

## KNOW THE BOUNDARIES

# Belonging with care.

MRA is a proposed peer community for adults 18+. It is not treatment or a monitored crisis service. Hosts do not diagnose, prescribe or recommend medication changes. [E06]

Different paths can belong: abstinence, prescribed medication, harm reduction and qualified care. Recovery is person-directed; inclusion does not mean every intervention is equally safe or effective. [E01]

## Online privacy has limits.

Discord cannot guarantee confidentiality. Others may copy messages despite the rules. Share cautiously. Sensitive peer support starts only after privacy, moderation and reporting arrangements are explained.

### URGENT HELP IN THE US

Immediate danger or suspected overdose: 911.  
Crisis support: call or text 988.  
Do not wait for a Discord reply.  
[E10, E11]

## COME HELP BUILD IT

# Your voice belongs here.

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

The Trap House is the interim founding headquarters. Members will shape MRA's structure and decide on accountable, independent administration. Technical ownership and community authority must be addressed openly.

Ask a question. Review a principle. Share an idea for practical support. Help check a resource. Choose a role that fits your capacity. Listening matters too.

## Evidence, with limits

[E01] SAMHSA recovery framework.  
[E02] Sordo et al., BMJ (2017), methadone/buprenorphine mortality review.  
[E06] SAMHSA TIP 64 (2023), peer boundaries.  
[E10] CDC overdose response.  
[E11] 988 Lifeline service information.

Full URLs and limitations: companion Community Introduction booklet, p. 8, and Evidence Companion. These sources do not prove MRA effectiveness.



**MODERN  
RECOVERY  
ALLIANCE**

# Recovery, built together.

Recovery that evolves with the world.



## A COMMUNITY IN FORMATION

Community review edition 1.0

Founding proposal, not an existing service

# Personal goals. 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.

## The first proposed offer

A facilitated check-in, bounded practical help, a checked resource directory and a voice in community decisions. Activities begin when trained volunteers and safeguards are ready.

## Milestones without rank

Recognition is optional and personal: asking for help, setting a boundary, finding care, returning after a hard period. Tokens carry no authority, score or privilege and are not withdrawn after a setback.

This draft proposes acknowledging personal abstinence anniversaries alongside other goals, without clean-time status. That clarification needs member agreement.

# Eight principles.

## 1. Different paths

Welcome different appropriate supports. [E01]

## 2. Progress beyond a single measure

Recognize health, safety and everyday life. [E01]

## 3. Evidence and experience

Use research and experience honestly.

## 4. Mental health matters

Include concerns without amateur diagnosis.

## 5. Connection becomes support

Ask before advising or contacting someone.

## 6. Care after a setback

Offer care and reassess needs.

## 7. Dignity without conditions

No forced disclosure or proof of worth.

## 8. Accountable safety

Act on harm with boundaries and review. [E06]

# Ten optional foundations.

Use them in any order. Passing, privacy and other approaches are welcome.

**1. Notice.** Where could life be different?

**2. Make room.** What possibility could I explore?

**3. Commit.** What manageable step can I try?

**4. Observe.** What patterns do I notice?

**5. Choose to share.** Who has earned my trust?

**6. Try and learn.** What change fits my circumstances?

**7. Repair safely.** Is repair welcome, safe and wanted?

**8. Build routines.** What works with my real life?

**9. Contribute.** What can I offer within my capacity?

**10. Review and adapt.** What should I keep, stop or change?

Repair requires safety and consent. Clinical decisions stay with qualified care. Contributing is never a debt owed for receiving support.