

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

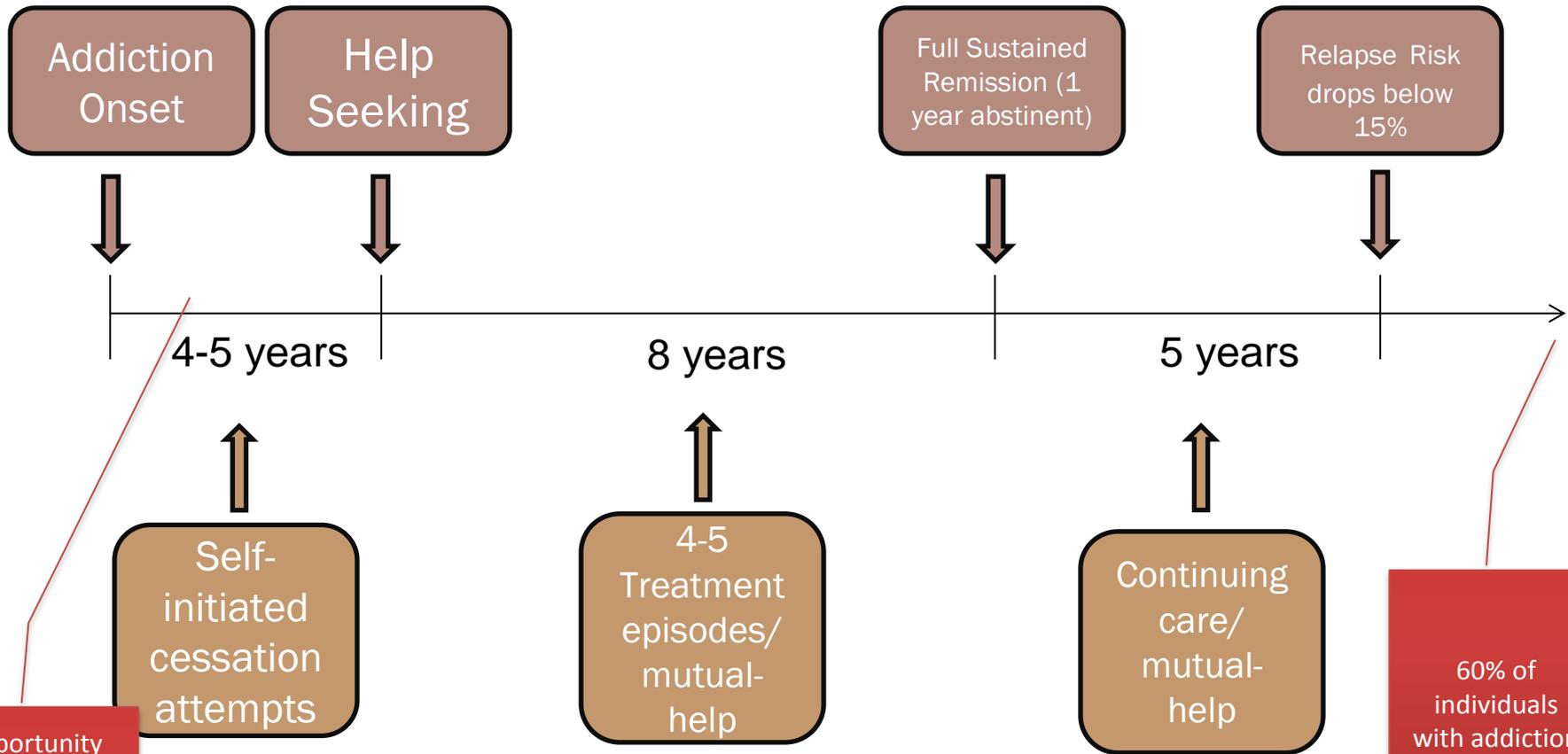


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For more severely dependent individuals... course of dependence and achievement of stable recovery can take a long time...



Opportunity for earlier detection through screening in non-specialty settings like primary care/ED

60% of individuals with addiction will achieve full sustained remission (White, 2013)

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)

Recovery enablers - Humphreys and Lembke (2013)

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

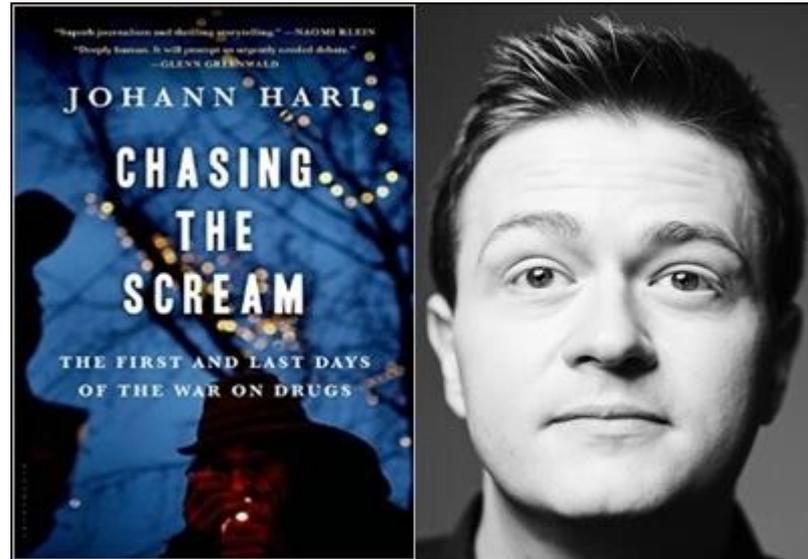
- RECOVERY HOUSING
- MUTUAL AID
- PEER DELIVERED INTERVENTIONS
 - Peer models are successful because they provide the personal direction, encouragement and role modelling necessary to initiate engagement and then to support ongoing participation

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

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



"Saturn devouring his son" - Francisco Goya



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

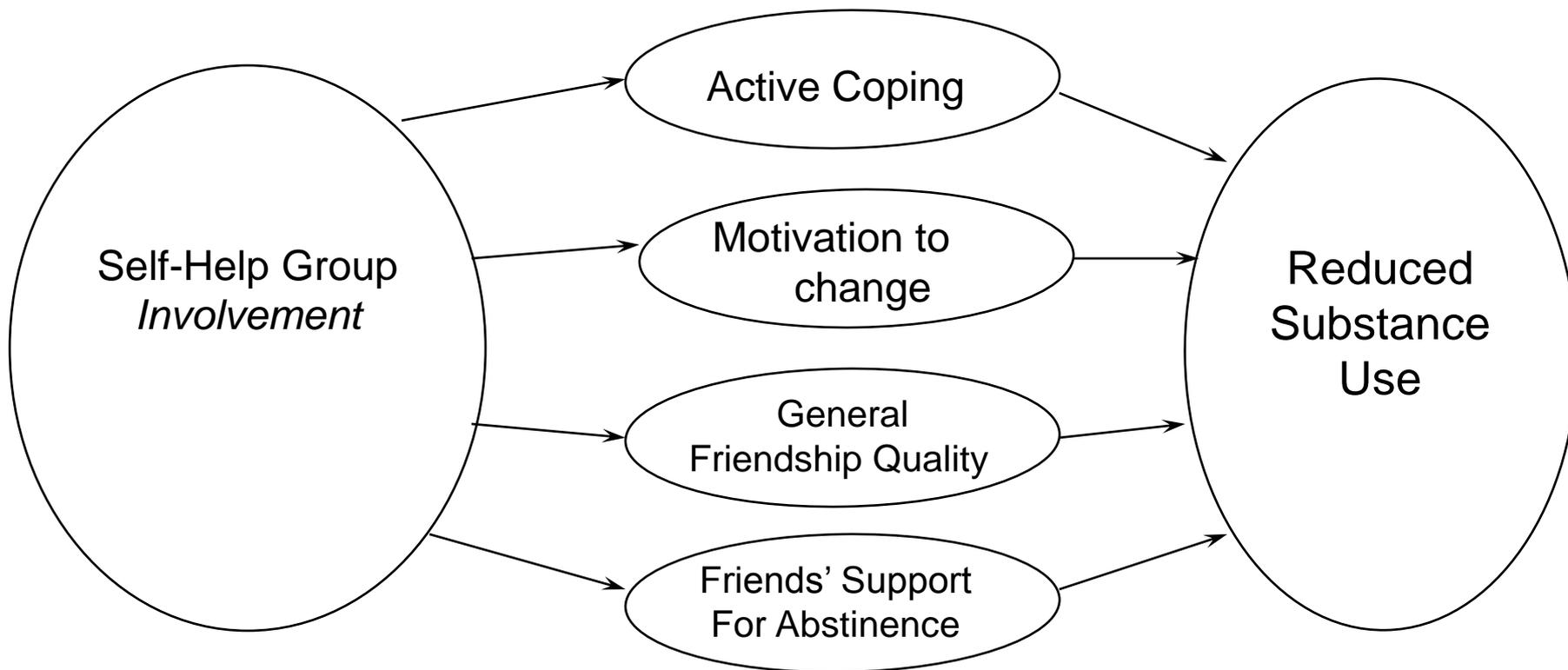
Better than well? Best (2014; Hibbert and Best (2011))

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)

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

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.

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

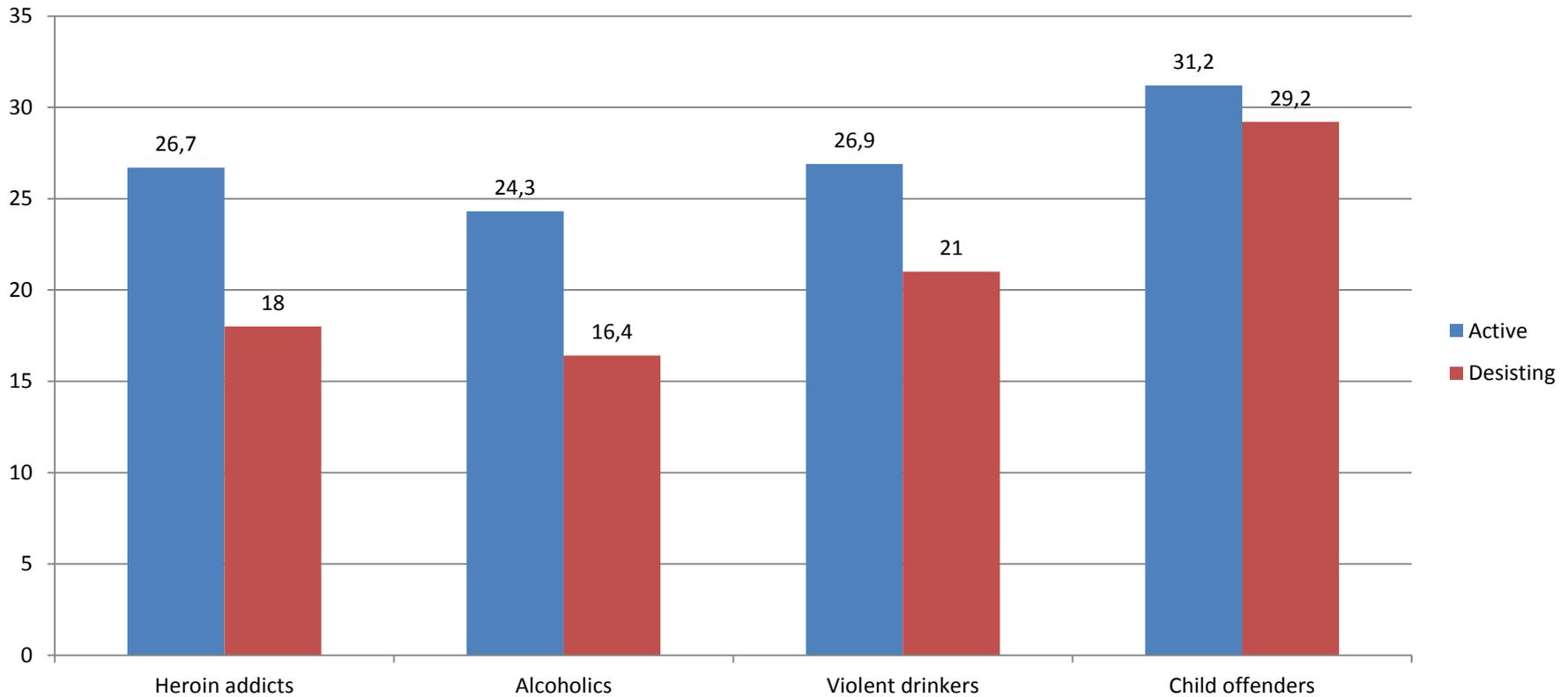
Phillips and Shaw

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

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

Social distance scores for four key groups



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

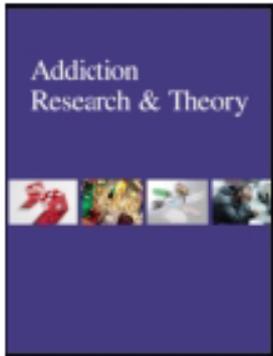
Best and Laudet (2010)



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

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

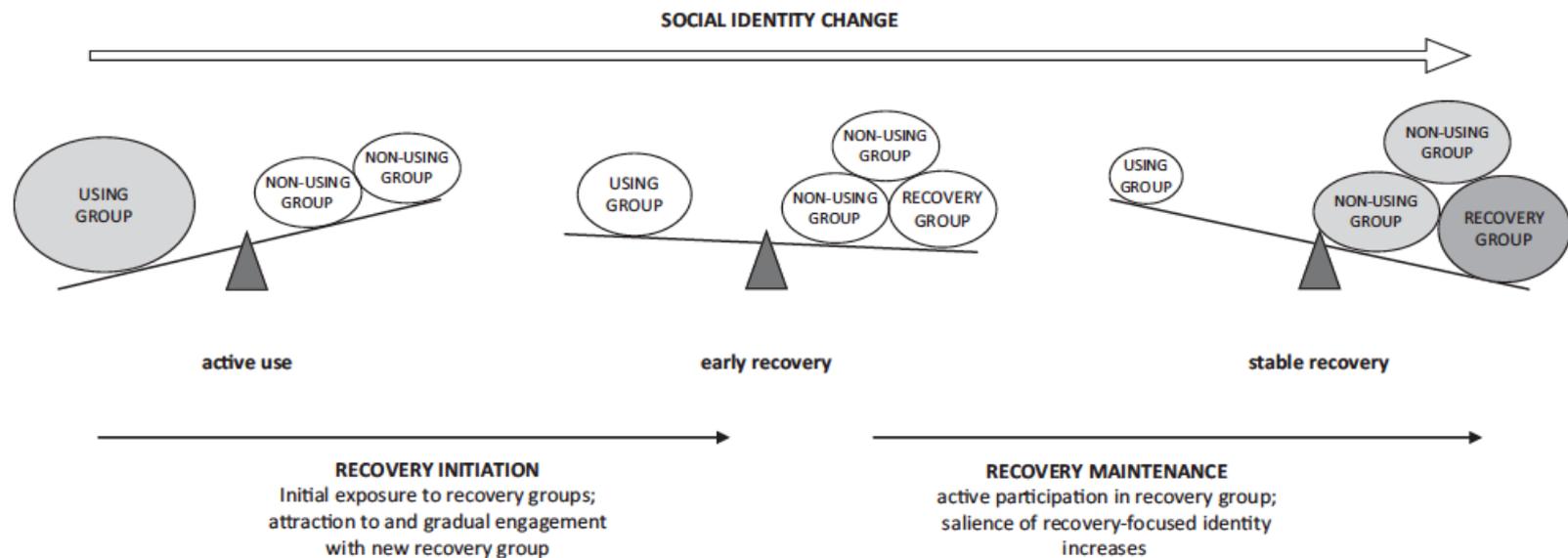
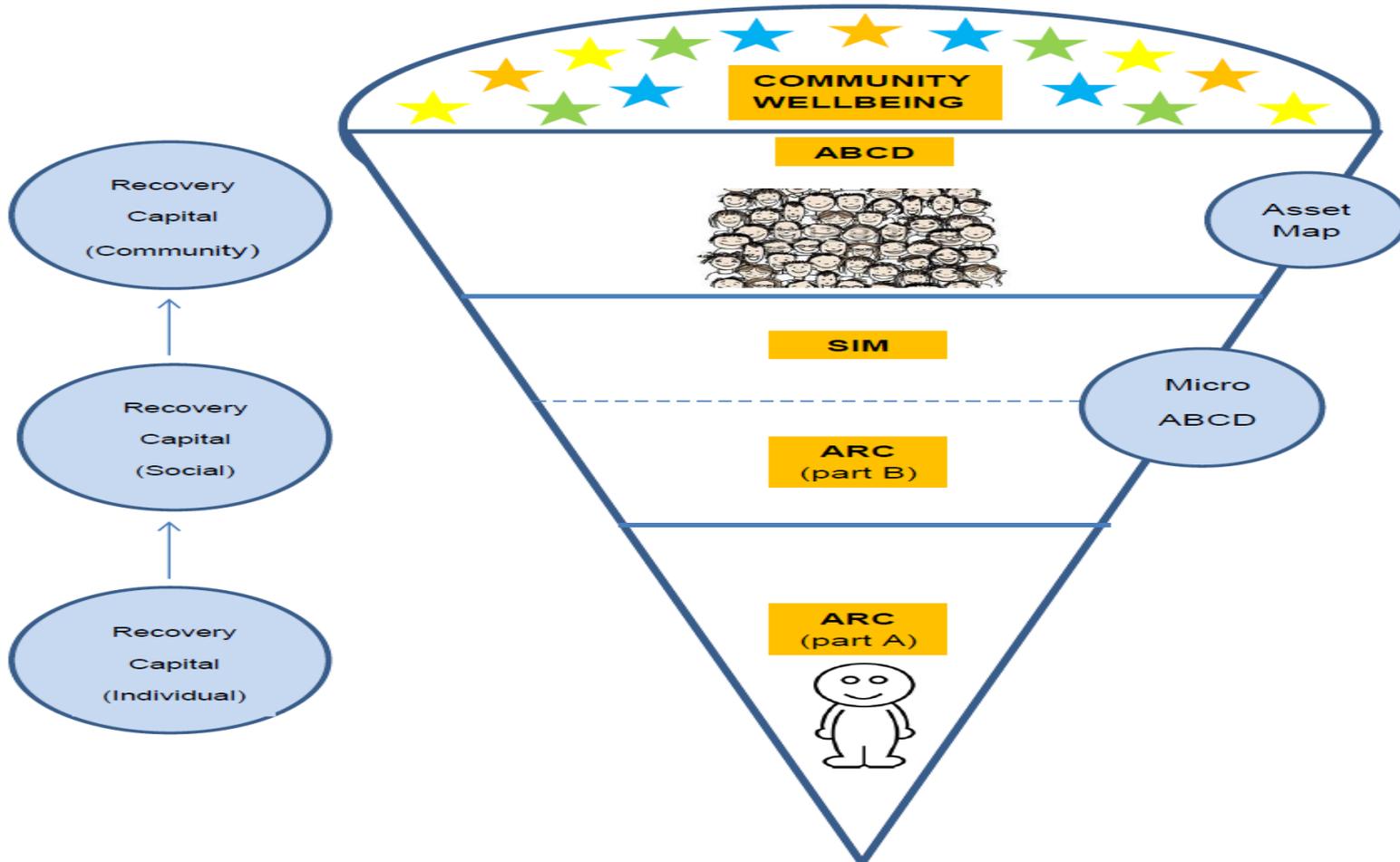


Figure 1. A schematic representation of social identity transition in the course of recovery from addiction.

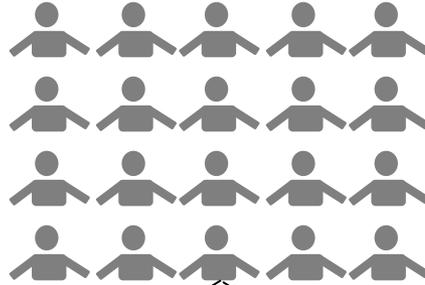
Recovery capital: A cone with sprinkles

Increasing Levels of Recovery Capital through Asset-Based Community Development

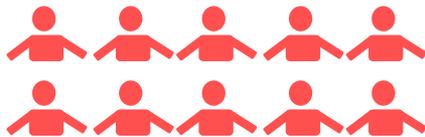


“We do that already”: Normal referral processes are ineffective

Alcoholic outpatients (n=20)



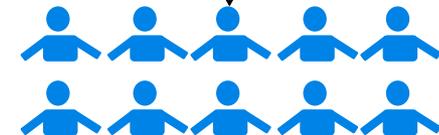
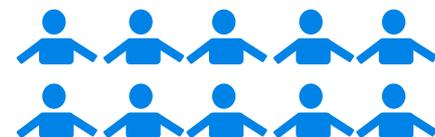
Standard 12-step referral
(list of meetings & clinician
encouragement to attend)



0% attendance rate

Sisson & Mallams (1981)

Intensive referral
(in-session phone call to active
12-step group member)



100% attendance rate

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

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

Sheffield
Hallam
University

Helena Kennedy
Centre for
International Justice

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.



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

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