THE UNITED STATES
PEERS IN RECOVERY BILL OF RIGHTS

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Purpose

The United States Peers in Recovery Bill of Rights establishes mandates for the safety, autonomy, dignity, informed participation, and protection of people receiving mental health and/or substance use recovery of any sort, inclusive of but not limited to peer support recovery, recovery housing, treatment centers, private facilities and other local or state recovery services.

It is designed by people who have experienced, survived, witnessed, reported, and/or advocates against abuse, coercion, exploitation, retaliation, discrimination, unsafe practices, and/or institutional betrayal within recovery systems in the United States. Its purpose is not to eliminate unharmful recovery pathways. Its purpose is to ensure that no pathway is exempt from participant protection and accountability.

This document is established to seize predatory ideologies, rhetoric, victim blaming practicing and a culture of silence in recovery systems in the United States.

Developed by recovery reformers with lived experience and mental health advocates of victims and survivors of systemic recovery abuse in the United States of America. This Bill of Rights separates participant rights from the implementation and enforcement needed to make those rights meaningful.

Definitions

Peer / Participant. A person receiving, seeking, or participating in peer support, recovery services, recovery housing, treatment, or an organized recovery program.

Recovery organization. A recovery community organization (RCO), peer-recovery program, recovery residence, sober-living or halfway-house program, treatment provider, or other organized entity providing recovery-related services. The legal duties applicable to a particular entity may vary by service type and jurisdiction.

Abuse. Conduct that causes or threatens physical, sexual, emotional, psychological, verbal, financial, spiritual/religious, labor exploitation/ wage theft or other legally recognized harm.

Exploitation. Misuse of power, trust, authority, dependency, labor, money, housing, services, confidential information, sexuality, or access to obtain an improper personal, financial, sexual, professional, or organizational benefit.

Retaliation. Adverse action, threat, intimidation, exclusion, loss of services, housing consequences, employment consequences, harassment, reputational punishment, or other coercive response because a person made or supported a good-faith report, complaint, or request for help.

Independent reporting outlet. A reporting pathway that does not require a complainant to report only through the person or organization accused of misconduct and that can route appropriate matters to an external oversight, licensing, safeguarding, or law-enforcement entity.

Immediate protective action. Interim safety measures taken promptly after a serious allegation to reduce foreseeable risk while preserving a fair investigation and due process. Protective action is not itself a finding of guilt.

Substantiated violation. A violation supported by the applicable administrative, licensing, employment, contractual, civil, or criminal process after the required review and due-process protections.

Peer Rights

I. The Right to Informed Consent and Clear Program Information

Before entering or participating in a recovery program, peers have the right to transparent information about the program and its services. Inclusive of its rules, housing requirements where applicable, fees and financial expectations, confidentiality practices, grievance procedures and history, reporting options, staff criminal backgrounds (inclusive of pardons and registries), credentials where relevant, and any mandatory programming. Consent should be informed, voluntary to the extent permitted by law, and free from misrepresentation.

II. The Right to Fair Labor and Contractual Compensation

Peers have the right to clear written terms and lawful compensation when performing labor, contracted speaking, panels, workshops, artistic work, or other compensated services. Recovery status, disability, mental health status, housing dependence, or economic vulnerability must not be used as leverage to obtain coerced, unpaid, or underpaid labor. Legitimate volunteer opportunities may exist, but they should be genuinely voluntary and clearly distinguished from paid work or required services. Peers have a right to full ownership of any and all media and artistic works.

III. The Right to Independent, Accessible, and Confidential Reporting

Peers have the right to report misconduct, exploitation, abuse, safety concerns, and ethical violations through simple, highly visible, accessible, and functional outlets. A person must not be required or limited to report solely through the leadership, board, director, sponsor, or staff member connected to the alleged misconduct. Reporting systems should provide confidential options to the extent permitted by law, explain any limits on confidentiality, and protect personal information from unnecessary disclosure.

IV. The Right to Education About Abuse, Exploitation, and Predatory Conduct

Peers have the right to detailed and trauma informed education about behaviors that can signal abuse or exploitation, including but not limited to:

Grooming and boundary violations

Psychological manipulation, coercion, intimidation, and threats

Gaslighting, victim blaming, deflection, minimization, and invalidation.

Sexual harassment, sexual exploitation, assault, and coercive sexual conduct

Physical, emotional, verbal, financial, spiritual/religious, or other abuse

Stalking, isolation, dependency manipulation, and retaliation

Labor/financial exploitation, wage theft or misuse of benefits

Misuse of housing, employment, treatment access, medication, referrals, or program authority as leverage

V. The Right to Immediate Safety Measures and Fair Investigation

When a serious allegation of abuse, sexual misconduct, exploitation, threats, stalking, violence, or comparable safety risk is reported, peers have the right to prompt safety and protective measures. Where appropriate, the complainant and accused person should be separated without depriving the complainant of necessary housing or recovery services. Investigations should be timely, impartial, documented, and consistent with due process. A fixed deadline should not substitute for the time reasonably necessary to investigate; however, delay must not be used as a reason to leave foreseeable safety risks unaddressed.

VI. The Right to Speak About One's Own Recovery Experience

Peers have the right to describe, report, write about, and seek help concerning their own experiences, including experiences of abuse, neglect, exploitation, retaliation, or institutional failure. Organizations should not use funding, housing, services, employment leverage, intimidation, or retaliatory practices to silence good faith reports. Nor should an organization's staff, board, facility partners, as well as local and state recovery leadership prohibit the full transparency of a peer's recovery experience.

VII. The Right to Standardized Onboarding and Rights Notice

Peers entering organized recovery services have the right to a structured orientation explaining participant rights, program boundaries, staff and peer roles, complaint procedures, anti-retaliation protections, confidentiality rules, emergency resources, and external reporting options. Rights and reporting information should be available in accessible formats and not depend on a participant knowing which agency or credentialing body has authority.

VIII. The Right to Protection from Retaliation

No peer should lose services, housing, employment opportunities, program access, referrals, community standing, or other benefits as punishment for making or supporting a good faith report, requesting an accommodation, contacting an oversight body, participating in an investigation, or declining conduct that violates program rules or law.

Anti-retaliation procedures should include a rapid method for reporting suspected retaliation.

IX. The Right to Public Accountability Information

Peers and the public should have easy access to accurate information about a regulated or publicly funded recovery organization's licensing or certification status, responsible entity, current operating status, and substantiated administrative violations, disciplinary actions, or corrective actions that are legally public.

X. The Right to Safe, Secure, and Functional Reporting Infrastructure

Peers have the right to report systems that actually function. Web links, hotlines, portals, and other required reporting pathways should be routinely tested for accessibility and reliability, provide confirmation or tracking where appropriate, and permit secure submission of relevant documents, images, audio, or other evidence when legally and technically feasible. Reporting systems should provide easy access alternate methods when a digital pathway fails.

XI. The Right to Relevant Staff and Facilitator Safety Information

Peers have the right to reasonable transparency about the qualifications and legally reportable background information of people placed in positions of trust or authority. Recovery organizations should conduct background screening appropriate to the role and applicable law. Disqualifying or role-relevant convictions, substantiated administrative findings, license or certification sanctions, and restrictions should be handled under clear standards that account for relevance, rehabilitation, privacy law, sealing or pardon law, nondiscrimination requirements, and due process. This right is inclusive of expunged and pardoned records and notice of sealed records.

XII. The Right to Digital, Testimonial, and Creative-Work Protections

Peers retain rights provided by law in their image, testimony, writing, artwork, recordings, and other creative or personal content. Programs should obtain clear, informed authorization before using participant content for marketing, fundraising, promotion, training, or publicity and should provide a clear process for withdrawal of future use where legally and contractually permitted. Requests concerning removal, return, or cessation of future use should receive prompt written acknowledgment and a documented response within 24 hours.

XIII. The Right to Stigma-Free, Evidence-Based Consideration of Mental and Physical Health

A peer's diagnosis, disability, substance use history, trauma history, or other health condition must not be used as an automatic basis to discredit, shame, gaslight, retaliate against, or dismiss a report of harm. Conditions such as but not limited to: Borderline Personality Disorder, bipolar disorders, schizophrenia spectrum disorders, depression, PTSD/CPTSD, substance use disorders, ADHD, Autism Spectrum Disorders, cognitive disabilities, and physical disabilities are inclusive. Relevant clinical information may be considered when legitimately necessary to evaluate a specific issue, but diagnosis alone must not equal automatic disqualification of credibility.

XIV. The Right to Meaningful Peer Voice in Governance and Quality Improvement

People with lived experience should have meaningful opportunities to participate in advisory bodies, policy development, safety review, quality improvement, and evaluation of recovery services. Participation should not be tokenistic, retaliatory, or conditioned on remaining silent about system failures. Where feasible, organizations and oversight bodies should publish how lived experience input influenced policy or corrective action.

XV. The Right to Independent Legal Advice and Advocacy

Peers have the right to seek independent legal counsel, advocacy, protection and advocacy services, law enforcement, licensing bodies, regulators, or other external assistance when they believe they have experienced abuse, fraud, discrimination, exploitation, retaliation, or other unlawful conduct. Programs must not misrepresent internal grievance procedures as a substitute for a person's lawful right to seek outside help.

Implementation and Enforcement

Rights are meaningful only when functional and executed to protect the people it was designed to represent. Without implementation and enforcement, rights carry no weight. Human safety, civil and disability rights must be mandated and heavily enforced to protect participants in recovery spaces. These implementations must also be easily accessible to recovery participants in recovery systems whether applied to federal law, state law, licensing rules, and accreditation standards. contracts, grants, Medicaid/provider requirements or organizational policy.

1. Independent Oversight and Complaint Routing

Serious complaints should not be allowed to disappear solely inside the organization accused of misconduct. Jurisdictions should identify independent entities capable of receiving, triaging, referring, investigating, or tracking complaints. Reporting pathways should clearly distinguish emergencies, criminal allegations, licensing matters, certification/ethics complaints, housing complaints, civil-rights complaints, and employment or labor concerns.

2. Interim Safeguarding During Investigations

Policies should identify when allegations trigger immediate separation, supervision changes, temporary restrictions, administrative leave, suspension of participant contact, or other interim measures. Safeguards should protect complainants from loss of housing or essential services and preserve fair processes for all parties.

3. Traditional AA/NA (12 Step) Recovery Pathways

People in mandated accountability court have a right to alternatives to traditional recovery programs. Minors, victims of sexual exploitation, assault, trafficking and other vulnerable persons have a right to receive recovery treatment in nonpredatory recovery environments and environments that permit participants with a history or background of predatory misconduct such as but not limited to: Sexual predator, registered sex offender, murder or pedophilia. Recovery participants of any facility or organization have a right to question the ideology of any program without systemic gaslighting or institutional betrayal. All recovery spaces that function under predatory rhetoric, ideologies or culture must cease practice to maintain the safety of vulnerable people.

4. Recovery Housing and Treatment Standards

Recovery residences and treatment programs should have minimum standards appropriate to their functions, including safe conditions, written agreements, financial transparency, privacy, medication policies, emergency and overdose procedures, abuse reporting, anti-retaliation protections, discharge or eviction procedures, and clear disclosure of mandatory programming.

5. Multiple Recovery Pathways and Return-to-Use Planning

Programs should accurately describe multiple evidence informed recovery options rather than present one philosophy as universally required. Appropriate programs should provide practical return to use and harm-reduction planning, including overdose prevention, reconnection to care, emergency resources, medication options where appropriate, and reassessment rather than moral condemnation.

6. Sponsor/Sponsee and Peer-Leader Boundaries

Where sponsor, peer-leader, or recovery-coach relationships operate within formal recovery systems, standards should address misrepresentation of credentials, misuse of confidential information, dependency manipulation, financial exploitation, sexual or romantic exploitation, threats, retaliation, and coercive control over housing, employment, treatment, social relationships, or personal decisions. Any proposed cooling-off period or prohibition on sexual/romantic relationships should receive jurisdiction-specific legal review.

7. Workforce, Credentialing, and Background Standards

Personnel in regulated recovery environments should receive training appropriate to their roles in professional boundaries, sexual misconduct prevention, abuse prevention, predatory analysis, mandatory reporting, participant rights, confidentiality, retaliation, coercion, financial exploitation, harm reduction, and evidence informed recovery. Predatory and victim blaming rhetoric must be removed from all state sanctioned certified peer support training and recertification requirements.

8. Financial and Advertising Transparency

Organizations should clearly disclose fees, required payments, referral relationships, commissions, ownership interests, and material conflicts of interest where legally required. Unlawful financial exploitation should be prohibited. Advertised success rates should define the outcome, population, measurement method, follow up period, and loss to follow up so numerical claims can be evaluated rather than used as unsupported marketing.

9. Public Registry and Accountability Records

Where appropriate, governments should consider a public registry of regulated recovery organizations showing legal name, location, responsible entity, license or certification status, current operating status, complaint process, and legally public substantiated violations, disciplinary actions, and corrective actions..

10. Compliance, Auditing, and Continuous Improvement

Oversight bodies should periodically test reporting links and hotlines, audit whether rights notices are actually provided, review response times and complaint outcomes, examine retaliation allegations, investigations and accountability data. All RCO and recovery facilities should be mandated to place inspection results in easy access, entrance or high traffic areas of a facility.

Closing Principle

Recovery should never require surrendering basic rights, safety, dignity, autonomy, voices or access to accountability. A recovery system worthy of public trust must provide meaningful choices, clear boundaries, functional reporting options, transparency, protection from retaliation, enforced oversight and immediate critical response when harm is reported.

For the Peers



This document is dedicated to every person in a recovery system in the United States of America and around the world who deserve to be safe, respected and treated with human dignity when entering any recovery space.

It is dedicated to all those who have been harmed, those who are still suffering in silence and all who have lost their lives due to systemic failure.

No one should have to "Recover from their Recovery."

This document has been established by the voices of survivors and those that advocate for them that had the courage to say ***"enough."***