



**MODERN
RECOVERY ALLIANCE**

Recovery, built together.

Recovery that evolves
with the world.



A COMMUNITY IN FORMATION

Founding proposal | Community review edition 1.0

6 October 2026

Your goals. Our shared effort.

We build a community where people can pursue their own recovery goals with dignity, practical support, and access to trustworthy knowledge. Members help one another strengthen everyday life, respect different recovery pathways, and share responsibility for how the community is governed.

Different pathways can belong here.

People may choose abstinence, prescribed medication, harm reduction, treatment, mutual aid, or combinations that change over time. SAMHSA describes recovery as person-directed and supported through multiple pathways. This does not mean every intervention has equal evidence or safety. [E01]

The first proposed offer

A facilitated peer check-in. Bounded practical help. A carefully maintained resource directory. A forum where members can shape MRA. These activities begin only when the volunteer team, privacy arrangements and reporting routes are ready.

The initial pilot is proposed for adults 18+. It is secular in governance; members may hold religious, spiritual or nonreligious beliefs. No belief or recovery story is required.

What we stand for.

1 Different paths

Welcome abstinence, prescribed medication, harm reduction and appropriate professional care. [E01]

2 Progress beyond a single measure

Health, safety, relationships and meaningful activity can matter alongside substance-use goals. [E01]

3 Evidence and experience

Research informs claims; lived experience helps us understand needs and barriers. Each has a different job.

4 Mental health matters

Make room for mental-health concerns and access to qualified care without amateur diagnosis.

5 Connection becomes support

Offer respectful listening and help finding resources, with consent and realistic limits.

6 Care after a setback

Respond to safety needs and reassess support. A setback does not erase a person's effort or dignity.

7 Dignity without conditions

No forced disclosure, confession, belief, personal label or proof of abstinence.

8 Accountable safety

Act on exploitation and harassment, with clear boundaries and independent review. [E06]

A practice guide, not a test.

Return to these questions in any order. You can pass, keep your notes private, or use another approach. Participation never depends on completing them.

01 Notice

Where could life be different?

02 Make room

What possibility could I explore?

03 Commit

What manageable step can I try?

04 Observe

What patterns do I notice?

05 Choose to share

Who has earned my trust?

06 Try and learn

What change fits my circumstances?

07 Repair safely

Is repair welcome, safe and wanted?

08 Build routines

What works with my real life?

09 Contribute

What can I offer within my capacity?

10 Review and adapt

What should I keep, stop or change?

Repair must respect safety, consent and unwanted contact. Personal experiments never mean unsafe medication changes. Support received creates no debt of service.

Progress without a status ladder.

A milestone is yours to define.

Asking for help. Setting a boundary. Returning after a difficult period. Taking a step toward care. Keeping housing. Getting through a hard day. The meaning belongs to the person, not to a ranking system.

Milestone Tokens are proposed, optional acknowledgments. Choose private recognition, a token, or none. No proof, cash value, credential or access privilege. No public leaderboard. Recognition is not withdrawn after a setback.

One point for member agreement

This draft proposes allowing personally meaningful abstinence anniversaries alongside other goals, while rejecting clean-time rank. That clarifies the source material and needs explicit community approval.

Medication is compatible with belonging.

A review of observational cohorts associated time in methadone or buprenorphine treatment with lower mortality than time out of treatment. This supports inclusion; it does not tell any individual what to take. Peers do not prescribe, change doses or run detoxification. [E02]

A voice. A role. A community.

Community ownership must become observable: members can propose changes, choose and remove stewards, review decisions and spending, and keep the community going when a founder is absent.

Choose and review

Proposed elections, limited terms, published decisions and accessible ballots. Support is available without voting or unpaid service.

Protect and hear

Clear conduct rules, more than one reporting route, conflict-free review and an appeal heard by people outside the original decision.

Separate support from promotion

No required purchases, follows, Trap Passes or contributions to a creative project. Support conversations do not become marketing or documentary material.

The Trap House Discord is an interim founding headquarters. Technical server ownership still gives one account power. Members must agree on accountable administration, succession and an independent home or voluntary migration. This guide does not claim that transfer is complete.

Bring questions. Bring your voice.

Founding discussions begin in The Trap House Discord. Ask the person sharing this guide for the current MRA invitation.

Start by telling us what would make this community useful to you. You can help review the principles, test an accessible meeting format, check a resource, or take a bounded volunteer role. Listening is participation too.

Before personal sharing begins

MRA is a proposed peer community, not treatment or a crisis service. Peer roles require clear boundaries. Volunteers do not diagnose or replace qualified care. [E06]

Privacy is not guaranteed: Discord participants may copy messages despite the rules. Share cautiously. Before sensitive sharing, ask about access, moderation, reporting and privacy arrangements.

NEED URGENT HELP IN THE US?

Immediate danger or suspected overdose: call 911.
Emotional distress or suicidal crisis: call or text 988.
Do not wait for a Discord reply. [E10, E11]

Informed. Open to correction.

These sources inform specific claims and boundaries. They do not validate MRA as a treatment, prove its effectiveness, or establish its proposed voting rules. The full Evidence Companion gives study details and limitations.

[E01] SAMHSA (2012). Working Definition of Recovery: 10 Guiding Principles. Government framework; multiple pathways and person-directed goals.

<https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf>

[E02] Sordo et al. (2017). Mortality risk during and after opioid substitution treatment. *BMJ* 357:j1550. Observational-cohort meta-analysis; not individualized care guidance.

<https://pubmed.ncbi.nlm.nih.gov/28446428/>

[E06] SAMHSA (2023). Incorporating Peer Support Into Substance Use Disorder Treatment Services. TIP 64, chapter 3. Role and boundary guidance; not volunteer certification.

<https://www.ncbi.nlm.nih.gov/books/NBK596270/>

[E10] CDC. What to Do If You Think Someone Is Overdosing. Emergency response guidance.

<https://www.cdc.gov/stop-overdose/response/index.html>

[E11] 988 Suicide & Crisis Lifeline. Get Help. US crisis support information.

<https://988lifeline.org/get-help/>

Next: read the Founding Platform and Community Operating Charter. The mission, Ten Foundations, pilot boundaries and governance are proposals for member review. Illustration is conceptual artwork, not a photograph of MRA participants. Prepared 6 October 2026.