politics. I've taken the adage of modeling the change you want to see more to heart as my recovery has matured. I can't think of a better way of modeling the change and spreading the message than being in the public arena.

Who knows? That may change in another year! Regardless of what I do, staying true to a mission or a vision is very important to me. Continuing to be a voice for people will always exist. To continue to add voices to mine and become a really loud voice will always be my vision.

*Robert Ashford is a person in long-term recovery, program director of the [Collegiate Recovery Program](#) in the Department of Disability and Addiction Rehabilitation at the University of North Texas in Denton, president of [Eagle Peer Recovery](#) at UNT and chapter lead of [Young People in Recovery-Texas](#).*

