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# Recovery as an issue of social justice and social inclusion

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The central values of the centre:

- widening access to justice
- promotion of human rights
- ethics in legal practice
- overcoming social injustice
- enabling desistance and recovery
- promoting criminal justice accountability

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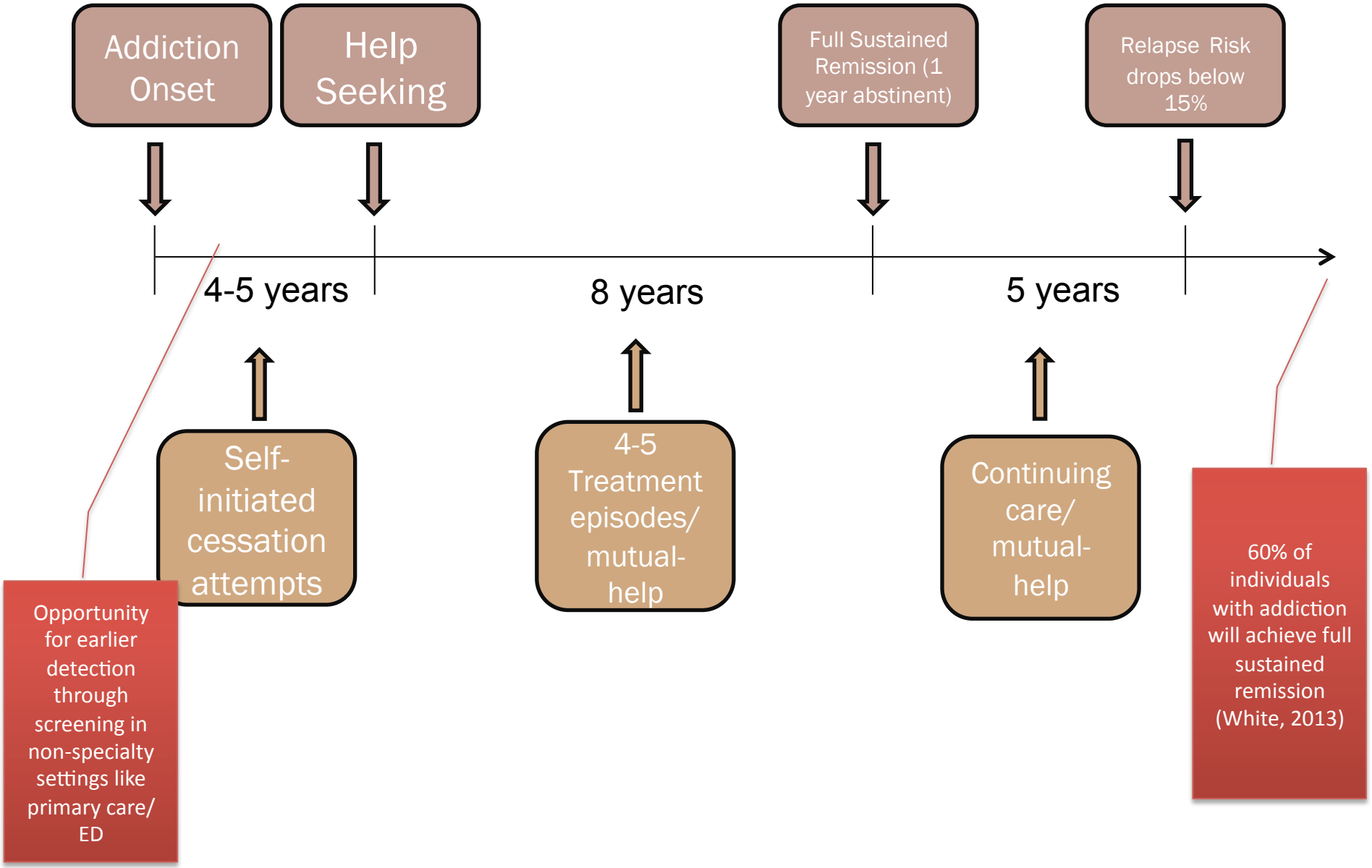
# For more severely dependent individuals…

## course of dependence and achievement of stable recovery can take a long time…



# Recovery precursors – RETHINK (2008)

- Safe place to live
- Basic management of physical and psychiatric distress
- Basic human rights and choices

- Recovery time course
  - Alcohol 4-5 years
  - Opiates 5-7 years
  - Dennis et al (2007) – 27 years
  - CHIME (Leamy et al, 2011)
  - What works? Houses, Mutual Aid, peer programmes (Humphreys and Lembke, 2013)

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# Recovery enablers - Humphreys and Lembke (2013)

Three key areas of clear evidence-based models for recovery:

- RECOVERY HOUSING
- MUTUAL AID
- PEER DELIVERED INTERVENTIONS
  - Peer models are successful because they provide the personal direction, encouragement and role modelling necessary to initiate engagement and then to support ongoing participation

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# Three phases of criminal desistance (McNeill, 2015)

- **Primary** desistance (stop offending)
- **Secondary** desistance (developing a 'redemption narrative' that is accepted by family and friends)
- **Tertiary** desistance (communities accepting that you have changed and allowing your reintegration)

- Desistance and recovery as social justice
- Reintegrative or disintegrative shaming

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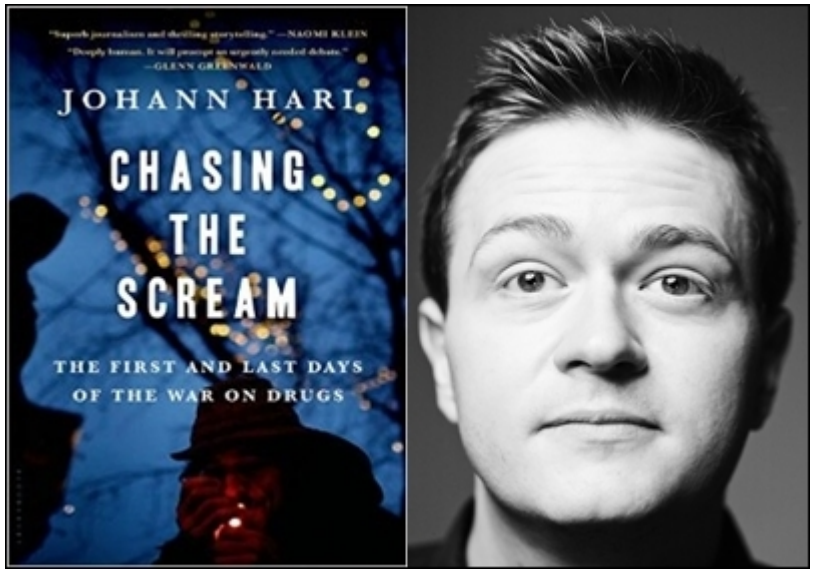
*"The opposite of addiction is not sobriety, it is human connection"*



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# "Saturn devouring his son" - Francisco Goya

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# Recovery studies in Birmingham and Glasgow (Best et al, 2011a; Best et al, 2011b)

- More time spent with other people in recovery
- More time in the last week spent:
  - Childcare
  - Engaging in community groups
  - Volunteering
  - Education or training
  - Employment

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# Better than well? Best, 2014; Hibbert and Best , 2011)

| Domain | Addiction professionals | Population norm scores | Hibbert and Best (2011) stable recovery group |
|---|---|---|---|
| Physical | 86.7 (± 10.7) | 73.5 (±18.1) | 78.5 (±22.4) |
| Psychological | 73.9 (± 9.8) | 70.6 (± 14.0) | 77.3 (±15.5) |
| Social | 76.2 (± 13.5) | 71.5 (± 18.2) | 87.9 (±15.0) |
| Environmental | 85.2 (± 10.1) | 75.1 (± 13.0) | 86.1 (±10.0) |

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# Litt et al (2007, 2009)

- Post-alcohol detox
- Clients randomised to aftercare as usual or Network Support
- Those randomised to Network Support had a 27% reduction in chances of alcohol relapse in the next year
- This is assertive linkage
- Illustrates power of MA and mentor role

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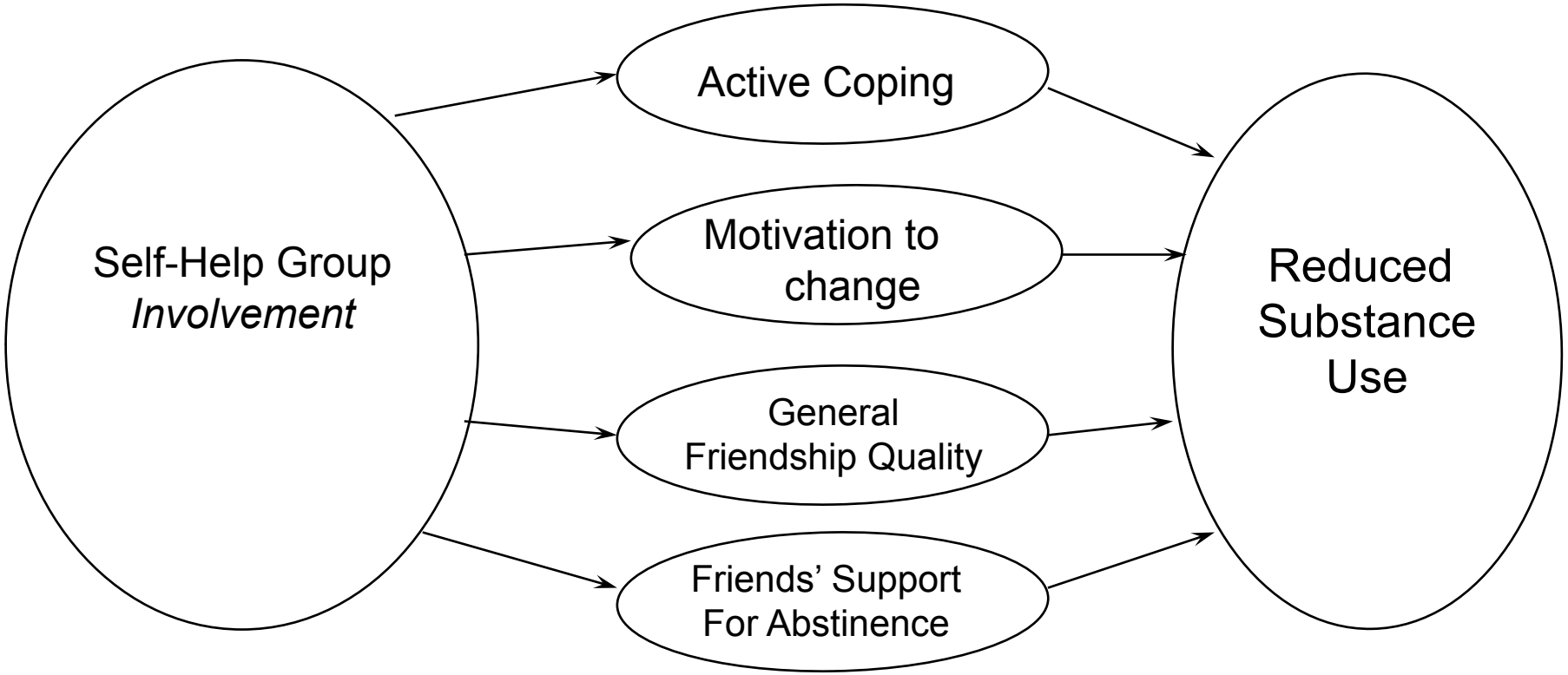
# Structural equation modeling results from over 2,000 patients assessed at intake, 1-year, 2-year




Note

All paths significant at p<.05. Goodness of Fit Index = .950.

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# Public perceptions of addicts – Phillips and Shaw (2013)

- Social distance study using vignettes
- Four populations: smokers, obese people, active and recovering addicts
- Addicts most discriminated against
- US population generally do not believe in 'recovery'
- This is negative recovery capital, particularly if it is true of professionals

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# Phillips and Shaw

"Individuals who are actively using substances and even individuals in remission from substance misuse are still targets of significant stigma and social distancing."

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# Extending the stigma research to trainee professionals

- 303 criminal justice and allied health students across all three years at Sheffield Hallam
- Liaised with Lindsay Phillips about vignettes
- Amended to four new populations active or recovering / desisting:
  - Heroin addicts
  - Alcoholics
  - Violent drinkers
  - Child offenders

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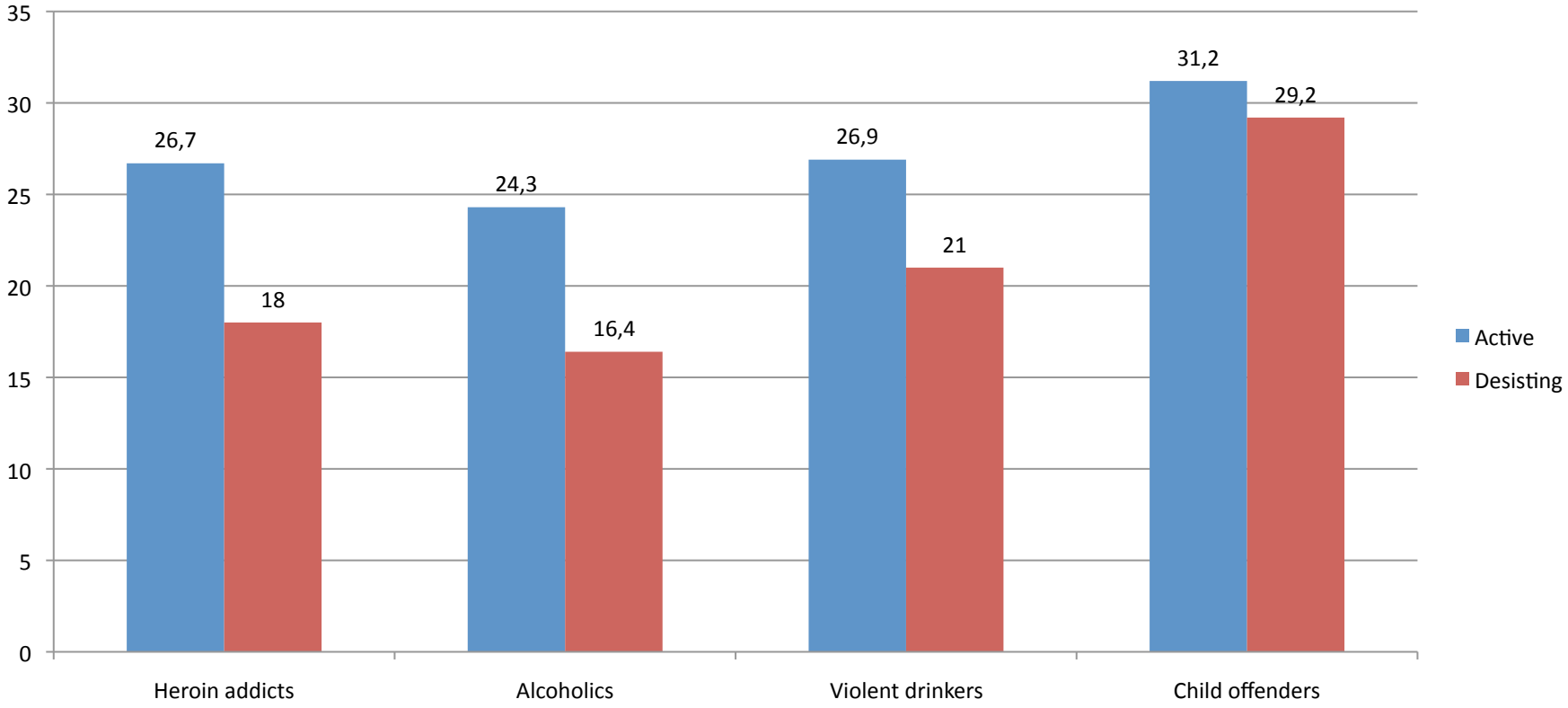
# Social distance scores for four key groups



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# What is recovery capital?

Granfield and Cloud (2008) define recovery capital as

*"the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems*".

White and Cloud (2008): Stable recovery best predicted on the basis of recovery assets not pathologies

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# Best and Laudet (2010)

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# Social Identity Model of Identity Change (SIMIC)

- "The Social Cure" (Jetten et al, 2012)
- Belonging to groups is good for you
- It provides supports and access to resources
- But it also provides a lens through which to make sense of the world
- The more positively valued groups you belong to the better for your wellbeing and physical health
- Based on the accessibility and fit of explanations

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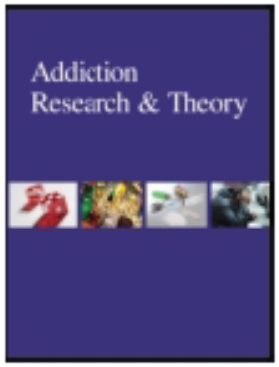
# Social Identity Model of Recovery




## Overcoming alcohol and other drug addiction as a process of social identity transition: the social identity model of recovery (SIMOR)

David Best, Melinda Beckwith, Catherine Haslam, S. Alexander Haslam, Jolanda Jetten, Emily Mawson & Dan I. Lubman

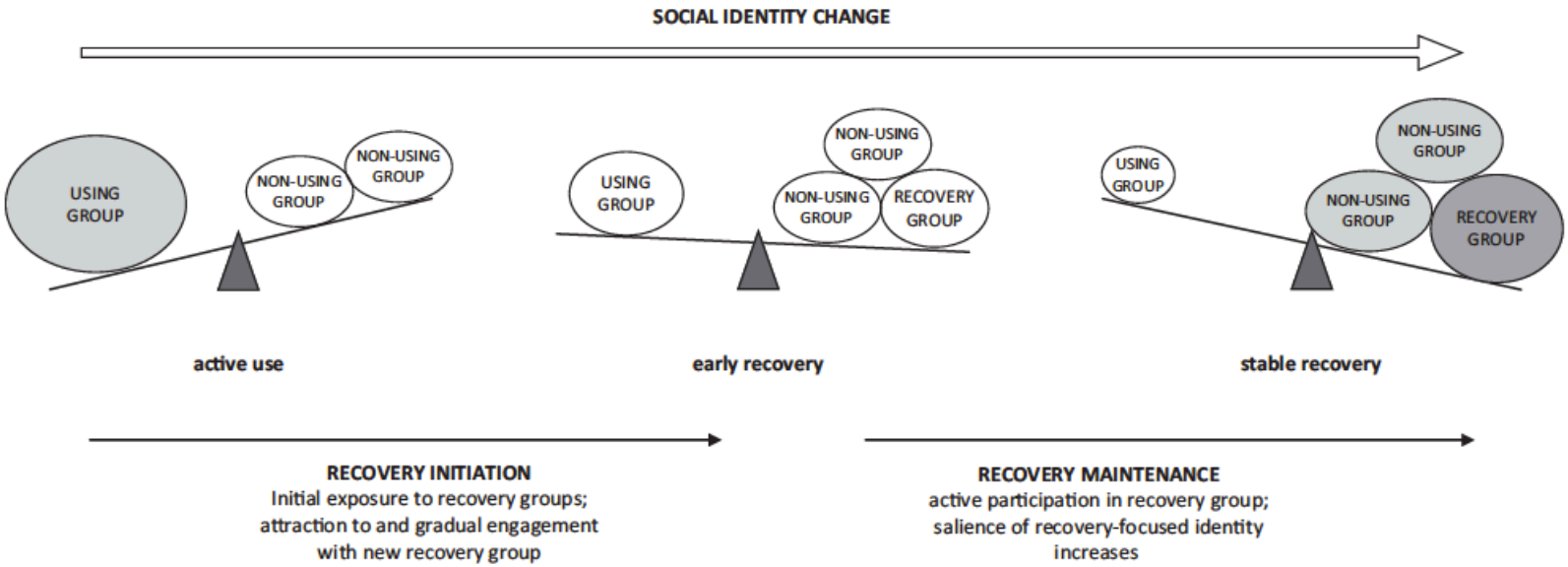



Figure 1. A schematic representation of social identity transition in the course of recovery from addiction.

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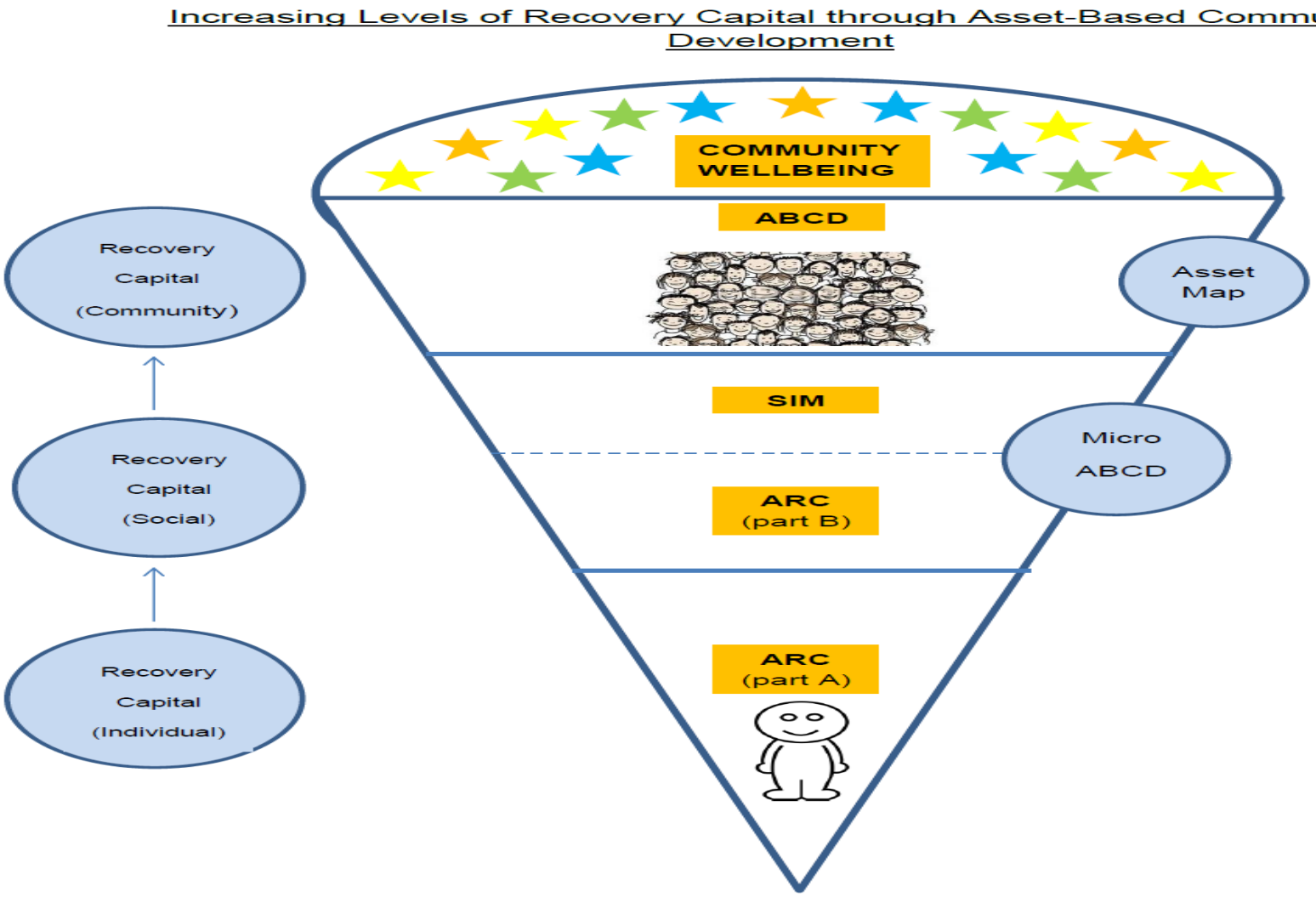
# Recovery capital: A cone with sprinkles



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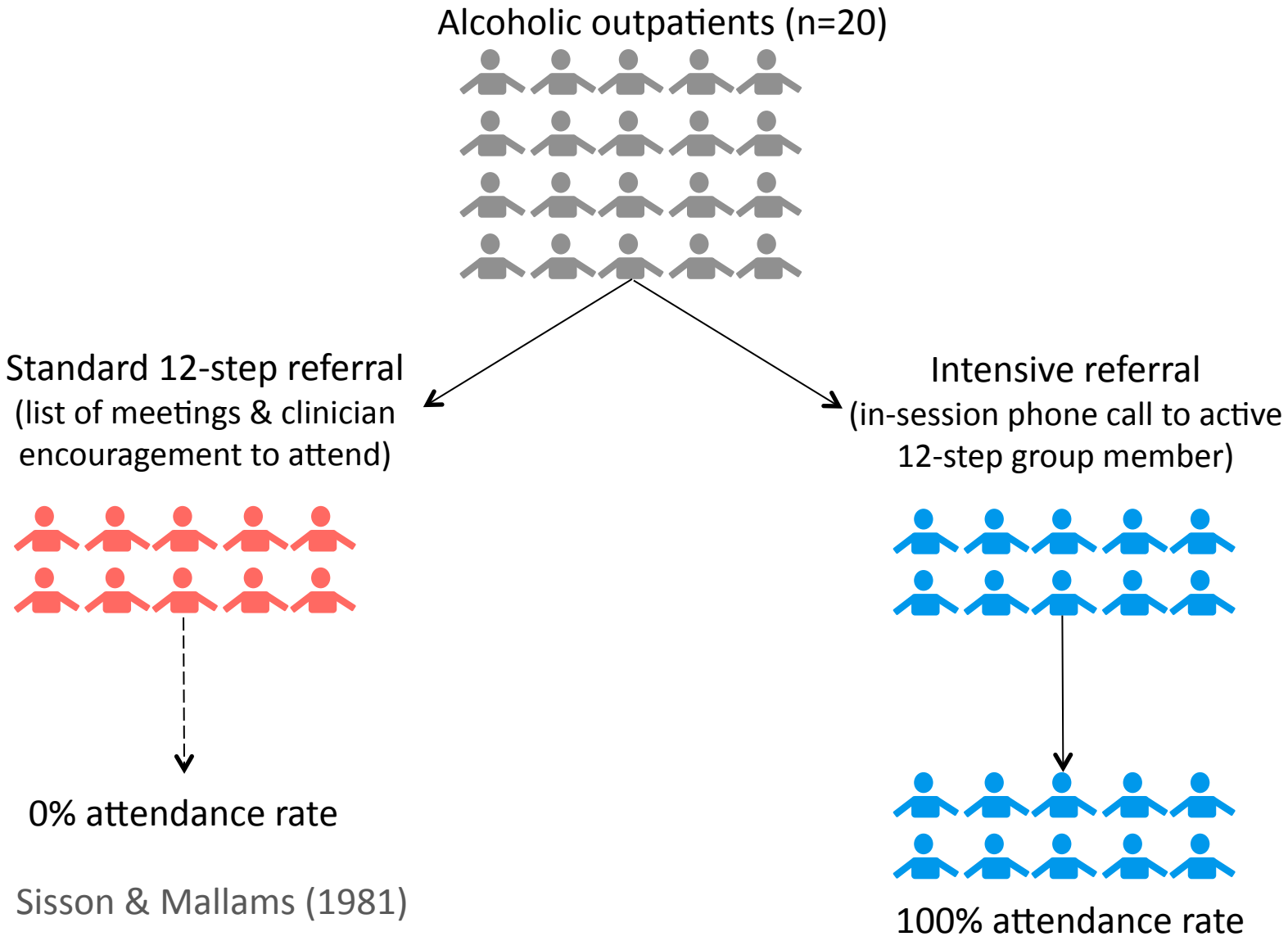
# "We do that already": Normal referral processes are ineffective




Sisson & Mallams (1981)

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# Manning et al (2012) – rationale and setting

- Acute Assessment Unit at the Maudsley Hospital
- Low rates of meeting attendance while on ward
- RCT with three conditions:
  - Information only
  - Doctor referral
  - Peer support

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# Manning et al (2012) – findings

- Those in the assertive linkage condition:
  - More meeting attendance (AA, NA, CA) on ward
  - More meeting attendance in the 3 months after departure
  - Reduced substance use in the three months after departure

# Life In Recovery Survey

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We surveyed more than **800 people in recovery groups** in the UK.

**39.4% of families** living with an active user of drugs or alcohol will suffer incidents of domestic violence. The figure drops to just **7% among those in long-term recovery**.


Women spend an average of **17.7 years addicted** to drugs or alcohol.

Men spend **22.4 years addicted**.


**79.4% of people in long-term recovery** have volunteered since beginning their recovery journey.


**74% of people in long-term recovery** have remained steadily employed during their recovery, compared to **40.3% in active addiction**.


**60% in active addiction** reported getting arrested during this time. **2.9% of those in long-term recovery** reported being arrested.

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# Jobs, Friends and Houses

- Jobs
- Friends
- Houses
- Wellbeing

- Building a recovery community
- Tackling social problems in Blackpool
- Challenging stigma and exclusion

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# JFH: Visible and recognisable identity

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# Why is JFH so important?

- It is a collective social identity
- Participants can buy into the vision and the group dynamic
- It provides houses, skills, jobs and pride
- There are pathways to ‘real’ jobs
- It can engage individuals who have failed and been failed by the treatment system

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# Longer time periods of engagement were associated with:

- fewer drinking days at follow-up ($r = -0.49$, ns)
- fewer adverse health symptoms at follow-up ($r = -0.54$, $p<0.01$)
- better Recovery Capital at follow-up ($r = 0.46$, $p<0.05$)
- better reported quality of life at follow-up ($r = 0.40$, $p<0.05$)
- stronger social identification with JFH ($r = 0.61$, $p<0.001$)

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# Offending changes

- Before joining JFH, the clients had a total of 1142 recorded offences on the Police National Computer (an average of 32 per person), over criminal careers lasting 13 years.
- Twenty-eight JFH staff had experienced a total of 176 imprisonments before the start of JFH.
- ***Since joining JFH, a total of five offences had been recorded resulting in charge (by three individuals).***
- ***The average annual offence rate was 2.46 pre JFH and 0.15 since joining JFH. This represents a 94.1% reduction in the annual recorded offence rate.***

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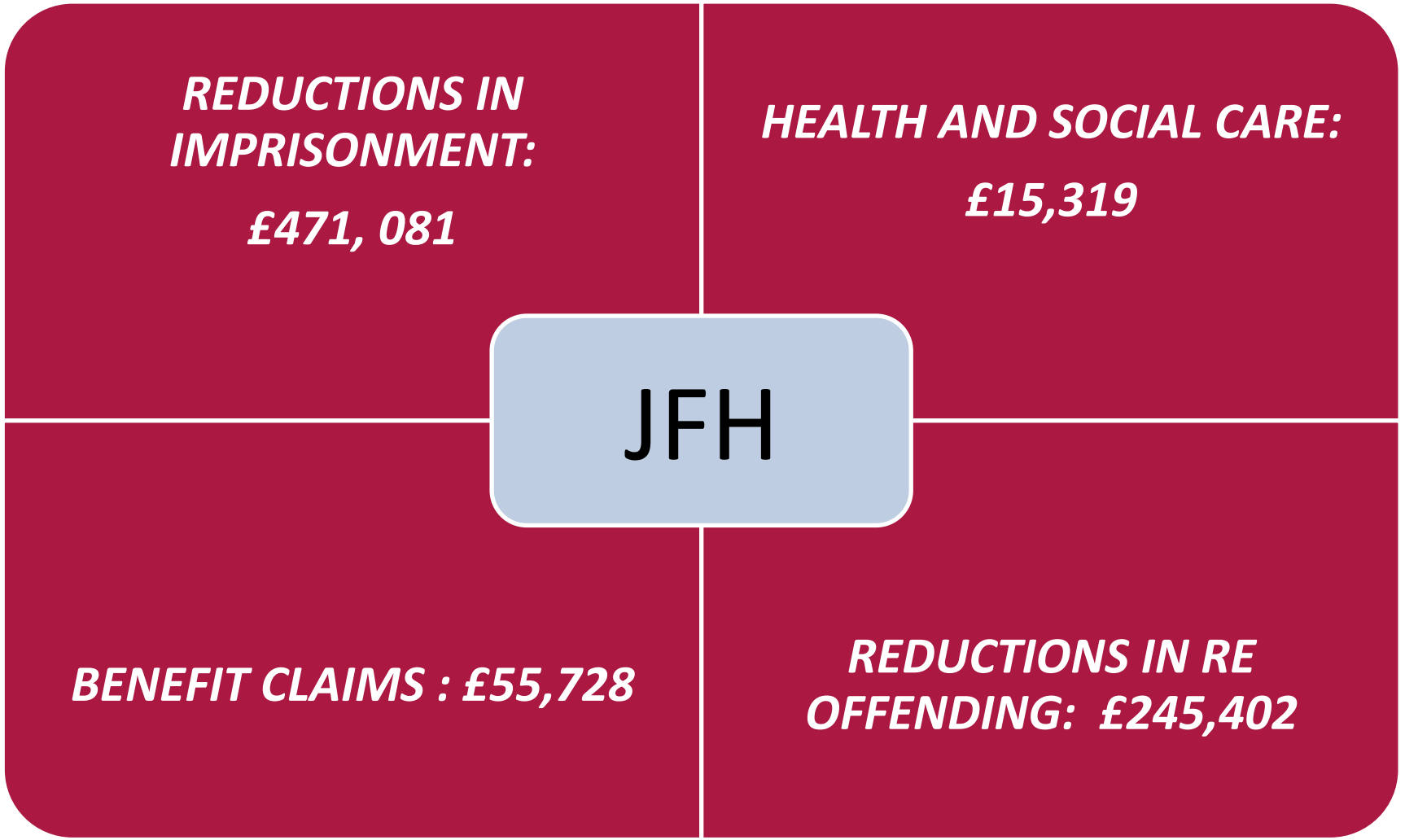
# Year 1 savings to the public purse



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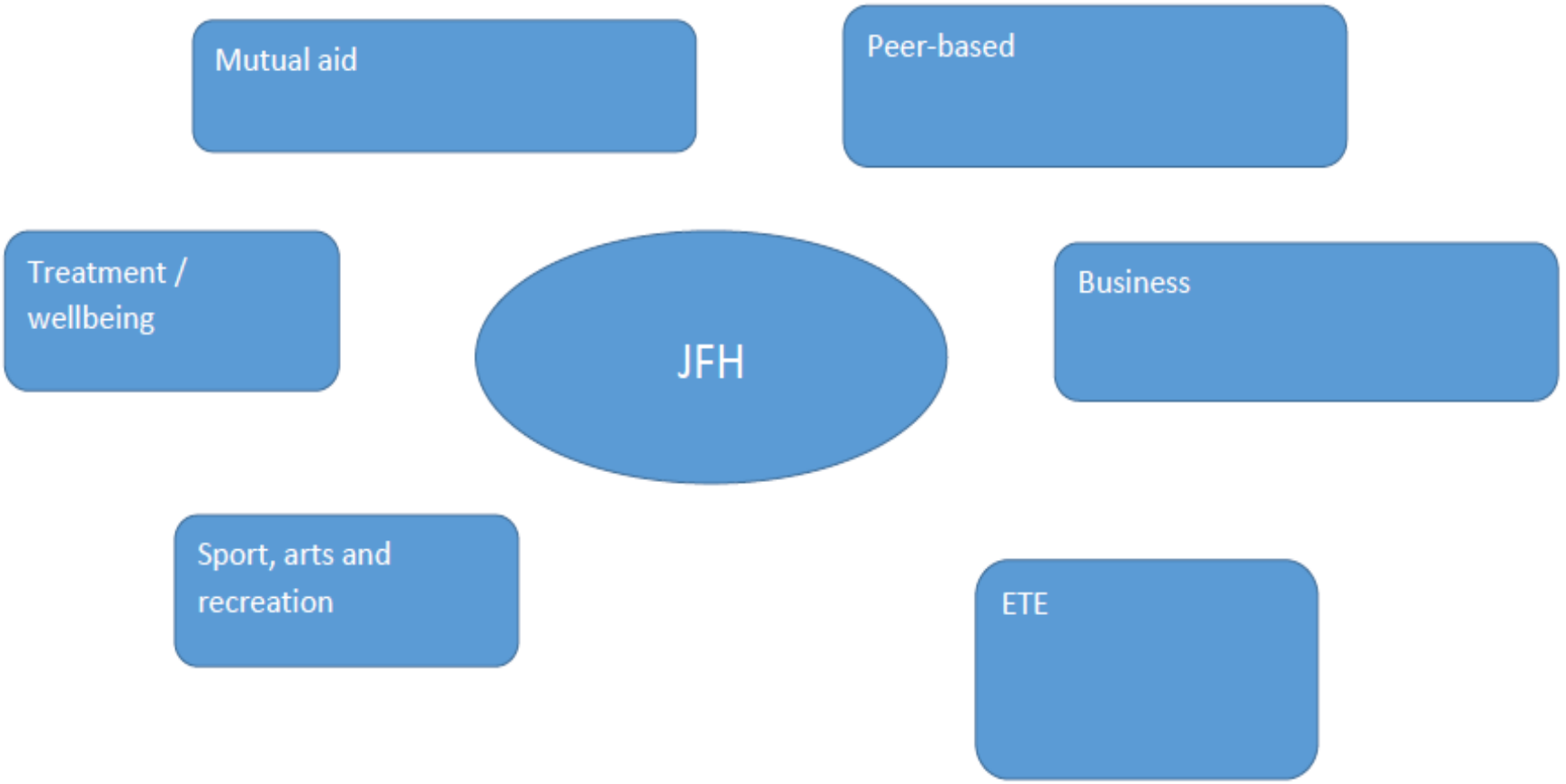
# Assets and linkages



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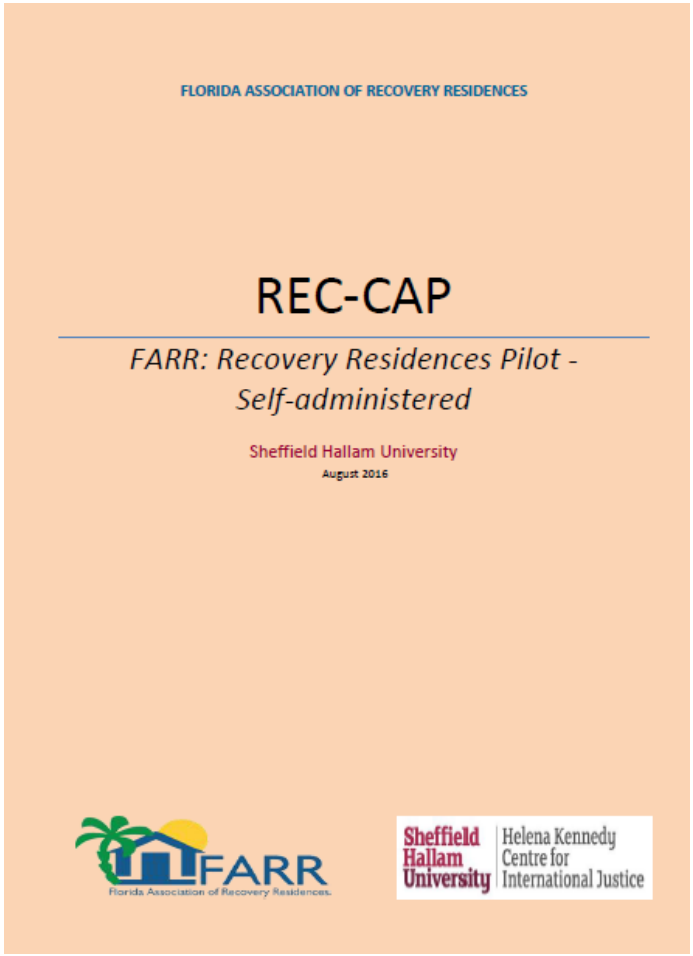
# FARR



FLORIDA ASSOCIATION OF RECOVERY RESIDENCES

## REC-CAP

*FARR: Recovery Residences Pilot - Self-administered*

Sheffield Hallam University

August 2016

FARR Florida Association of Recovery Residences

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F1S average

## REC-CAP visual summary

*A. QUALITY OF LIFE AND SATISFACTION: **mean scores***

| Wellbeing indicators | | | | |
|---|---|---|---|---|
| Psychological health | Physical health | Quality of life | Accommodation satisfaction | Support satisfaction |
| 15.17 | 15.48 | 15.43 | 16.91 | 17.75 |

*B. BARRIERS TO RECOVERY: **number of people***

| Current problems | | | | |
|---|---|---|---|---|
| Accommodation | Substance use | Risk taking | Criminal justice involvement | Work, training & volunteering |
| At least 14 people at risk | 34 people use | 12 people take risks | 13 people are involved | 27 people without meaningful activities |

| Unmet needs (1) | | | | |
|---|---|---|---|---|
| Drug Treatment | Alcohol Treatment | Mental Health Treatment | Housing Support | Employment services |
| 55 involved<br>6 need more help | 46 involved<br>5 need more help | 29 involved<br>10 need more help | 48 involved<br>11 need more help | 20 involved<br>9 need more help |

| Unmet needs (2) | | | |
|---|---|---|---|
| Primary healthcare | Family support | Community recovery groups | Other |
| 20 involved<br>14 need more help | 46 involved<br>12 need more help | 44 people involved in at least one group | 5 involved<br>1 need more help |

*C. RECOVERY STRENGTHS: **mean scores***

| Personal recovery capital | | | | |
|---|---|---|---|---|
| Recovery experience | Psychological health | Physical health | Risk taking | Coping and life functioning |
| 4.73 | 4.22 | 4.23 | 3.75 | 3.60 |

| Social recovery capital | | | | |
|---|---|---|---|---|
| Citizenship | Substance use & sobriety | Meaningful activities | Housing & safety | Social support |
| 4.55 | 4.19 | 4.14 | 4.38 | 3.89 |

| Support groups and commitment | | |
|---|---|---|
| Recovery group participation | Community support | Commitment to sobriety |
| 10.81 | 24.27 | 5.81 |

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# Generating recovery capital

- Recovery as a social contract involves
- Personal growth
- Social network change and identity change
- Community re-engagement
- This means reintegration models and challenging shame and stigma

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# What are the key conclusions?

- Recovery is an intrinsically social process
- Recovery growth and sustainability requires a form of social contract
- This involves a diverse range of professionals and policy makers to buy into the idea of recovery and live recovery
- This creates a model where Jobs, Friends and Houses are a viable prospect and where there are therapeutic landscapes to support change
- Measuring recovery capital and building that into long-term planning is essential
- The science of recovery is growing but needs to grow faster