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HOW ABOUT:

HUMAN

Special Edition

Recovery in Prison

When assets collide

The power of lived experience

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In this article we explore the importance of involving those who have overcome issues with substance misuse and crime in promoting and supporting addiction recovery both in prison and on release. We define this personal knowledge of recovering from substance misuse and desisting from crime as ‘lived experience’. We support the belief that ‘transformed people transform people’ and in doing so, we draw upon the lived experience of those that work in peer based recovery organisations such as The Well. We suggest that utilising those with lived experience can complement and enhance the work of professional services. We will use case study evidence collected over a period of 5 years, combining personal testimonies and survey/case management based attitudinal and behavioural data to illustrate the effectiveness of work carried out by ‘peers’. We will also show that those with lived experience are assets that can enhance communities and that when these assets are brought together an energy is unleashed that is both creative and healing. In our conclusion we will reiterate that those with lived experience have a significant part to play in recovery and desistance from crime, emphasising key factors that organisations recruiting those with lived experience should consider.

We refer to desistance (from crime) and recovery (from substance misuse) synonymously. There are many papers that explore the similarities between the two processes¹ and some of the common themes include:

- ❑ A change in the person’s sense of self and identity are important to the process: changing values, motivations, perspectives.
- ❑ Building positive social capital² is crucial to sustaining changes—friendship networks, mutual aid groups, improved family and community

relations. Positive Social Capital refers to the benefits and support that an individual can obtain from their social network. It is about the quantity, quality and ability to sustain these relationships.

- ❑ Experiences of trauma and adverse childhood experiences is highly prevalent amongst chronic substance misusers and within the prison population. Learning to manage stress and emotional regulation are part of the recovery process.

There is a long history of peer mentoring in the UK and as far back as 2000 the Pathways programme asked mentors with lived experience to provide resettlement and through the gate support at HMP Lewes.³ From substance misuse, mental health and community rehabilitation services, liaison and diversion services, the importance of involving those with lived experience is not a new thing. Researchers suggest that involving those who have or are currently being supported by the criminal justice system improves service delivery and can reduce re-offending. There are many ways that people with lived experience can be involved:

- ❑ As trained professionals
- ❑ As Mentors, Coaches, Advocates and listeners
- ❑ In the research and evaluation of services
- ❑ Within mutual aid groups where people give and receive support reciprocally (e.g. Narcotics Anonymous)
- ❑ Within the commissioning, design and management of services

The notion of giving back has been a foundational principle of the recovery movement and mutual aid groups. By giving back and helping others the individual overcomes their own sense of shame, lack of confidence and self-worth. Giving back helps to give meaning and purpose to people’s past as criminals and

1. <http://www.revolving-doors.org.uk/file/1845/download?token=3jprn2sc>
2. Social (Recovery) Capital, defined by Granfield and Cloud, as “The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain Recovery from alcohol and other drug problems”. Recovery capital is divided into human, physical, social and cultural.
3. From personal knowledge of working on the project at the time.

substance misusers and helps to forge a new identity, a key part of the recovery process.⁴

A common concept within peer based recovery organisations (such as The Well) is that of the ‘Wounded Healer’: the notion that it is in the process of overcoming and surviving illness, trauma and adversity, and accepting vulnerability, the individual gains the skills and attitudes to help support others. This is the power behind lived experience—the acceptance, appreciation, compassion and understanding that is derived from the individual’s own experience of overcoming profound adversity—alongside the concept that Recovery is contagious.^{5,6} Recovery can and does spread across social networks including those within a prison environment. Those with lived experience can act as recovery carriers, spreading hope and modelling recovery behaviours. This can very much complement the work of professional services.

The Well a peer led community supporting Recovery

The Well was founded by ex-Persistent and Prolific Offender (PPO), David Higham. David had been in and out of prison since the age of 16 and was a drug user for more than 25 years. He had written himself off but a prison worker hadn’t and suggested that he apply for a prison rehab. He transferred to HMP Lancaster where he was introduced to people he had known in addiction who were now free from all mood and mind altering drugs including alcohol. Since then he has remained drug and alcohol free, being released in 2007 to supporting others suffering from problems with addiction.

Identifying a big gap locally in the support for people leaving prisons who were abstinent, David decided to set up The Well. At the time there was no out of hours service and the first hub was launched in Lancaster in 2012 with David’s own money, providing a safe space to meet and engage in social activities over the weekend. In the beginning, the focus was on abstinence as the particular needs of this group were not catered for by main stream services. Early recovery

has a phase which George DeLeon⁷ terms ‘practicing abstinence’: Conscious effort needs to be applied to manage the ups and downs of daily living without resorting to substance use as a coping mechanism. Therefore, social spaces that are safe and positively reinforce recovery behaviours including abstinence are vital. As the community has grown and matured, it has been increasingly able to support and welcome those who are not abstinent.

A further four sites quickly followed in Lancashire and Cumbria. These hubs now provide a place for people to come together, engage in activities including peer led educational programmes. The hubs have become a point of connection between those in recovery and the wider community thereby improving the sustainability of recovery and increasing wellbeing. Research indicates *‘that recovery from addiction can be*

*understood as a socially mediated transition typified by social network and social identity change, which drive broader improvements in quality of life’.*⁸

The hubs help to provide and reinforce these networks both within the recovery and wider community. The hubs also help to challenge the stereotypes about addiction and recovery as personal connections are made, recovery stories shared and the community benefits from the altruism of those in recovery. The hubs support citizen advocacy

and provide wider support to those affected by poverty through initiatives such as food banks and a social supermarket (that provides heavily discounted prices to those in need through donations from larger supermarkets). The scheme is run on a membership basis. All of this is run by those in recovery.

In 2014, as part of a North West ‘Through the Gate’ initiative commissioned by NHS England, Public Health England and the National Offender Management Service, The Well set up supported housing. David recognised that many people being released from prison were being housed in insecure accommodation and without the benefits of a community to reinforce and reward change on the outside. He also recognised that whilst individuals may have stopped using drugs in prison they also needed a

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4. Iriss Insight 13 (2012 – <https://www.iriss.org.uk/sites/default/files/iriss-insight-13.pdf>)
5. Bathish, R, Best, D, Savic, M, Beckwith, M, Mackenzie, J, and Lubman, D, I. (2017). “Is it me or should my friends take the credit?” The role of social networks and social identity in recovery from addiction. *Journal of Applied Social Psychology*, 47 (1), 35-46.
6. https://en.wikipedia.org/wiki/Behavioral_contagion
7. <http://www.williamwhitepapers.com/blog/2014/01/recovery-is-contagious-redux.html>
8. De Leon, G. (1996). Integrative recovery: A stage paradigm. *Substance Abuse*, 17(1),51-63. De Leon identifies the De-Addiction stage: Detachment from active drug use; pharmacological, behavioural and social detoxification followed by the abstinence stage. Here the individual needs to learn how to be abstinent.

structure and programme to build the inner resilience necessary to maintain these changes in the community.

Those signing up to the housing also enrolled to complete an intense 3 stage behaviour change programme founded on the 12 steps of Narcotics Anonymous. Residents attend daily activities and groups and are also required to attend local mutual aid meetings. They are encouraged to become actively involved in their local community and complete the steps during their stay. This has led to a substantial growth in local mutual aid provision. A key part of the programme is dropping the masks and defences that need to be worn when living in addiction. It takes immense courage to show your vulnerability and express your true feelings. That process is much easier when your peers take the lead and model this for you.

Since its inception, the housing project has provided accommodation for 108 offenders, 76 per cent of whom have not reoffended.⁹ The project has housed 12 Prolific and Persistent Offenders. Of those who have completed the full programme 100 per cent (2) have remained drug free and have not reoffended and overall, 7 (58 per cent) have remained drug and crime free for over 1 year. Of the 5 that got reconvicted, two are still in regular contact with the Well and are likely to return upon release.

Jake

Jake had been using illicit drugs for 30 years starting when he was 16. His drug use progressed from cannabis, cocaine and ecstasy to a long term dependency on heroin. Jake turned to crime to fund his habit and ended up being arrested for 90 offences including intent to supply Class A drugs, violence and malicious wounding and theft. He ended up doing a 3 and 4 year sentence and numerous short term ones. Using drugs, committing crime and spending time in prison had become the only life he really knew. Whilst Jake wanted to change he didn't hold out much hope for himself. He made the choice countless times to stop using but on passing the gate he had ended up in the same place, time after time.

Jake started to believe change was possible when he met Brendan, a prison outreach worker from The Well. Brendan was not only someone who Jake identified with, he mirrored hope and was living proof

that he too could change. Brendan understood Jake's story well—he had been in a similar place. Brendan didn't force his experience on Jake but he got alongside him and through informal chats he gradually shared his own personal experience with Jake. Brendan knew how to tell his story in a way that supports advocacy and change. This is an important skill and does not involve the retelling of detailed war stories of addiction but a way of conveying that recovery is possible and that there are many paths to recovery. He also used his coaching skills and experience of connecting to hundreds of others trapped in a cycle of addiction. Through their conversations Jake became curious about the work of The Well and decided to move into The Well's supported housing upon release.

Jake has been substance and crime free for over a year, he has his family back in his life and is positive

about the future, Jake currently volunteers within The Well Communities Drug related death outreach service which reaches out to those most at risk in Barrow in Furness. Ged, the manager of the service, hopes he will be a staff member one day.

When asked how his life has changed and what is the difference between now and before The Well, he stated

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The difference for me is living with a 24-hour support network with positive people and the fact I can chat if I struggle. I have grown as a person and changed for the better. I have my kids back in my life, have passed several courses and now help others. I have also been back in to prison as a speaker which is massive for me. Today, I live independently and pay my own bills. I have peace of mind, long may this continue, it's not easy but neither was prison, crime and drugs.

The Well also provides prison in reach and targeted work in the community with those at most risk of dying from drug related issues. All this is founded on the power of lived experience and exposure to recovery. For David, it has been equally important to equip staff and volunteers with other tools that support behaviour change to support their lived experience. These skills include Motivational Interviewing, Brief Solution Focussed Therapy, Relapse Prevention and working in a trauma informed way.

9. Bathish, R. et al., (n 5) 35-46.

Tony

Like Jake, Tony was a prolific and long-term offender. Brendan, from The Well, supported him his parole hearing. His license conditions included living at The Well and completing their 6-month programme. He was clear that he needed to cut ties with some family members, whilst strengthening links with his daughter.

He readily acknowledges the importance of the trust, insight and tolerance that Brendan demonstrated prior to release. Crucially for Tony, he has begun to share and reflect in meetings—a vital step for someone with deep-seated trust issues. He is regularly attending mutual aid meetings (4-5 times per week), is attending the gym daily and with support from staff, has begun to re-build links with his family. He remains abstinent at The Well and is making significant progress in exploring 'the steps' and his own journey of recovery.

Originally started as an abstinence project The Well reaches out to 'the addict that still suffers' and their family. As the community has become stronger it has been able to embrace those with greater need and vulnerability. Peers with lived experience don't just have a role in initiating and supporting recovery they can also use their experience and knowledge to support harm reduction initiatives and to engage with those most removed from active support.

In partnership with Change Grow Live (CGL) and Greater Manchester Mental Health Trust (GMMH), The Well has been carrying out targeted work with those who are at most risk of drug related death. It is not only the main service provider that identifies these individuals but also the Police, Probation, Social services and other stakeholders. Many of these individuals are caught in a cycle of offending and homelessness alongside suffering from mental and physical health issues. Staff from The Well meet individuals 'where they are at'.¹⁰ This means that they engage individuals without judgement of their lifestyle and treat each individual with compassion, patience, and respect supporting collaboration and creating a relationship of trust. The staff always follow through with what they commit to, knowing that being let down is the norm for these individuals and consistency is key to building trust. They understand that individuals are ambivalent about change and that disengagement can often be a way of coping with long histories of complex trauma.

The Well has been carrying out targeted work with those who are at most risk of drug related death.

Much of the work is street based and includes advocacy, supporting engagement with health and social care services, and the provision of harm reduction information such as overdose prevention.

This work has met with much success hence the service is now being expanded into central Lancashire. Involving those with lived experience allows engagement with those beyond the reach of traditional services. They are more confident working in the environments that many of these men and women live and use in. They understand the culture, motivations and day to day barriers that are faced by those most in need. Whilst safety is paramount, organisationally it would appear that peer based organisations, such as The Well are more tolerant of risk, precisely because of the depth of understanding derived from their lived experience.

As a measure to prevent overdose, naloxone kits¹¹ are made available to those engaging with The Well. There is much health promotion activity in both the hubs and housing projects and members are encouraged to access health assessments and Blood Borne Virus testing. The Well is also developing transitional recovery housing to support those who receive opioid substitution treatment such as Methadone.

The Well is very much about belonging and recognising the strengths and potential inherent in everyone. It has embraced the principles of Asset Based Community Development and staff, volunteers and service users are considered members of the Well community and as such can directly influence its running and direction. It is the community that sets its own direction and how to apply its strengths.

Research suggests that it takes up to 5 years in recovery before a person has the same risk as the rest of the population of developing a drug or alcohol disorder. Many people with addiction problems, including those involved within the criminal justice system will have suffered trauma and what has been termed adverse childhood experiences (ACE's). These include physical, emotional and sexual abuse, neglect, witnessing violence and abuse, parental separation, having a parent with a mental health problem, substance misuse disorder etc. When you are helping someone else, your own experiences of trauma can be triggered. So it is vital that those with lived experience are supported in their own recovery and personal

10. Based on arrest rates.

11. See Tartarsky, A. (2007). Harm Reduction Psychotherapy. Publisher Jason Aronson.

growth. This is why 'personal recovery' should come first when involving those with lived experience. At The Well, if someone's recovery is at risk they get moved away from face to face work. The community gets around them. It is understood that you can't give away what you haven't got.

Jack and Polly

Jack and Polly who have volunteered for The Well since its inception said *'The Well is like a big family of like-minded people who all extend caring hands to each other and share experiences, strength and hope on a journey of self-discovery leading towards managing life and finding peace of mind and well-being. It also gives me the opportunity to do my bit and show gratitude for loved family members now living in recovery and who try to bring hope to others on their respective journeys.'*

Research shows that the quality of the relationship between the 'helper' and the individual has a significant impact on outcomes.¹² You don't have to have lived experience to form a therapeutic relationship but sometimes it is easier to empathise and build rapport when you have. It is, however, far more than just having the lived experience. One of the key differences at The Well is members are made to feel equal by being involved, having their strengths recognised and the focus on community rather than service delivery. Staff are encouraged to act with humility. New members soon find out that the relationships they are making with their peer supporters can and are maintained within the recovery community. The Well functions to unite. The helping relationship is a gateway to community. Community is seen as the antidote to disconnection, loneliness, depression, anxiety and ultimately relapse.

Not everyone is accepted as a volunteer member, they must have undergone that process of transformation and be secure enough in their own recovery process. Assessment comes from getting to know the individual as a member of the community over time and them evidencing that they are dependable, reliable and responsible. There is no rush

and quality always triumphs over quantity. Both in the UK and USA, peer based recovery organisations such as The Well also equip peers with therapeutic tools that are going to support the process of initiating and sustaining change. Peers learn coaching skills, motivational interviewing and models such as Brief Solution Focused Therapy.

Supporting people to become financially independent and economically secure is of great importance to David. Through dialogue and mapping, transferable skills and ambitions are identified. Supported volunteer placements offer opportunities to develop new skills and get used to a work based culture. Many of the paid staff have themselves been service users at The Well and a series of new businesses have grown from the community allowing people to apply their unique skills: car valeting, maintenance contracting, catering and consultancy. To date 22 ex-prisoners have moved into paid work and a further 40 are involved in voluntary work.

...sharing lived experience goes beyond just initiating and supporting the early stages of recovery but also building a meaningful and purposeful life as an economically active citizen.

Ged

Talking about his own experience, Ged stated

The transition from client to Project Development Manager has been relatively seamless for me due to the intensely supervised phased return to work. I first started by volunteering for 6 months in early 2016 followed by a 16 hour contract for 6 months and I subsequently became a full time employee 8 months later, this allowed me to concentrate on my recovery whilst easing back in to employment. Hard work and diligence towards maintenance of recovery provided the opportunity to become Project Development Manager in 2018 and I have never looked back.

The power of sharing lived experience goes beyond just initiating and supporting the early stages of recovery but also building a meaningful and purposeful life as an economically active citizen.

12. <https://www.changegrowlive.org/get-help/-advice-information/drugs-alcohol/naloxone-the-opioid-overdose-reversal-drug>

Conclusion and closing comments

Being caught up in a cycle of drug use and offending is much more than having a physical dependency. It becomes a way of life, living within a culture of addiction. Like any other culture there are norms and rules, there are shared stories and beliefs and ways of being and behaving which are reinforced by those around the individual. One of those beliefs is that once you are in, you are unlikely to get out. The truth is this doesn't have to be the case. There is an emerging body of evidence which describes, that over time most people recover from substance misuse disorders (53.9 per cent).^{13, 14} Recovery is not only possible, it is likely but to start with there is a need for hope. People with lived experience can be an expression of that hope. They provide a living example that change is possible and a bridge into a culture of recovery where a new identity can be forged.

A high proportion of those discharged from substance misuse services start to use again within a year and most within the first 3 months.¹⁵ Sustaining recovery requires positive social support and integration into supportive social networks.¹⁶ Anecdotal evidence suggests that those with lived experience are better able to support individuals in early recovery to link with and engage with these supportive networks.¹⁷ Building new and meaningful relationships can be difficult for someone who has experienced years of trauma and

mistrust and has had to develop coping skills to survive difficult and violent environments. This is why the notion of wounded healer, supplemented by training is so important. The recovery community understands these difficulties and ambivalences and still welcomes the individual. This is where profound reparation of the past can occur.

This article is based around the work of The Well but in doing so I hope that we have shown that there is a role for those with lived experience in and out of the prison estate and as part of peer led organisations or within multidisciplinary teams. From engagement, community linkage, therapeutic work right on to employment and long term resettlement there is a role for those with lived experience. However it is imperative to remember:

- ❑ Personal recovery and wellbeing must come first
- ❑ Those with lived experience complement existing services
- ❑ Being of service supports recovery but those with lived experience also need pathways to financial independence
- ❑ The person with lived experience must have undergone a process of transformation at the psychological, behavioural and social levels otherwise they may act out of their woundedness.

13. <https://www.ncbi.nlm.nih.gov/books/NBK424846/>

14. Drug & Alcohol Findings Matrix Cell B4: Practitioners; Psychosocial Therapies. <https://findings.org.uk/PHP/dl.php?file=Matrix/Drugs/B4.htm&s=eb&sf=sfnos>

15. White W (2012) Recovery/Remission from Substance Use Disorders: An Analysis of Reported Outcomes in 415 Scientific Reports, 1868-2011.

16. Maruna S (1999) "Desistance and development: the psychosocial process of 'going straight'" The British Criminology Conferences: Selected Proceedings. Volume 2.

17. White, W. (2006). Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity. Philadelphia, PA: Philadelphia Department of Behavioral Health and Mental Health Services.

18. Ibid and Best ().

19. This comes from my own Service User Consultations carried out as part of service audits for a national provider of substance misuse services, particularly around peer mentors and recovery champions.