“Love, Hope and Random Drug Testing”

Susan M. Broderick, JD
Associate Research Professor
Georgetown University
sb434@georgetown.edu
Using the leverage of the justice system to turn a life around

• Across justice continuum – prevention, early intervention, probation, re-entry

• An arrest can be a window of opportunity – creates a willingness.
Problem-Solving Courts

- NADCP
- Therapeutic Jurisprudence – problem solving courts
- Doug Marlowe: Holy Grail: Maintaining effects
HOPE Probation

• Drug Testing – most critical components was RANDOM and immediate consequence.
  • Consequential thinking can trigger act of self-control.
  • Volkov: capacity to control strong can be compromised

• Primary purpose – not to catch them, but to deter them.

• Positive expectations by someone in authority can promote improved performance.

• External factors can initiate intrinsic motivation.
Randomized Drug Testing

- Can be a reinforcer – deterrent to use
Dublin – 2012
George Vaillant

Four Factors associated with stable abstinence

- Alternative/less harmful substitute
- Negative consequences related to use (including legal)
- Enhanced hope, self-esteem or both (religious or AA)
- New relationships

Harvard-Grant Study

• 1938 – Harvard began following 268 male undergraduates in the longest running longitudinal studies of human development in history.

• GOAL: Determine as best possible what factors contribute most strongly to human flourishing.

• Alcohol use by far the greatest disruptor of health and happiness.
Harvard Grant Study

• MOST IMPORTANT FINDING:

• “Happiness is love. Full stop.”
George Vaillant: Spiritual Evolution

• “The transformative power of positive emotions”

• Positive emotions (love, hope, joy) arise from our inborn mammalian capacity for unselfish, parental love and are thus grounded in our evolutionary heritage.

• Emotions not just nice to have, but essential to our survival.
  • Positive = reduces blood pressure, heart rate and muscle tension. Parasympathetic nervous system
  • Negative- Fight or flight. Metabolic and cardiac arousal in sympathetic nervous system.
Positive Criminology

• Growth and change can be a direct result of negative experiences.

• Turning points.
Positive Criminology

• Desistance literature – the process of change is an internal one in which a new identity is developed.

• Internal shifts may require person to develop a sense of hope about the future (Maruna, 2001).

• Consequential thinking can trigger act of self-control

• Field of research on desistance from crime has parallels recovery from addiction.
Positive Criminology

- Factors of Protection and Resilience.

- Existence and development of inner mechanisms that help individuals cope with stress/risk and seeing these events as opportunities for growth.

- Adversities become turning points.
Positive Criminology

Factors of risk and protection are dynamic, developmental and situational

• Post-traumatic growth
• Positive, active interpretation of stressful events.
“Long-Term Recovery from Addiction: Criminal Justice Involvement and Positive Criminology”

• Best and Ashton (2015), “Positive Criminology: The Good Can Overcome the Bad”
Strength-Based Models

• Building on the work of Martin Seligman

• Asset-Based Community Development

• The emergence of a recovery movement
  • Paradigm shift from the perils of addiction to the hope of recovery
  • Housing, mutual-aid, peer-based delivery
Paradigm Shift in the Addiction Field

• Focus shifting from the perils of addiction to the joy of recovery.

• Humphreys and Limbie – Three areas of solid empirical support:
  • Recovery Housing
  • Positive Role of Mutual Aid (12 step groups)
  • Peer-Based delivery of intervention
Positive Criminology and Recovery

• Primary focus is not on deficits but on building resources and strengths.
Recovery Capital

- Personal and social resources available to achieve and sustain change, and the community factors that help or hinder those efforts
• RECOVERY FROM ADDICTION PARALLELS DESISTANCE FROM OFFENDING
Adverse Experiences

• It has been argued that they are barriers to change and constitute negative recovery capital. This has included justice involvement and imprisonment.
Secondary Analysis of Glasgow Study and 2 other Studies

• A “better than well” model of change can explain the “rebound effect” from serious adverse life events
Second Chance Study (2005)

• Diversion Program for substance misusing offenders.
• Voluntary engagement in regular coached sports sessions and participation in football teams.
• 19 adults
Second Chance Study

- Significant beneficial impact on both substance use and offending, underpinned by a number of mechanisms:
  - Developing a positive sense of identity including a sense of self-efficacy (addict to athlete)
  - Perceived improvements in physical health and well-being
  - Developing positive social networks
  - Identifying role models in recovery, so that participants had a chance to observe successful recovery and learn from it
  - A sense of hope and positive vision for the future.
Hibbert and Best (2011)

• Quality of life continued to improve.

• Recovery may not be about remission to normal state but rather a transcendence to a state that can be characterized as “better than well”
Most treatments do not focus on increasing rewarding and enriching activities in recovery.

The focus is clearly on taking away something that has been of considerable importance to the individual.

Often works short-term, but when crisis is over enthusiasm also subsides.
Fear of negative consequences may help someone stop, but enjoyment of the benefits of these behavior changes are probably necessary to sustain.
McKay

- Two major recommendations:
  - Treatments are needed that go beyond a focus of reducing or eliminating substance use and also target greater access to experiences that will be enjoyable or otherwise rewarding.
There must be sufficient “incentives” in the environment to make the effort worth it.

“Hijacked brain” – incentives for sustained behavior change need to be much stronger for those with addiction issues – their reward centers are less intact. Brain takes a while to heal.
Factors that might sustain motivation to maintain behavior change

- Fears about consequences
- Hope for a better life
Conclusion

• Despite the negative news, there are reasons to be optimistic.
• Perspective is so important
• Justice System is plays pivotal role.
• Accountability and Second Chances are closely intertwined with love, hope and random drug testing.
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A Different Perspective: Introducing Positive Criminology

Natti Ronel¹ and Ety Elisha¹

Abstract
Positive criminology is a new conceptual perspective of criminology, encompassing several theories and models. Positive criminology refers to a focus on individuals’ encounters with forces and influences that are experienced as positive, which distance them from deviance and crime, whether by means of formal and informal therapy programs and interventions, such as self-help groups; through emphasis of positive social elements, such as exposure to goodness, social acceptance, and reintegrative shaming; or based on positive personal traits, such as resilience and coherence. The perspective of positive criminology broadens that of traditional criminology, which focuses mainly on understanding the factors and processes that lead individuals and groups to what is defined as deviant and criminal behavior. Positive criminology is implemented in treatment and rehabilitation of individuals and groups that have demonstrated deviant and criminal behavior, by emphasizing positive experiences that may potentially prevent or discourage continued criminal behavior. Positive criminology is also expressed in prevention based on a positive approach.

Keywords
acceptance, desistance, goodness, positive criminology, resilience

Introduction
For many years, theoreticians and researchers of criminology focused mainly on understanding the negative factors that lead to behavior defined as deviant and criminal (e.g., DeLisi & Vaughn, 2008; Farrington, 1995; Gottfredson & Hirschi, 1990; Hagan, 1988; Sampson & Laub, 1993) and almost completely ignored the positive aspects related to

¹Bar-Ilan University, Ramat-Gan, Israel

Corresponding Author:
Natti Ronel, Department of Criminology, Bar-Ilan University, Ramat-Gan, 52900, Israel
Email: roneln@mail.biu.ac.il
For the most part, criminology has concentrated on understanding the processes that lead individuals, groups, and societies to deviance and crime but less on understanding the independent factors that keep them away from crime and, accordingly, it has devoted less attention to in-depth exploration of how people cease perpetrating crime and maintain a life without crime for a long period (Maruna, 2002). Positive criminology, as an independent innovative field, is intended to fill this gap. Positive criminology is a new conceptual perspective of criminology, encompassing several theories and models. Our purpose here is to introduce a definition and presentation of positive criminology, which focuses on the positive characteristics, processes, and influences in an individual’s life with regard to criminology, and to demonstrate their importance and contribution to the discourse of criminology from the theoretical and practical perspectives.

The literature on criminology deals extensively with the etiology of different types of crime as well as development and evaluation of intervention programs designed to reduce criminal behavior and recidivism (Bumby & Hansen, 1997; Marshall & Serran, 2000; McGuire, 2000). However, the failure of the therapeutic interventions derived from this “negative” perspective to achieve significant reduction of recidivism among offenders indicates a need to integrate the existing models with positive ones that stress development of the personal strengths of deviant individuals and not only eradication of their negative characteristics (Seligman, Linley, & Joseph, 2004; Wormith et al., 2007). Compared with positive psychology (Seligman & Csikszentmihalyi, 2000), one may assert that traditional criminology has revealed a great deal about the causes and processes that lead individuals to develop deviant and criminal behavior but provides little information about the factors that may help at-risk individuals desist from deviance and crime or stop this behavior at later stages. Criminology has studied the causes that affect individual behavior in depth but has dealt very little with the significant positive experiences that can potentially prevent individuals and groups from engaging in crime and deviance.

We do not claim that there are no “positive” theories and approaches in criminology. There definitely are, as presented later. However, these are not defined as such and are not united into an overall definition of positive criminology. Such a comprehensive definition is essential to create a common language among researchers and practitioners and to encourage more research based on this perspective. Furthermore, although criminological theories based on a positive perspective exist, they receive relatively little attention in the mainstream discourse of criminology, which places disproportionate emphasis on dealing with negative aspects, as well as cases of “failure.” We believe that integrating criminological approaches based on the positive perspective is a source of added value that will enrich the discussion and achieve a more complete and broader scientific understanding of the different facets and complexity of so-called deviant human behavior and its development, which often includes regression, halting, and delaying the behavior that is considered problematic (Biernacki, 1986; Maruna, 2001).

We stress that positive criminology is not a theory but rather a broad perspective encompassing diverse models and theories. The definition of positive criminology
presented here refers to a focus on the encounter with significant forces and effects that are experienced positively and that distance the individual from deviance and crime, whether by means of formal and informal therapy programs and interventions (such as self-help organizations), through emphasis on positive social elements (such as reintegrative shaming, human kindness, or social acceptance), or based on positive personal factors (such as factors of protection and resilience, positive emotions and subjective attitudes, coherence, faith, and morality). This article presents a brief review of the existing information about such positive forces and characteristics, with the aim of uniting them under a comprehensive definition of positive criminology.

Theories and Models Based on a Positive Perspective

Positive criminology is, as noted, a new concept that encompasses different models and theories of criminology, some longstanding and others relatively new. All these approaches share a focus on virtues and factors defined here as positive, which are perceived as positive by those who encounter them and have the power to direct individuals away from deviance, behavioral disturbances, and distress. In the following, we discuss some of the main models and theories that we believe represent a positive perspective, which can therefore be associated with positive criminology.

Factors of Protection and Resilience

One example of positive criminological thinking is found in the study of factors of resilience and protection. Resilience models deal with the development of positive internal mechanisms, such as coherence and emotional hardiness (Antonovsky, 1979; Kobasa, 1982), which help individuals cope with situations of stress and risk, recover from trauma, and withstand distress (Agaibi & Wilson, 2005). In comparison, the resilience approach refers to processes and patterns of positive adjustment and prevention of lapsing into illness, deviance, or crime against the background of known risk factors (such as poverty, violence, war, or death) as well as significant personal, family, social, and other protective factors (Fraser, 1997; Garbarino & Abramovitz, 1992; Masten & Coatsworth, 1998). This approach emphasizes the existence of individual protective factors alongside risk factors. Protective factors are internal and external forces that help youngsters resist risk or improve despite the presence of risk (Kirby & Fraser, 1997). They assist individuals in avoiding impending deviant or criminal behavior, and their study and promotion are central to positive criminology approaches.

Research has shown that although exposure to a pathogenic factor does often have a negative effect, some individuals adapt coping styles in which the pathogenic factor is perceived as a challenge. In such situations, where individuals give new direction and meaning to negative life circumstances, the pathogenic factor becomes a salutogenic one (Antonovsky, 1979), increasing their personal well-being. Hence, in certain circumstances, a risk factor in interaction with a given individual may be transformed into a factor that promotes growth and development toward a healthy lifestyle and not
in the direction of risk and crime (Kobasa, 1982). Accordingly, it is reasonable to view the factors of risk and protection as dynamic developmental and situational mechanisms that are involved in processes of risk and protection, and not as fixed, static factors (Ronel & Haimoff-Ayali, 2009). Moreover, similar to the positive psychology approach, which contends that growth and positive change in life are possible following negative experiences (Ai & Park, 2005), the salutogenic approach stresses the profits that individuals may derive as a result of exposure to traumatic events (Antonovsky, 1987). The positive criminology approach proposed here supports the possibility that experiencing a traumatic event may become a challenge and leads to positive, and not only harmful, results.

**Growth Out of Trauma**

Despite the notion, accepted for quite some time, that people can and usually do experience posttraumatic growth, it has only recently received due attention in the research. This trend, which has increased in recent years, provides a better and fuller understanding of the potential for growth following stressful incidents, instead of concentrating on the issues of victimization and pathology, which dominated mental health research for many decades (Ai & Park, 2005).

Although trauma is liable to impair the functionality and social relations of the survivors, as well as their central values and beliefs, the processes that occur in the course of coping with such problems may promote new coping skills and the development of personal and social resources. These positive outcomes of stressful events are often referred to as posttraumatic growth (Cohen, 2008; Tedeschi & Calhoun, 2004). A great deal of research has consistently reported experiences of growth among survivors of different types of trauma, such as natural disasters like tornadoes, mass murders, plane crashes (McMillen, Smith, & Fisher, 1997), sexual assault (Frazier, Tashiro, Berman, Steger, & Long, 2004), bereavement (Balk, 1999; Saka, 2008; Wheeler, 2001), terror attacks (Ai & Park, 2005; Cohen, 2008; Laufer & Solomon, 2006), and captivity (Solomon et al., 1999). Some of the survivors reported profound changes, such as a shift in direction or preferences in their lives, whereas others cited minor but nevertheless meaningful changes, such as becoming more intimate with their loved ones, a clearer sense of self-identity, feeling closer to God, appreciating life more, and sensing greater courage to try new things (Ai & Park, 2005; Solomon et al., 1999; Tedeschi & Calhoun, 1996). However, it should be stressed that the positive findings reported by participants in different studies appeared alongside negative ones and did not cancel out the latter.

Thus, the research findings reveal the complexity of reactions to stressful events. Negative results are apparently inevitable, but in most cases they do not halt normal development. Many trauma survivors continue to develop positively even while they suffer negative effects; it seems that the negative influences delay proper development in only a minority of cases (Laufer & Solomon, 2006). These findings support the salutogenic theory and are less consistent with the pathogenic model, which predicts more negative results among those exposed to trauma (Antonovsky, 1987).
The attribution of development and growth to a traumatic event may be seen as an integral part of the rehabilitation process. Associating positive results with trauma also promotes the process of recovery and rehabilitation by providing new and personal meaning to suffering (Itzhaky & Lipschitz-Elhawi, 2004). The hardship is no longer seen as a difficult, purposeless experience but rather as an event that contributes to a different view of the world, discovery of hidden inner strengths, and renewed and more mature evaluation of interpersonal relations. This is a construct of reality in a way that helps people cope with different, inexplicable experiences (Solomon et al., 1999). Perhaps then the victims of trauma that seek therapy are those that did not succeed in constructing such meanings by themselves, and effective therapy may help them construct and develop new interpretations and meanings of the suffering in their lives. Indeed, different therapy methods, such as Logotherapy (Frankl, 1978; Lantz, 1992) and more recently the narrative approach (Maruna, 2001), reflect this approach.

**Positive Subjective Significance of Risk Factors**

The variance in the interpretations of risk factors by different people exposed to them provides us with better understanding of the subjective coping styles that are effective. Thus, for instance, a phenomenological study of 19 adolescents of whom one or both parents were drug addicts identified subjective meanings that the youngsters ascribed to the risk factors in their lives, where these meanings influenced their decline into or, alternatively, avoidance of drug use and crime (Ronel & Haimoff-Ayali, 2009). The findings reveal that those who succeeded in avoiding decline were differentiated from those who did not by their subjective perceptions of themselves, their parents, and other significant figures in their lives. Although adolescents who turned to drug abuse and crime expressed identification with the addicted parent, perceived themselves as weak, and developed relations with members of a marginal group in order to gain acceptance and meaning, the adolescents who avoided such degeneration perceived themselves as stronger than the weak parent, felt disgust at the parent’s addiction, wanted to protect their siblings from addiction, and expressed a desire for a better future. Some of the research participants reported that they decided to make a change in their lives only when they realized the direct destructive consequences for significant others in their lives, such as an addicted parent overdosing. This finding is consistent with those of other research conducted among at-risk individuals, offenders, and drug addicts, which reveal a desire for change following a traumatic crisis that shook their world and caused them to examine and reevaluate their lives (Biernacki, 1986; Maruna, 2002; Williams, Lindsey, Kurtz, & Jarvis, 2001). These findings offer further support for the salutogenic theory and other criminological approaches based on a positive perspective, which see crises and stressful events as an opportunity for positive change toward development and growth, rather than a negative, destructive direction. This occurs, among other things, by means of positive, active interpretation of the stressful events in one’s life, instead of negative interpretations that incorporate desperation, victimization, helplessness, and passivity.
Exposure to Goodness

Another positive component that has been found to help individuals at risk avoid deviance is associated with their exposure to positive human values, such as perceived goodness and altruism, represented, for example, by volunteer activities (Ronel, 2006). Several research studies among adolescents at risk have shown that these youngsters, who in most cases possessed an egocentric worldview (Elkind, 1967; Gibbs, 1991), expanded their perception of the world after meeting volunteers who offered them help. Their previous perception of the world as a battlefield for survival was replaced by the knowledge that the world also contains giving without demanding anything in return and personal satisfaction that is not material, corresponding to their perception of the volunteers as representatives of these qualities (Lavie, 2008; Ronel, Haski-Leventhal, Ben-David, & York, 2009). These findings also support the salutogenic model and contradict presumptions of researchers that evil overcomes good or that human relations are influenced more by negative encounters than by positive, constructive experiences (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001).

Similar findings emerged in a study conducted in a prison where volunteers taught Vipassana courses to inmates who had undergone drug rehabilitation (Frid, 2008). The results indicate that the main change in the prisoners’ behavior and consciousness was the development of a process of self-acceptance and recognition of their own ability to change. On the cognitive–behavioral level, the main influences included recognition of inner strengths, self-examination, and a new way of thinking. These helped prisoners create an inner order in their world; reduce the feelings of alienation, confusion, and anger that characterized their daily lives; pay more attention to their families; change their behavior in general; raise their self-awareness; and take personal responsibility for their lives (Frid, 2008).

Personal practice of positive activity was also found to contribute to change among people at risk and in distress. Thus, for instance, adolescents with a history of delinquent behavior residing in an institution by force of court order participated in volunteer activity on behalf of needy people and cited this activity as meaningful in a process of self-examination, a decision to change their direction in life, and the choice of a noncriminal lifestyle (Uzan, 2008). This finding is consistent with those obtained in self-help groups, which indicate that in the process of helping others, people internalize norms and values of change and recovery (Gartner & Riessman, 1977). This finding also supports the results of other research that showed altruistic behavior contributes to the well-being of individuals who engage in it (Post, 2005) and gives them a sense of achievement, discipline, and direction in life, helping improve their self-image (Williams et al., 2001).

Although questions still remain regarding how to sustain these positive changes over time, these research findings and others like them provide clear evidence of the potential positive effect of exposure, as giver and recipient, to positive human qualities such as human goodness and altruism and their contribution to processes of rehabilitation and personal change.
Social Acceptance

Similar to “classical” psychology and criminology, which focused mainly on the negative aspects of the behavior, for many years sociology also focused more on issues of negative stigmatization and rejection (e.g., Becker, 1963; Goffman, 1963; Goode, 2002) than on processes of containment and social acceptance. Although there were some attempts to describe “deviant” communities or individuals (such as murderers, child abusers, patients with HIV, chronic alcoholics, and people with severe disabilities) who were accepted in society despite being “different,” in most cases these studies did not make the same impact as those on the sociology of deviance (Bogdan & Taylor, 1987).

The term acceptance relationship refers to continuous relationship between individuals with “deviant” traits and “ordinary” individuals that are characterized by affection and lack of stigmatization of the traits of the deviant person. Rather than concentrating on institutions and social organizations that apply mechanisms for social control and create deviance by labeling people who are deviant and excluding them from the general community, Bogdan and Taylor (1987) called for a “sociology of acceptance” that would focus on cases of inclusion of deviant individuals in the general society rather than exclusion. Sociology of acceptance does not replace that which deals with ostracism and exclusion but expands our understanding of positive relationships of acceptance between “regular” and “deviant” individuals, in which the traits of the latter are not labeled negatively or considered “morally disgraceful.”

This understanding may also be expanded to relations between offenders and the general community. Using “positive” elements and mutual human presumptions that contain elements of mutual acceptance, such as forgiveness, altruism, gratefulness, and appreciation (Barak, 2005; Ronel, 2006; Seligman & Steen, 2005) instead of accusation, shaming, rejection, exclusion, and ostracism (Braithwaite, 1989; Harris & Maruna, 2006), it is possible to promote the process of rehabilitation of individuals who want to change and reintegrate into the community. The self-help groups for addicted populations described in detail later—in which declared deviance is the ticket into a normative organization (Gellman, 1964; Peyrot, 1985)—demonstrate the sociology of acceptance.

Desistance From Crime

The focus on desistance from crime is another criminological approach implemented in rehabilitation practice that is based on the positive perspective (McNeill, 2002). Researchers of the field of desistance from crime concentrate on trying to understand why and how ex-offenders refrain from delinquent behavior over time (Maruna, 2001). For example, desistance from crime is not considered to be a single event, but rather a gradual process that includes the transition from a delinquent social network to a normative one (DeLisi, 2005). This field of research is parallel to the research on addicts in which the term recovery is gradually replacing the term therapy, based on the view
that the term therapy—as in professional work with addicts—constitutes just one aspect of the complex and continual process of recovery and changing one’s way of life (Maruna, Immarigeon, & LeBel, 2004).

In an examination of the apparently “natural and spontaneous” recovery process of 101 drug addicts who succeeded in abstaining from drugs with no formal assistance, Biernacki (1986) found that this process was not spontaneous at all. In fact, their recovery was composed of a series of events that in most cases took place concurrently. In some of the cases, the decision to stop using drugs occurred after a dramatic crisis in their lives or emotional world, which in most cases was characterized as “hitting rock bottom,” or an existential crisis, which included suicidal thoughts and even suicide attempts. Similarly, in an analysis of the life stories of 65 ex-convicts from England, Maruna (2002) identified the factors that helped them desist from crime and rebuild their lives, integrating successfully into the community. The change was expressed primarily in a change of consciousness and behavior. Many of the delinquents and addicts attributed the change in their personalities to empowerment by an outside party, such as institutional authorities (e.g., a judge who gave them a chance to rehabilitate and get treatment), caregivers, partners, children, relatives, or someone who believed in them (Maruna, 2001).

**Criminology as Peacemaking**

Despite the progress in our knowledge and understanding regarding crime and law-breakers, there has been no significant change in the rate of offenders and prisoners in the different places in the world; in fact, their numbers have continually increased over time (Maruna et al., 2004). Criminology as peacemaking explains this situation in light of the concentration of law enforcement systems on a punitive and violent approach rather than one of love and compassion, which would put an end to human suffering, thereby reducing crime (Quinney, 1991). This is a philosophical approach to crime and justice, based on humanism, mutual help, and beliefs that combine a spiritual perception alongside existentialism, Buddhism, pacifism, and socialism (Barak, 2005). Researchers who adopt this perspective suggest the use of positive humanistic tools such as mediation, problem solving, and mutual help instead of forced punishment, such as deterrence, penalties, retribution, or revenge (Sullivan & Tifft, 2001). In their view, these responses to violence are in fact also types of violence driven by anger and the desire for vengeance, and they create feelings of alienation, humiliation, and shame. Criminology as peacemaking aims to reduce violence and crime using peaceful, calm means, in other words, in a positive way by using “positive” criminological elements such as mutual help, contributing to the community (altruism), and restorative justice (Barak, 2005). This approach is based on the perception that peace and social justice can be obtained only when the social, economic, and political structure in which we live changes, so that the restoration of relations based on humanistic values replaces punishment, ostracism, and stigmatization.
Restorative Justice

Similar to criminology as peacemaking, the restorative justice approach calls on us to deal with injustice and undesirable acts in a way that recognizes the complexity of humanity, including condemnation of the offense alongside a quest for a way to reembrace the perpetrator (Quinney, 1991). Restorative justice stresses the different relationships that are harmed as a result of the offense and the people involved in the resulting conflict. The purpose of restorative justice is to right wrongs—to help heal and better the physical and nonphysical damage that arises from the offense committed. Righting the wrongs mainly takes the form of response to the emotional, social, and material needs of the victim of the offense, paving the way for reintegration of the perpetrators after they take responsibility for their actions. The programs that have been developed on this basis in recent years encourage mediation, conflict settlement, rehabilitation, and inclusion of criminals in the community. Recently, the approach of restorative justice has gained acceptance in the law enforcement systems of many countries (Shachaf-Friedman & Timor, 2008; Timor, 2008; Zehr, 1995).

Reintegrative Shaming

One of the theoretical foundations of restorative justice is the reintegrative shaming approach, introduced by Braithwaite (1989), who found that the most important process for directing people to avoid crime is based on a sense of shame. Reintegrative shaming is based on a clear distinction between people and their actions. The negative behavior is condemned, but at the same time another message is conveyed—it is one of compassion and love, calling for reacceptance despite the offender’s actions. Reintegrative shaming, which is used in rehabilitation practice, is founded on the idea that interventions are more effective when they combine a process of shaming alongside reintegration of the offender in the normative society.

Rehabilitation of offenders in the community might become a humiliating process, because of the great focus on the offender’s shaming because of past actions (Harris & Maruna, 2006). Maruna (2002) reports that offenders who desisted from crime attributed their deviant behavior to external forces and not their personalities. He argues that this indicates an effective means for protection of the ego by using neutralization and minimization of the offense, which are essential mechanisms to offenders who want to rehabilitate. Accordingly, he recommends that instead of trying to avoid the feeling of shame, rehabilitative interventions should help manage the feeling of shame common to all offenders and people who are deviant (Harris & Maruna, 2006). This can be done, for instance, by means of processes of self- and social acceptance.

In summary, theories and models like those presented here, which represent a positive approach in criminology, have gained a place in the major fields of research and practice in criminology, but they have not yet been unified under a common heading that emphasizes their common characteristics. The definition of positive criminology
as an independent perspective that unites a variety of theories, models, and approaches, such as those discussed here and others, fills a gap and, in our view, may contribute to the expansion and development of this new field. Positive criminology is not intended to refute or replace the classical criminological approaches but rather to represent another aspect—for the purpose of balance and complementation. The purpose is to enrich the existing knowledge and develop more effective programs for intervention, prevention, therapy, and rehabilitation of offenders, victims of crime, and the community. In the following, we present several such programs, which we believe reflect positive criminology.

**Correctional Approaches Based on Positive Criminology**

One of the purposes of criminology is to develop therapy and rehabilitation programs for offenders and prisoners, with the goal of restoring their good behavior and integrating them successfully in the community after release from prison and, as a result, reducing the rate of recidivism among them (O’Connor, Duncan, & Quillard, 2006). In recent decades, a variety of interventions have been developed, including therapy and rehabilitation programs within prisons and in the community, aimed at improving and changing the cognitive and behavioral patterns of offenders. These include, for instance, occupational, religious, and educational rehabilitation; group therapy; and the 12-Steps program (O’Connor et al., 2006; Ronel, 1998a). These programs, which stress the positive elements (contrary to the deterrence-based approach, for example, which stresses an element of negative experience—deterrence), are perceived as increasing the well-being of the offenders and promoting processes of positive change among them (Ubah, 2005), which lead to reduced recidivism rates (Wormith et al., 2007).

**Prisoner Education**

Correctional education programs are founded on the assumption that it is possible to achieve some degree of rehabilitation through the individuals themselves, for example, by offering them studies and education that contribute to reducing their rates of recidivism. Theories that discuss this, though not restricted to this issue alone, are the moral development theory, social psychological development theory, and opportunity theory (Ubah & Robinson, 2003). These theories, which can be considered as having an “optimistic” perspective, deal with individual change, as the analysis focuses directly on the individual and only indirectly on the general population. In other words, crime is reduced through the individuals themselves, as a result of education acquired from the educational and correctional bodies around them (Ubah, 2005). Likewise, in their research on the influence of participation in a further education program for uneducated prisoners, Openhaim and Timor (2005) found that participation in and successful completion of the program improved prisoners’ self-image relative to a control group. The authors suggest that this improvement of self-image among prisoners after
experiencing one of the few normative successes in their life may help reduce recidivism after their discharge.

**The 12-Steps Program and Self-Help Groups**

One of the most popular approaches in the Western world for self-change in the field of addiction is that of the 12-Steps self-help group. Self-help groups in general, and the 12-Steps groups, which emphasize spiritual and moral change, in particular, represent another aspect of positive criminology. The 12-Steps groups serve as a place for learning and practicing new behavior and values, alongside spiritual development. Research conducted among addicts who participated in the 12-Steps program and the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) self- and mutual-help groups has identified several therapeutic elements that helped addicts in the recovery process, including change in their perception of life and finding new and noble meaning to life (Galanter, 2007), spiritual awakening through faith in a higher power that helps them to abstain from psychoactive substances (Ronel & Humphreys, 1999-2000), transformation of anger and resentment into forgiveness (Hart & Shapiro, 2002), and sponsoring another person in the recovery process (Crape, Latkin, Laris, & Knowlton, 2002).

Longitudinal studies in the United States found a correlation between maintaining contact with group members after completing the group therapy and abstinence from psychoactive substances (Longabaugh, Wirtz, Zweben, & Stout, 1998; Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997). The researchers concluded that contact with group members provided those in recovery with social and emotional support, contributed to improving their self-image and increasing their motivation, and enabled them to adopt more effective coping strategies based on imitation and learning from the experience of others (Atkins & Hawdon, 2007; Morgenstern et al., 1997). In a longitudinal study of 191 prisoners undergoing detoxification in Israel, which was designed to examine the effect of a spiritual program (participation in learning and practice of the 12-Steps program) and social support (participation in NA meetings), Chen (2006) obtained similar findings, including increased sense of coherence and meaning in life as well as a decline in the intensity of negative feelings. According to this research, the greatest change was among those who attended both NA sessions in prison and the 12-Steps program, compared with those who participated only in NA sessions (a smaller change) or in neither of the two (an even smaller change).

According to Ronel (1998a), self-help organizations such as NA constitute a bridge to recovery, connecting the drug subculture to the general dominant culture. Phenomenological research conducted with members of the NA organization in Israel revealed indications of transition from the drug subculture to the normative culture, including refraining from using psychoactive substances, development of morality, and acceptance of the values and rules of the dominant culture. The results also show that the 12-Steps groups create a moral atmosphere that reflects a higher level of moral development, even though the individual members of the group are often far from achieving this developmental level (Ronel, 1998b). In other words, the groups create
a space for moral experience that reflects an even higher level of development than that of normative society (Maxwell, 1984), thereby enabling the members to develop morally by means of learning and assimilating behaviors that are typical of the groups, such as declaring gratitude or giving to others without expecting a reward (Kurtz & Ketcham, 1992).

Inclusion of Positive Components in Treating Offenders

In light of the research findings that consistently indicate the failure of the deterrence-based punitive treatment approach, which focuses on avoidance and termination of “bad” behavior, to deter crime and reduce recidivism (Reitzel, 2006; Yates, 2005), researchers and clinicians began considering the inclusion of “positive” approaches and components, such as hope, gratitude, happiness, and optimism in treating offenders (Kurtz & Ketcham, 1992; Marshall et al., 2005; Moulden & Marshall, 2005; Walling, 2003). In recent years, new approaches have been developed for treating offenders that are in fact practical applications of positive criminology. An example of these is “grace therapy” (Ronel, 2000), a “positive” therapy approach based on the 12-Steps program of AA and NA, which is designed for professional treatment of a variety of behavior problems such as domestic violence (Ronel & Claridge, 2003) or victimization (Ronel, 2009).

Another example is the Good Life Model, of Wisconsin (Webster, 2005), which promotes cognitive change among offenders by exposing them to basic life principles and developing effective coping skills for problem solving. The new strategies help offenders develop positive personality traits and manage a healthy lifestyle, including construction of a life plan (Wormith et al., 2007). Webster (2005) reported that 3 years after discharge from prison, the recidivism rate among prisoners who completed the therapy program in Wisconsin was just 3%.

Successful rehabilitation depends on provision of rehabilitative social opportunities that strengthen positive worldviews, such as the “redemption scenario” held by the reformed offenders in Maruna’s (2001) research. In our view, there is no basis for the artificial distinction, common in the literature, between “natural healing” and “institutional treatment.” External factors are involved in all cases; even those that are not formally considered to be therapeutic promote the process of change by virtue of their very existence and intervention in the lives of the addicts or offenders during a life crisis. In addition to self-definition and accepting professional therapy, the process of changing one’s life path most often included an additional channel, which is usually ignored: informal assistance, including social support from friends, acquaintances, relatives, neighbors, and significant others (Farrall, 2002; Warr, 1998). Research shows that the process of recovery and change experienced by reformed addicts and offenders who succeeded in leaving the world of drugs and crime “by themselves” is similar to that experienced by individuals who recovered through formal means of therapy. These processes included common components such as consciousness raising, maturation, taking responsibility, self-management, and counterconditioning.
Ronel and Elisha

(Burnett, 2000; Maruna et al., 2004; Sampson & Laub, 1993), and the changes reflect increased motivation, concern and caring for others, and taking the future into account (Maruna, 2001; McNeill, 2002).

This suggests that focusing on therapy programs solely through a sort of experimental lens (success or failure) is liable to miss the mark of what is really important for desistance from crime (Maruna et al., 2004). Methodologies that place too much weight on assessment and evaluation of therapy programs instead of the change process experienced by clients in different aspects of their lives are liable to be skewed toward finding weaknesses and failure, whereas emphasis on recovery as a circular, continual process including different types of interventions, stumbling, progress, and regression, as well as “spontaneous” recovery among dropouts from institutional therapy programs is likely to lead to identification of many more cases of success.

**Development of Positive Self-Identity, Direction, and Meaning in Life**

Research that deals with desistance from crime leads to a theoretical understanding of the process of change experienced by offenders trying to reform, with the climax being development of an adult, mature personality by reconstructing a coherent life story and finding new meaning in life (Maruna, 2002). This personal change actually constitutes a sort of process of “late puberty.” Thus, it is possible to add another element—development of a positive self-identity—that many offenders failed to achieve during puberty. Identity is a view of one’s world that gives individuals direction and meaning in life (Erikson, 1963). To complete the process of building an identity, the individual must address the questions “Where do I come from?” “Where am I going?” and “What do I want to be?” Such a process also requires individuals to develop commitment to a value system, professional goals, and a worldview. Only after developing these aspects of “personal identity” can a person construct an adult, mature self-identity (Marcia, 1993).

According to Erikson (1963), there is a correlation between an identity crisis experienced by an adolescent and the choice of criminal behavior as a means to obtain a negative identity. In this respect, the primary work of agencies involved in education, therapy, and rehabilitation is to assist offenders in building a self-identity that is meaningful, correct, mature, responsible, and complete, including finding direction, purpose, and meaning in life as well as long-term planning. In most cases, the opportunity to do this is created by a renewed crisis in the individual’s life, which as noted may take place in any stage or aspect of life: personal, interpersonal, social, economic, or occupational (Biernacki, 1986). For some individuals, just encountering law-enforcement agencies or entering prison are sufficient to arouse a process of introspection and self-examination. Accordingly, it is possible to view crises of this type as an opportunity for “renewed reform” of the identity of deviant individuals or a progress of the maturation process. This is another optimistic aspect that can be seen in crises experienced by individuals who are tired of leading a life of crime, danger, and addiction and want to shift their lives in a positive and more optimistic direction.
Prevention as Positive Criminology

Since its beginnings in the mid–20th century, the research of prevention in the social sciences has adopted a humanistic paradigm that aspires to promote human potential while believing in its good nature (Albee, 1982). When such an approach is translated into active prevention programs within a criminological context, it may well represent positive criminology. In fact, one may consider all preventive efforts as representing positive criminology, based on their emphasis on positive outcomes despite existing risks. However, a more focused approach distinguishes between prevention programs that suggest voluntary promotion of positive factors and programs that incorporate “negative” mechanisms into the positive challenge of prevention. For example, successful evidence-based deterrence schemes, such as the Blueprints programs (Mihalic, Fagan, Irwin, Ballard, & Elliott, 2004), are not considered here as representing positive criminology. Nevertheless, the two approaches may work together and complement each other to gain the desired results.

Within the positive aspect of prevention, Bogenschneider (1996), for example, describes the inclusion of a “protective approach,” which is aimed at promoting protective factors (as discussed above) as conditions that facilitate positive youth development. Hawkins and Catalano (1992) describe the application of this approach in the Communities That Care prevention project, aimed at increasing social bonding as a protective factor. This project exemplifies a perception of prevention as a community intervention, which increases the involvement of individuals within a community and thereby reduces its social disorganization (Hawkins, Arthur, & Olson, 1997). Etzioni (1988, 1997) also incorporates humanistic, positive thinking into a community approach to suggest the “responsive community,” which balances between individual and community needs to achieve a preventive objective—a voluntarily gained social order. Garbarino (1995) exemplifies a positive approach to prevention while stressing the need of society to encourage stability within families. Family stability is a protective factor for both individuals and society, with its potential to reduce social intoxication. Family stability includes commitment to the family that is based on meaningful common purpose and values, all positive concepts within a criminological preventive intervention.

Prevention, especially universal prevention that is aimed at anyone within the preventive range, may contain some risks of harming the rights of healthy individuals to privacy and autonomy (e.g., the right not to participate in a program; Caplan & Caplan, 2000). However, positive criminology, with its emphasis on influences that are positively experienced and lead to positive outcomes, suggests an approach that may meet this challenge. Within the demanding criminological context, positive criminology provides preventive interventions with minimal impingement on the right to privacy and autonomy.

Summary

As emphasized throughout this article, positive criminology is not a theory but rather a perspective that incorporates diverse known models and theories. Theories based on
a positive criminological perspective refer to the existence of inner mechanisms that help individuals cope with situations of stress and risk and their perception as opportunities for growth and positive change (Antonovsky, 1979, 1987). Recent research based on this perspective clearly indicates specific positive characteristics that have been found among reformed criminals who decided to desist from crime, similar to those emphasized by related approaches: finding new meaning in life, positive thinking, positive emotions, self-awareness, taking personal responsibility, accepting social support, and developing religious or spiritual faith (Burnett, 2000; Maruna, 2002). To these characteristics we may also add development of a positive self-identity by means of contact with positive significant others who intensify feelings of value, meaning, and optimism about the future, for instance through exposure to human goodness and altruism (Frid, 2008; Ronel, 2006; Ronel et al., 2009) or participation in altruistic behavior (Uzan, 2008). As demonstrated earlier, recovery and healing are not restricted to those who receive formal professional help and therapy but belong to all those who want to change their path, sometimes after experiencing a crisis. The message of this body of research, then, is that educational rehabilitative interventions should identify this “natural process” of change and design interventions that strengthen and complement the spontaneous efforts of individuals who want to change (Maruna et al., 2004; Prochaska, DiClemente, & Norcross, 1993).

In our view, the concentration of traditional criminology on the negative aspects of the causes of deviance and their implications preclude a broader, more balanced view of the human offender’s experience, as well as ignoring cases in which offenders or individuals at risk—either themselves or with the help of others—have succeeded in refraining and desisting from crime over time. A one-dimensional view inevitably reduces the repertoire of responses, knowledge, and insights, not only of those involved in the field but also of the offenders themselves, because it does not leave much room for optimism and change. In fact, this situation limits our ability to look beyond the narrow perspective that consists almost exclusively of the pessimistic perception that “nothing works” (Martinson, 1974). Such attitude prevents a broader and more balanced view of reality that includes evidence of the existence of meaningful positive findings among former offenders or addicts who have succeeded in breaking the crime cycle. It seems that because of the traditional tendency of criminology to deal with the negative and “dark” sides of humankind, these cases gained too little attention, whereas heavy emphasis is placed on cases of failure and recidivism.

Thus, the approach of positive criminology proposed here refers to an encounter with strengths and influences that are experienced as positive and that distance the individual from deviance and crime in different aspects of his or her life and environment—personal strengths and powers, subjective perceptions, and interpersonal and social encounters that include relations of acceptance, containment, and mutual help. In our opinion, the inclusion of positive components and a positive approach in the current criminological discourse will enrich the existing body of theoretical and research knowledge regarding the offender’s experience, including the stages of its development, halting, regressions, and desistance. This is also a note of encouragement
for conducting extensive research based on the perspective of positive criminology. For example, an interesting research question could be a comparison between interventions based on a positive criminology perspective with those based on a more traditional perspective. Another issue to be studied is the validity and durability of positive components over time. A further research enterprise would be to suggest a comprehensive model of positive criminology that integrates prevention, education, therapy, and rehabilitation models.

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Long term recovery from addiction: criminal justice involvement and positive criminology?

BEST, David and ASTON, Elizabeth

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Long-term recovery from addiction: criminal justice involvement and positive criminology?

Abstract
The positive criminology perspective looks at positive life influences that distance individuals from offending, and enable the growth of personal and social strengths. Within a recovery model for alcohol and drug addiction, as part of a strengths-based approach to understanding sustainable change, ‘recovery capital’ is the currency for measuring the personal and social resources available to achieve and sustain change, and the community factors that help or hinder these efforts (sometimes referred to as community capital). However, it has been argued that adverse experiences, particularly chronic mental health and serious criminal recidivism, are barriers to change, and constitute ‘negative recovery capital’.

Based on secondary analysis from the Glasgow Recovery Study, and two other studies of pathways to recovery, this chapter examines the impact of prison history on recovery outcomes. The paper concludes that a ‘better than well’ model of change can explain the ‘rebound effect’ from serious adverse life events. This is embedded within a social identity model of recovery transformation, which fits well with the positive criminology perspective of personal transformation in developing a new ‘non-offending’ identity.
1. The emergence of an addictions recovery movement

Positive criminology has recently been put forward as a perspective that can incorporate a range of theories and models which emphasise ‘positive experiences that may potentially prevent or discourage continued criminal behavior’ (Ronel and Elisha, 2011 p.305). Across a range of disciplines a strengths based model has become increasingly prominent (Ronel and Elisha, 2011), building on the work of positive psychology (Seligman, 2002), asset-based community development models (e.g. McKnight and Block, 2010) and the emergence of a recovery movement in mental health (e.g. Slade, 2009), alcohol and drugs (White, 2009; Best, 2012) and criminal justice (Ronel and Elisha, 2011). In both mental health and the addictions field this has represented a significant paradigm shift and so the slow emergence of a supporting literature. Humphreys and Lembke (2013) have argued that there are three areas of solid empirical support for a recovery model in addiction – around the importance of recovery housing, around the positive role of the mutual aid groups, in particular the 12-step fellowships, and around peer-based delivery of interventions.

Nonetheless, there is a very limited evidence base about what recovery looks like (UKDPC, 2007) and about the pathways and predictors of successful recovery from substance addiction (Hser, Longshore and Anglin, 2007). Laudet and White (2010) looked at the priorities of 356 individuals in drug recovery (both heroin and crack cocaine) in New York City and argued that services should not focus on abstinence alone and that ‘services ought to aim to give clients the necessary resources and strategies to achieve enhanced quality of life and improved functioning and to assume responsibility. In other words, symptom reduction is critical but it is a means to an end’ (Laudet and White, 2010, p.57). The resources and strategies described in the recovery literature fit well within a positive criminology perspective, in that the focus is not on addressing deficits but on building resources and strengths and switching the focus from professionals to community and peer based models and interventions.

In one of the few UK studies to focus on experiences of recovery, conducted with former heroin users in long-term recovery, Best and colleagues (2008) found that what enabled former heroin users to maintain their recovery was largely about moving away from substance using peer networks and developing appropriate
recovery support networks. More recently, Best et al. (2011) conducted an assessment of quality of life in 205 former alcoholics and heroin addicts in Glasgow (the Glasgow Recovery Study) and found that higher quality of life was associated with a longer duration of recovery, but also with current lifestyle factors. Those who reported spending more time with other people in recovery and those more actively involved in a range of activities (parenting, volunteering, education, training and employment) reported significantly greater quality of life. The promotion of rehabilitation through self-help groups has been cited as an example of social acceptance within the positive criminology perspective (Ronel and Elisha 2011), and is consistent with an emphasis on an increasing role for peers and social networks in the journey to rehabilitation.

Hibbert and Best (2011) have linked the recovery process to quality of life in a study of 53 recovering alcoholics in Birmingham, England, and have reported that quality of life growth continues as an ongoing process in recovering drinkers. Their results are also significant in that they suggest particularly strong growth in recovery around social and environmental aspects of quality of life measurement in those in long-term recovery, and that this growth may exceed general population levels of quality of life – generating the idea that recovery may not be about remission to a ‘normal’ state but rather a transcendence to a state that can be characterised as ‘better than well’.

However, much of the ongoing debate has revolved around what we mean by recovery with each of two consensus group definitions (UKDPC, 2007; Betty Ford Institute Consensus Panel, 2007) suggesting three elements to recovery – Wellbeing, Sobriety, and Citizenship. There has also been increasing interest in the epidemiology of recovery with White (2012), based on a population survey in South-eastern Pennsylvania, estimating that 9.45% of the adult population are in recovery from a substance abuse history (other than tobacco). In a separate review of 415 scientific reports on recovery rates published between 1868 and 2011, White (2012) concluded that of adults surveyed in the general population who once met lifetime criteria for substance use disorders, an average of 49.9% (53.9% in studies conducted since 2000) no longer met those criteria at the time of the survey. Therefore, it is estimated that around half of all those who have a lifetime addiction problem will eventually achieve recovery, but there is relatively little research indicating who will fall into either the successful or the unsuccessful
categories, but this is based on a narrow definition of recovery focused primarily on the disappearance of active symptoms of addiction. Ronel and Elisha (2011) have called for an increased focus for research on factors which are experienced as positive and distance an individual from crime, and this is consistent with attempts to measure the size of the ‘in recovery’ population and their pathways out of addiction and/or offending.

2. Recovery capital and negative recovery capital

While there is increasing evidence that people can overcome addictions, the mechanisms that enable that transition are much less clearly understood or articulated, and this parallels similar questions raised about pathways to offending desistance by Maruna (2001). One suggestion for conceptualising the transition from active addiction to recovery is in terms of ‘recovery capital’ (Granfield and Cloud, 2001). Recovery capital has its origins in the concept of social capital defined as ‘connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them’ (Putnam, 2000, p.19). There are two main types of social capital which are often described as ‘bridging’ and ‘bonding’ capital. Bonding social capital relates to the values of social and emotional support and reciprocity which is generated within similar groups and communities. Bridging social capital refers to information sharing and acquisition generated through external networks and sources.

In its initial articulation in the addictions field, Granfield and Cloud (2001) suggested that recovery capital exists on a scale with both positive and negative sides where positive elements strengthen and support a person’s recovery and negative elements obstruct it. In this model, there are four types of recovery capital – social capital, cultural capital, physical capital and human capital. It is people’s strengths and assets which are likely to predict long term change, rather than measures of problems and deficits (White and Cloud, 2008), although this has been subjected to almost no empirical research. White and Cloud have argued that the transition to a recovery model will involve our capacity to measure the growth of strengths and resources, and to map their changes over time in the same way that we have measured changes in symptoms and pathologies to quantify gains in acute treatment services. Groshkova, Best and White (2012) have since published the Assessment of Recovery Capital (ARC) as a metric of recovery progress as part of that commitment to developing a science of recovery.
More recently, Cloud and Granfield (2008) have suggested that imprisonment will have a negative impact on ‘social and cultural capital’, resulting in ‘negative recovery capital’. The authors argued that ‘There are situations where recovery capital can be seen as resting on the minus side of zero … personal circumstances, individual attributes, behaviours, values, etc. that actually impede one’s ability to successfully terminate substance misuse and keep people trapped in the world of addiction’ (Cloud and Granfield, 2008, p.1979). Along with age, gender and mental and physical health problems, the authors suggest that significant levels of contact with the criminal justice system, in particular incarceration, can represent negative recovery capital, particularly for those who adopt the identity of the ‘hardened criminal’. Cloud and Granfield (2008) assert that ‘the experience of prison is a direct assault on two of the key forms of capital that constitute recovery capital (social and cultural) and, for many, results in the creation of negative recovery capital’ (Cloud and Granfield, 2008, p.1983).

The argument here is that imprisonment erodes not only social relationships and support networks, but also provides a sub-culture of norms and values that discourage recovery. These factors combine to impede recovery and indeed merely serve to prolong substance misuse, or to increase the levels of social exclusion and in turn increase hopelessness and learned helplessness. However, this argument could not be explored further as none of the respondents in their research on natural recovery had any extensive contact with the criminal justice system. In much of the criminology literature (e.g. Laub and Sampson, 2003) adverse life events are viewed as being connected to continuation of offending through their impact on social bonds e.g. to family and work. It has been widely acknowledged (e.g. Sykes, 1958; Foucault, 1977) that there are various pains associated with imprisonment and Crewe (2011) divides these into those which relate to: features inherent to incarceration; deliberate abuses and derelictions of duty; and systematic policies and institutional practices. Average levels of distress are high in prison, although participation in future oriented programmes can help alleviate this (Liebling and Crewe, 2012). Various aspects within prison, for example: levels of trust between prisoners and staff; treatment-oriented settings; spaces where prisoners are able to express themselves, can have an impact on how prison life is experienced (Liebling and Crewe, 2012). Nevertheless, imprisonment involves deskilling and stigmatizing people, and it has a negative effect on employment and
family relationships (Sampson and Laub 1993). Whilst imprisonment can provide an opportunity to engage people in some form of treatment (e.g. Kinlock et al., 2008), Strang et al. (2006) found that of those in their sample who had used heroin prior to imprisonment 70% continued to do so in prison. In terms of its impact on recidivism the effect of imprisonment may be hypothesised to be negative and damaging (due to unpleasant experiences) or positive -due to constructive experiences (Liebling and Crewe, 2012). Although some programs show positive effects with certain individuals (Liebling and Crewe, 2012), prison has an overall criminogenic effect (Nagin, Cullen and Johnson, 2009).

3. **Evidence from drug treatment and criminal justice samples**

A considerable body of research with drug treatment and criminal justice samples has shown that drug use and offending are associated in these populations. Bennett, Holloway and Farrington (2008) conducted a meta-analysis that showed that the odds of offending were three to four times greater for drug users than non-drug users. In the UK, 78 out of a sample of 100 entrants into treatment reported heroin use and 56 of the heroin users reported involvement in acquisitive crime in the month prior to treatment, but crack users reported the highest levels of drug expenditure and the most crime (Best et al., 2001). Best et al. (2003) found that 60% of opiate misusers in treatment reported an average of more than 70 crimes each in the three months prior to the research interview. The UK based National Treatment Outcome Research Study (NTORS) study reported that reductions in regular heroin use were strongly associated with reductions in crime (Gossop et al., 2000).

The high rate of offending among drug users in treatment is reflected in the literature from offender populations. Oerton et al. (2003) found that 55% of assessed arrestees in a UK sample reported recent use of heroin. US-based research (Peugh and Belenko, 1999) found that 2 out of 3 of prisoners in their sample were under the influence of alcohol or drugs at the time of their crime, had committed a crime to get money for drugs, had histories of regular illegal drug use or had received treatment for alcoholism. A survey conducted in Scotland’s Young Offender Institution (McKinley, Forsyth and Khan, 2009) reported that 73% of inmates were serving a sentence for a violent offence and 56.8% blamed their current offence on drinking. A larger percentage (36.3%) blamed alcohol alone as compared to illegal drugs alone (9.7%, mainly diazepam) and 20.4% blamed alcohol...
in association with other drugs. Lo and Stephens (2002) reported that 58.9% of incoming prisoners in their US-based sample who were addicted to at least one substance perceived that drugs has been a factor in their criminal behaviour. However, it should be acknowledged that drug users are over represented in arrestee samples, compared to other offenders (Stevens, 2008). Nevertheless, intensive community working between criminal justice drug services and the police can help dependent drug using offenders to reduce their offending (e.g. Best et al. 2010).

Cloud and Granfield have argued that a history of incarceration represents negative recovery capital and as a result that a history of incarceration represents a substantial barrier to recovery, through the resulting loss of personal and social capital compounded by discrimination and labelling processes. What is outlined in this chapter is evidence from three sources – the Glasgow Recovery Study (a study led by DB), a second study of recovery among offenders in the North-East of England (a PhD study that DB partnered in the analysis and writing of), and third the evidence from the recent US Life in Recovery Survey (Laudet, 2013), to examine this notion of negative recovery capital critically before outlining a social identity model of recovery that addresses transformative issues around the recovery process. One of the authors of the chapter has therefore been involved in two of the three studies selected for this review and is currently involved in developing an Australian version of the Life in Recovery project and so has worked closely with the author and commissioners of the third study. Each of the three provides important insights into this issue around criminal justice involvement and recovery / rehabilitation pathways. The rationale for the chapter is to use current or recent research studies in addiction recovery to provide some empirical scrutiny of the concept of negative recovery capital, as the original argument that incarceration constitutes negative recovery capital is not based on any empirical evidence.

4. The Glasgow Recovery Study re-analysis

This section presents a re-analysis of data from a study that involved retrospective interviews with 205 individuals in recovery from heroin or alcohol addiction, recruited through a multi-method approach (Best et al, 2011). The aim of the re-analysis was to examine the prevalence of criminal justice involvement in a group
self-identifying as having criminal justice histories and linking this to levels of recovery and functioning.

For the purpose of the project, a person ‘in recovery’ was defined as, ‘someone who believes that at some point in their lives they were dependent on alcohol or heroin, but they have not used that primary substance for the last 12 months, and they believe themselves to be either recovered or in recovery’. Sampling was opportunistic, and participants were compensated for giving up their time with a £10 shopping voucher. As wide a range of individuals (who fulfilled the inclusion criteria) as possible were invited to participate, by using a variety of recruitment channels and methods: via treatment services, inviting ‘graduates’ of programmes to participate; via local user groups; via a snowballing method; and external advertisement via radio and local newspaper. A total of 205 participants who were all living independently in the community were recruited – 107 former alcoholics and 98 former heroin addicts.

*Alcohol cohort:* Seventy individuals (65.4%) had ever been arrested at an average age of 23.2 years and 59 reported an initial conviction at an average age of 24.0 years. Thirty-one (29%) had ever been in prison – averaging 2.8 years (range = 6 months – 12 years), with the mean initial imprisonment at 24.7 years and most recent imprisonment at 30.5 years.

*Heroin cohort:* Eighty (81.6%) heroin users in recovery reported that they had ever been arrested, with an average age of first arrest of 17.6 years (±5.0) and 73 reported an average age of first conviction of 19.3 years (±4.6). Fifty-one (52.0%) reported that they had ever been in prison on an average of 3.9 occasions (range = 1-17), and, for the 33 people this information was available for, they had spent an average of 4.4 years in prison.

Across the sample, 150 (73.2%) had ever been arrested, at an average first age of 20.8 years (range = 7-57 years). A slightly smaller number (64.4%) had ever been convicted, at an average first age of 21.4 years. In total, 82 individuals had ever been to prison at a first average age of 22.6 years, with an average age at most recent imprisonment of 29.6 years. The average amount of time spent in prison 3.6 years. The majority of the recovery participants had criminal justice histories, and
just under half had ever been to prison. There was almost no involvement with the criminal justice system at the time of the addiction recovery interview.

Those with a history of imprisonment were more likely to be male, single, former heroin users and to have been homeless at some point. They also reported less structural social capital in that they had spent less time married, fewer years of employment and more time single (see Table 1 below):

### Table 1: Differences between those who had and had not ever been in prison

<table>
<thead>
<tr>
<th></th>
<th>No prison (n=122)</th>
<th>Prison history (n=82)</th>
<th>(X^2/t)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary drug user</td>
<td>38.5%</td>
<td>61.4%</td>
<td>10.40, (p&lt;0.01)</td>
</tr>
<tr>
<td>% female</td>
<td>79.4%</td>
<td>20.6%</td>
<td>16.72, (p&lt;0.001)</td>
</tr>
<tr>
<td>Always single</td>
<td>44.3%</td>
<td>62.7%</td>
<td>6.78, (p=0.079)</td>
</tr>
<tr>
<td>Ever homeless</td>
<td>22.9%</td>
<td>77.1%</td>
<td>17.86, (p&lt;0.001)</td>
</tr>
<tr>
<td>Years of full-time employment</td>
<td>15.4 years</td>
<td>10.9 years</td>
<td>2.57, (p&lt;0.05)</td>
</tr>
<tr>
<td>Total years of marriage</td>
<td>12.2 years</td>
<td>8.8 years</td>
<td>2.24, (p&lt;0.05)</td>
</tr>
<tr>
<td>Total time spent homeless</td>
<td>1.0 years</td>
<td>2.6 years</td>
<td>4.44, (p&lt;0.001)</td>
</tr>
</tbody>
</table>

In spite of these differences in historical experiences of adversity, they were not significantly different in terms of current functioning – either in terms of self-reported quality of life or in terms of community engagement - as shown in Table 2 below:

### Table 2: Differences between those who had and had not ever been in prison in current functioning

<table>
<thead>
<tr>
<th></th>
<th>No prison (n=122)</th>
<th>Prison history (n=82)</th>
<th>(X^2/t)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaningful activities in last month</td>
<td>11.1 days</td>
<td>11.9 days</td>
<td>0.37, (p=0.71)</td>
</tr>
<tr>
<td>Days working in last month</td>
<td>4.2</td>
<td>5.5</td>
<td>0.90, (p=0.37)</td>
</tr>
</tbody>
</table>
WHOQoL BREF total score | 78.9 | 84.2 | 2.55, p<0.05
Self-esteem | 36.7 | 38.9 | 1.65, p=0.10
Self-efficacy | 34.7 | 36.5 | 1.96, p=0.05
Time since last use | 5.2 years | 7.3 years | 1.88, p=0.06

In spite of the earlier adversity, the individuals with a prison history scored slightly higher on measures of self-efficacy on the Client Evaluation of Self and Treatment (Joe et al., 2002) and on the WHOQoL-BREF, the WHO measure for assessing quality of life (Skevington et al., 2004). In other words, on standard measures of functioning and wellbeing, those ex-prisoners who make it to addiction recovery have slightly higher mean scores suggesting that there is no ‘diminished’ form of recovery in those with prison histories. Indeed the quality of life score is significantly higher in the prison history group and self-efficacy is also significantly higher in this group.

Conclusions from the Glasgow Recovery Study
For the recovering alcohol/drug users in this sample this history of more problematic behaviour – prison, homelessness, less work and fewer relationships – does not appear to predict worse functioning in the group who had ever been in prison. Indeed, those who reported a prior history of imprisonment reported better overall quality of life, and higher average scores for social and psychological life quality than those who have never been in prison. Given the link between imprisonment and negative recovery capital suggested by Cloud and Granfield (2008) a surprisingly high proportion of our Glasgow sample of recovering alcohol and heroin users had been to prison, at just over 40%. As this is a recovery sample we cannot say anything about how many people go to prison and experience negative outcomes. However, we have found that a significant proportion of those in our sample have been to prison yet they have managed to recover from addiction.

Long-term recovery has been possible despite having a history of imprisonment, i.e. incarceration has not prevented sustained recovery for this sample, and interestingly those who had been to prison reported higher quality of life scores than those who had not been to prison. This research does not enable us to
explain why this is the case, but possible reasons include: prison providing an opportunity to abstain from or reduce alcohol /drug consumption; participation in drug or other rehabilitation programmes in prison; the impact of other aspects of prison life on inmates; or the impact of support provided on release. A positive criminology perspective relating to subjective interpretation could also be applied here as a stressful event may provide an opportunity for positive change (Ronel and Elisha, 2011). There is also the possibility that a ‘better than well’ (Hibbert and Best, 2011) effect occurs where those who have experienced considerable adversity, with appropriate support, be able to use those adverse experiences to create a strong and robust recovery pathway, with a greater sense of hope and satisfaction in their recovery journey.

The impact of criminal justice involvement on pathways to recovery is beyond the scope of this chapter. What these findings suggest is that a history of incarceration does not limit the amount of recovery, irrespective of whether it reduces its likelihood.

What is more, this group actually reported slightly better quality of life and life functioning than those who have not been to prison. This may be consistent with previous reports of populations achieving a status that is ‘better than well’ (e.g. White, 2007; Hibbert and Best, 2011) and that may imply that those who experience negative recovery capital at the start of their recovery journeys but then do subsequently recover may actually have a greater ‘rebound’ effect, and report more satisfaction with various indices of life quality. This may be a consequence of hitting ‘rock bottom’ and so having little choice but to embrace a recovery programme, and to experience its impact on life circumstances and quality of life. It is of note that the areas of the WHO quality of life measure where differences arise as a function of prison experience are social and psychological quality of life, consistent with the suggestion that the ‘better than well’ phenomenon may be reflective of a primarily social effect. This would be consistent with the CHIME effect reported by Leamy and colleagues (2011) for mental health recovery – where recovery is characterised in terms of Connectedness; Hope; Identity; Meaning, and Empowerment (CHIME).

Although the central focus of this chapter is on the impact of imprisonment on long-term recovery from addiction it is worth incorporating a brief discussion of
theories relating to desistance as well as recovery, both of which could be encompassed within a positive criminology perspective. The above would also be consistent with the developmental model of desistance proposed by Sampson and Laub (1993) in their analysis of the long-term outcomes for 500 male delinquents aged ten to 17 years, and 500 non-delinquents matched case by case on age, race/ethnicity, IQ, and low-income residence. Their developmental model rejected the importance of early risk factors in favour of a trajectory model in which key life events (particularly marriage and employment stability and satisfaction) were much more important in understanding desistance from offending in the long-term. The authors argued that social bonds at all stages of the life course are important, and that turning points are of critical importance for understanding change in adulthood. Having conducted life-history interviews with their sample, Laub and Sampson (2003) acknowledged the importance of human agency in understanding of desistance. In contrast to theories which emphasise identity shifts as being necessary for desistance to occur (e.g. Maruna, 2001) they concluded that desistance is facilitated by changes in situational and structural life circumstances (turning points), in combination with individual actions (personal agency).

Discussing the use of life course perspectives in relation to drug abuse and turning points, Groshkova and Best (2011) state that

> Within a life-course model, there are ‘windows of opportunity for change’ that represent the turning points in a developmental trajectory. The challenge for science is to identify when and why these occur and what makes the changes sustainable. The latter question provokes key questions about the operationalization of the concept of ‘recovery capital’ and what is needed to enable growth in the key areas of personal, social, and community recovery capital (Groshkova and Best, 2011, p.37).

Within this kind of developmental model, a historical event like imprisonment is likely to provide a potential turning point – but not an irreversible one. What the preliminary data from the Glasgow Recovery Study would suggest is that criminal justice involvement, particularly imprisonment, is likely to have adverse consequences but that, to the extent that this generates ‘negative recovery capital’, it is not irreversible, and will depend on both how long ago it occurred and what ongoing impact it has on identity, social connectedness and wellbeing. Furthermore a positive perspective ‘sees crises and stressful events as an opportunity for positive change towards development and growth, rather than a
negative, destructive direction’ (Ronel and Elisha, 2011 p.309). The key implication from this study is that those with multiple life complexities (addiction, criminal justice involvement) can achieve lasting recovery / rehabilitation and that the lessons learned from such examples are critical to the establishment of a science of positive criminology.

5. The Second Chance study
Second Chance was set up in 2005 through the Drug Intervention Programme of the UK Home Office to help substance using offenders recover by engaging them voluntarily in regular coached sports sessions, and participation in the football team that grew out of the initiative. The findings here relate to 19 adults who were taking part in Second Chance as part of their recovery from a substance using and offending lifestyle, and who achieved significant benefits from their participation, and have previously been reported by Landale and Best (2012). The current section summarises these findings and re-interprets them in the context of a positive criminology model.

In-depth, semi-structured interviews were conducted with respondents at three points, with six month intervals. Criteria for inclusion in the research study were that respondents, when recruited for the interviews, were on the Second Chance programme, and registered in some form of treatment for their alcohol or drug use problems. The 19 respondents examined in this chapter were male, and their average age was 29 years old (range 19–46 years). Respondents had been arrested at least five times in their lives, with 17 of the 19 individuals having served at least one prison sentence. Their ‘primary addicting substance’ was heroin (n=12), alcohol (n=4), and stimulants and/or cannabis (n=3), and they were included in this analysis on the basis of their successful engagement in a programme. The study was a cohort follow-up study with the data derived from the 19 cases where the individuals had shown clear and positive recovery gains.

For this group of successful engagers in the program, engaging in the sports programme had a significant and beneficial impact on their substance use and offending underpinned by a number of common mechanisms:

1. Developing a positive sense of identity including a sense of self-efficacy that was generally linked to their experiences of the football and fitness
2. Perceiving improvements in physical health and wellbeing
3. Developing positive social networks including recovery networks, based on the development of a positive social identity around the Second Chance program

4. Identifying role models who provide social learning in successful recovery techniques, so that the participants had a chance to observe successful recovery and to learn from it

5. A sense of hope and a positive vision for the future that was in part a result of the new networks and connections that they made through the program

Prior to Second Chance, only a small number of respondents had any access to meaningful activities on a regular basis. Therefore the opportunity to start Second Chance was welcomed as it helped to fill the void that stopping alcohol and drug use had created in their lives, both in terms of daily routines and in terms of a social identity of belonging. In the early stages of recovery, respondents had few people in their lives that they considered to be “real friends”, so developing social networks at Second Chance was an important benefit of the programme and these friendships continued outside the programme. This sense of belonging and responsibility was central to the emergence of a collective social and recovery capital within the team, and that allowed them to forge a new social identity embedded in and around the team. Additionally, there was clearly a dynamic growth in personal and social recovery capital with support and a sense of belonging creating the ground for growing self-esteem and resilience skills in the group. This is a group of substance users diverted from the criminal justice system who have successfully engaged in a community-based, strengths-building program that allowed them to generate a positive cycle of personal and social recovery capital growth, and to develop a positive social identity that emerged over the course of the study.

Maruna and Farrall (2004) suggested that ‘secondary desistance’ involves developing a new identity and moving away from the former addict or offender identity. The development of positive self-identity is provided as an example of a positive criminology approach (Ronel and Elisha, 2011). In Second Chance, participants assumed the identities of sportsmen, team-mate, students, fathers, and volunteers. These include social identities (Jetten, Haslam and Haslam, 2012) that afford not only social support and access to community resources and information (Putnam, 2000) but also a valued set of social roles and rules.
consistent with their emerging identity, and that creates a disjunction from the ‘addict’ and ‘criminal’ identities of the past. As their social capital increased, their identities were transforming and this process was theorised as a turning point, and so the limitations imposed by their criminal justice histories were reduced in personal salience and impact on daily routines. A number of the participants ended up in new houses, on college courses and in jobs as part of the positive ‘spin’ resulting from a recovery-oriented turning point (Ronel and Elisha, 2011), that enabled any ‘negative recovery capital’ from previous incarceration to be minimised in impact.

The key conclusion from the Second Chance study is that recovery pathways are consistent for addiction with desistance from offending in this population through common mechanisms of improved recovery capital and positive social identity changes. The recovery and rehabilitation pathway for this group is about the emergence of personal strengths but would suggest that these are mediated by interventions that foster hope and social inclusion and that open doors to resources in the local community. This has fundamental implications for a positive criminology that will require not only strengths-based interventions but also community engagement and pathways that challenge discrimination and social exclusion.

6. Life in Recovery

The third retrospective account of recovery experiences that is relevant in this context is the recently published account of the Life in Recovery Survey by Faces and Voices of Recovery (Laudet, 2013). This is an opportunistic survey of 3,228 people in recovery from alcohol or illicit substance misuse conducted in November and December 2012 in the USA. Participants were asked to rate a range of life functioning domains both while ‘in active addiction’ and ‘since you entered recovery’.

Just over one third of the population had spent time in prison while in active addiction, but rates of imprisonment diminished rapidly once they had achieved recovery – in the three years after the start of their recovery journey, 10% were imprisoned. For those who were more than ten years in recovery, less than 5% had been imprisoned since the 10-year recovery anniversary. In other words, addiction recovery does not guarantee immunity from prison, but significantly diminishes the
likelihood of imprisonment. Risk of prison does reduce with increased age and so this effect may be an artefact of maturational effects.

Overall more than half of the recovery sample reported criminal justice involvement during their period of active addiction (lower than reported in the two UK studies above) but this was the case for less than one in ten in recovery. So overall there are two implications for the notion of recovery capital – first a criminal justice history is commonplace not just among active addicts but also among those in recovery, and second, that previous offending may have been a barrier but one that they managed to overcome. Again the conclusion is clear – criminal justice involvement – with the consequent implications for labelling and secondary deviance – is widespread in self-identified recovery populations.

The other major implication of this, the largest addiction recovery census conducted to date, is that this is a group of people with multiple morbidities while in active addiction – 67% reported untreated mental health problems, half had been fired or suspended from work and less than half had had a primary healthcare provider. In other words, during active addiction, this is a population who had experienced complex multiple morbidities but it had not prevented them from achieving long-term recovery. But the other key factor in this study is as has been reported previously – life would appear to get better the longer that people are in recovery. 71% of those with less than three years in recovery volunteered in the community vs. 89% of those with more than 10 years; employment also generally improves as recovery becomes longer - 76% of those with less than three years in recovery reported getting good job performance evaluations, compared to 94% of those 10 years or more in recovery. And this is the key point about negative recovery capital – its impact diminishes with time as life happens to people. This is consistent with a model of evolving human agency and a developmental approach to recovery where adversity may create diversions on a recovery journey but does not preclude it. One of the core components of this model is that the social engagement and commitment that happens during recovery (to family, to sober friends, etc) in itself buttresses and reinforces recovery capital and creates this virtuous circle of a social identity of recovery.

The Life in Recovery survey utilised a cross-sectional design with opportunistic recruitment of those available to complete the online survey and who perceived
themselves as appropriate for the study. They may also have reconstructed a ‘redemption narrative’ (Maruna, 2001) that exaggerated problems experienced during active addiction and that under-estimated their current problems. Nonetheless, this is a large-scale survey that shows that recovery from addiction is consistent with significant reductions in offending and criminal justice involvement and that promotes a positive criminology model predicated on active citizenship and meaningful contribution to society.

7. Towards a developmental model of recovery and positive social identity

The samples presented here are all biased in that they are all based on the accounts of those who have achieved and sustained recovery – and so say nothing about the probabilistic impact of imprisonment or other criminal justice involvement on the likelihood of starting a recovery journey. However, for those identified in addiction recovery research what the findings do suggest is a strong representation of those with a prison history and at least as positive a quality of life as those who have recovered without being in prison. Indeed, the fact that current quality of life is higher in the incarcerated group would suggest some higher level of satisfaction to be derived from overcoming this form of multiple adversity. In this respect, while mental health treatment histories and incarceration both add complexities and challenges in the recovery pathway, both are so common in active addiction and recovery populations that it may be unhelpful to regard them as negative recovery capital. Perhaps it is more helpful to understand imprisonment (alongside other factors) as having an impact on recovery capital, rather than resulting in the creation of something separate (i.e. negative recovery capital).

In the Glasgow Recovery Study, the history of the prison group suggests a more difficult history and transition to recovery with greater experiences of homelessness, fewer average years of employment and fewer average years of marriage – all of which would be regarded as indicators of reduced recovery capital (Granfield and Cloud, 1999) or weakened social bonds (Laub and Sampson, 2003). Yet this group reported slightly higher quality of life in the survey perhaps indicating some kind of ‘rebound’ effect from multiple adversity. There are two possible mechanisms for this – the impact of a positive ‘recovery spin’ (Ronel and Elisha, 2011) and the notion that the ‘better than well’ phenomenon reported by Hibbert and Best (2011) suggests a rebound effect where those who do recover
from multiple adversities may have a more positive prognosis than those whose recovery is from less dramatic circumstances. These are not, however, inconsistent positions and it is possible that it is the speed and trajectory of the recovery spin that enables the ultimate achievement of elevated quality of life and so the ‘better than well’ phenomenon.

However, the other key variable in the studies is time. In all three of the studies highlighted (Best et al., 2011; Hibbert and Best, 2011; Faces and Voices of Recovery, 2013), higher levels of quality of life and wellbeing are associated with longer time in recovery in itself likely to be associated with greater distance from the adverse effects. It may be the case that the greater the time that elapses since adverse events, the greater the opportunity for intervening mediators and opportunities to create a new self and social world.

Although there is limited evidence around the impact of identity change, there is a good evidence base that recovery is associated with changes in both social networks – moving from networks supportive of substance use to networks supportive of recovery (Longabaugh et al., 2010) – and changes in personal identity (McIntosh and McKeganey, 2002). Furthermore, Nettleton, Neale and Pickering (2010) draw attention to embodied dimensions of recovery and demonstrate that, in addition to social practices, identity transformations are rooted in habitual action. This is consistent with a social identity model of identity change (Jetten, Haslam and Haslam, 2012) in which social networks (in this case of recovery) afford a new and salient social identity and confer supports and practical guidance on initiating and sustaining lasting recovery.

It should also be acknowledged that various structural constraints may hamper attempts to create new identities. In contrast to the notion of an offender making a conscious decision to ‘make good’ (Maruna 2001), Laub and Sampson (2003) argue that most offenders desist in response to structural turning points, referring to this as ‘desistance by default’. However, social capital is central to desistance and there is significant support for the idea that ‘interactions between life transitions, social bonds and changes in identity are often associated with processes of desistance’ (McNeill and Whyte 2007, p.50-51). This is entirely consistent with a social identity model of change. In this framework, social group membership is seen to confer not only a sense of belonging and practical support, but also the
incorporation of the values, norms and attitudes of the group. Engaging in recovery group activity – in the addictions field this has most commonly occurred via the 12-step fellowships and through the Therapeutic Community movement – would create the conditions for a new recovery identity to emerge in which personal and social recovery capital can grow, and where the impact of previous identities and roles diminished.

The argument here is not that individuals with co-occurring criminal justice and alcohol and other drugs (AOD) histories do not have additional challenges to address, but that the negative impacts of each are not static units of adversity. Rather, in keeping with the positive criminology perspective, a developmental model of social recovery would suggest a dynamic model of growth based on social embeddedness, and where overcoming adversity may result in greater recovery resources and capital.
References


