

**An Exploration Of The Role Of Addiction In The
Persistence And Desistance Of Criminal Offending**

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Abstract

Most of New Zealand prisoners have been diagnosed with either a mental health or substance use disorder within their lifetime. This presents complex challenges in how to meet their needs and prevent continued marginalisation and disconnection from society. The use of diverse pūrākau (stories) of success in whānau ora (wellbeing) and stopping offending are missing from academic and public discourse that direct law and policy changes.

The aim of this research is to explore the role of addiction in the persistence and desistance of criminal offending. There is a focus within the research on key turning points, supports and interventions that played a part in the process of desistance to inform law and policy to better support reintegration following re-incarceration. I describe the theory and application of a co-production methodology directed by an indigenous Kaupapa Māori methodology and how kaumatua (Māori elders), academics and practitioners work with people with lived experience of mental health, addiction, and incarceration to create justice policy solutions.

The findings suggest that the Kaupapa Māori approach informed the co-production methodology and ensured the kawa (protocol and guidelines) gave clear direction for engagement at all levels of the research. This brought the co-production methodology to life, moving beyond theory to the practicalities of 'doing' with each other in a safe, ethical way for all. A strong association exists between unmet mental health and addiction needs and re-offending. Tackling cultural, health, social and justice issues requires a multi-layered approach from a range of lived experience experts to inform future policy and law reform. Recommendations are made for changes in legislation and health policy, service provision, education, and the focus of research. Changes are required in all these areas to increase positive outcomes for people caught in the revolving door of addiction and involvement with the criminal justice system.

Dedication

This work is dedicated to the people who chose to share their stories of addiction and offending with me, Fete, Trent, James, Mark, Joseph, Lester, Andre, Shane, Kinder, Mike, RPT and Joe. I am so grateful for your time and willingness to spend time to support this research. It has been a privilege to hear the stories of your journey towards recovery.

I would also like to dedicate this work to those still suffering the effects of addiction.

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Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.” *DBurnside* 25/5/2022

Glossary of Terms

Addict – a commonly used term to describe a person with substance dependence. This term has been reclaimed by people experiencing addiction as a counter to stigmatisation and connection to each other as peers.

Addiction/s – a popularised term in the alcohol and drug treatment setting, previously used to describe alcohol or other drug dependence. Now the term is more commonly used to describe a range of issues including problem alcohol and other drug use and other behavioural addictions.

Alcohol or other drugs (AOD) – refers to all mind-altering substances that have the potential to cause problems, including alcohol, tobacco and all other synthetic, prescribed, legal and illegal drugs that meet the criteria for addiction.

Client – a term used to describe a person who accesses or uses health services and widely used throughout mental health and addiction services. For the purposes of this thesis, this term will only be used where it is coming from the literature or has been used by others. Other terms used are 'service user', 'consumer', 'patient', 'participant' or 'tangata i te whai ora' (person seeking wellbeing).

Coexisting problems (CEP) – refers to the existence of both a mental health and addiction problem. Other terms used include dual diagnosis, co-occurring, and comorbidity.

Dependence – refers to criteria set by the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) fourth edition (American Psychiatric Association, 2000). Defined as a pattern of substance use where the person has behavioural, psychological and physiological reliance on a substance, daily consumption of high levels of the substance, increased tolerance and withdrawal symptoms upon cessation of the substance.

Disorder – refers to a mental health or substance use problem. This term is used to describe a diagnosis or set of symptoms included in the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM).

Drinking – refers to the act of consuming alcohol.

Drug/s – a term used to refer to alcohol or other drugs as a collective group of substances. Some studies use the term to refer to substances other than alcohol, or when referring to prescribed medication that may or may not have mind-altering effects. Within this thesis, the term drug/s is used to refer to alcohol or other substances as a collective unless otherwise stated.

Norms – defined as “the dominant or most typical attitudes, expectations and behaviours” of social or cultural group members that characterise these groups and “regulate group members’ actions to perpetuate the collective norm” (Perkins, 2002).

Problem – a term used throughout this thesis to define alcohol or other drug use that is causing or has the potential to cause adverse consequences. In this thesis it includes other terms used to describe harmful substance use such as risky, excessive, heavy, hazardous, abuse, addiction, or dependence.

Recovery – refers to the process of stopping or controlling drinking or other drug use, including abstinence and harm reduction approaches.

Tikanga – Māori customary practices or behaviours. Derived from the Māori word ‘tika’ which means ‘right’ or ‘correct’ so to act in accordance with tikanga is to behave in a way that is culturally proper or appropriate.

Chapter 1: Introduction and Background

Addiction is all too often present in the lives of people involved in the criminal justice system. Efforts to properly address the connections between criminal offending and addiction have been minimal and largely ineffective. In New Zealand, addicts have been stigmatised and discriminated against, and people who have found themselves before the courts have been labelled as criminals, anti-social and found themselves deprived of the opportunities of others in our society. In the last decade, there has been some growth in the use of therapeutic jurisprudence and solution-focused justice approaches, but these have had limited availability and are yet to have influenced the experience of many who are in the revolving doors of our criminal justice system. The experience for Māori is far worse than the experience of non-Māori, with many mainstream views in our communities still failing to recognise the impacts of racism and colonisation as key drivers of addiction and offending.

This chapter introduces the research topic and provides the background to the research question this thesis aims to answer. The chapter begins by introducing addiction, its history and its changing place in society. I will describe the history of addiction treatment and criminal justice responses to addiction in New Zealand. This leads into the background to the study, followed by a reflection of my own experience of addiction, treatment, and recovery, moving through the New Zealand criminal justice system. I share my journey working in the addiction sector and participating in tertiary education and research. Further chapters look at the literature, the chosen methodology, findings, discussion and conclusion and recommendations.

The evolving place of addiction in society

Humans have been altering our chemical mental hardware for thousands of years for all sorts of reasons, including medicinally, ritually, socially, and recreationally. The roots of the word addiction lie in the Middle and Late Roman Republic where *addicere* and *addictus* were

a notion of enslavement, and later in the Early Modern period where the verb *addict* meant simply 'to attach' (Rosenthal & Faris 2019). Different cultures have had vastly different experiences with how they used drugs and alcohol and the place they played in societies. In Europe, levels of substance misuse fluctuated over recent centuries and since the early twentieth century trends have risen steadily (London 2005).

The multi-faceted faces of addiction have been hard for systems to identify and approach. In general, social drug policies have been unyielding and conservative. This has left people to feed their addiction through illegal means in a societal environment where zero tolerance, law enforcement and abstinence have been adopted as responses (Saah, 2005).

Approaches to addiction treatment have been confusing and seemingly ever-changing, from the biomedical disease model, through to biopsychosocial views and others.

The biomedical disease model views addiction as a chronically relapsing brain disease. Addiction is considered to have a genetic/biochemical cause where measurable biochemical or neurophysiological processes are manifested in the afflicted individual (Skewes & Gonzalez, 2013). In the early 1960's, Engel (1979) started to challenge the relevance of the dominant 'biomedical' model, particularly within psychiatry, calling it reductionist and dualist and arguing that humans are not just biological preparations. He also criticised the 'psychosomatic' model, which was based on Freudian and Meyerian concepts and offered a bridge between biological medicine and the psychosocial, as being mired in irrelevancies. He proposed a new approach, a biopsychosocial model, which proposes that biological, psychological, and social factors all play a significant role in health and disease.

Many addiction treatment approaches evolved from within these new views of the biomedical model, while also recognising biopsychosocial influences. In the USA, the disease concept of treatment grew from the 1970's onwards from within 12-Step approaches, primarily as a structural and didactic presentation of 12-Step principles and incorporating additional treatment elements such as confrontational groups (Yalisove, 1998).

More recently, researchers and academics have focused on the importance of social factors in addiction treatment interventions. Adams (2016) criticises the focus on the individual, which has dominated addiction services, leading to a de-emphasizing of the role of family, community, and culture. Adams states that the absence of social understandings limits the range and quality of services offered, and that individual and social approaches should operate alongside each other in offering a broader range of service responses to addiction.

Criticisms such as Adams' resonate with the place of addiction in New Zealand society when we consider past and current approaches. The colonisation of New Zealand in the nineteenth century led to European norms of alcohol and other drug use being inflicted upon the indigenous Māori population. This led to high rates of substance use and related problems in both migrant populations but particularly within Māori. Huriwai (2002) states that this generated interest in genetic and cultural susceptibility and acculturation-strain theories, which suggested the stress of culture change increased the risk of substance abuse and related harm.

Internationally, over the past several decades, the "war on drugs" has framed drug problems as almost a military problem, rather than a public health or education issue. This approach positioned drug users as "the enemy", subjecting them to punitive sanctions, violence, and incarceration (Muehlmann 2018). Muehlmann further states that this approach has been a blatant failure in stopping the expansive growth of drug use and trafficking and has seen a rise in antiprohibition sentiments all over the world. In New Zealand, this has seen generations grow up within this almost genocidal climate of alienation and persecution that has seen rates of imprisonment and recidivism climb to unprecedented levels.

A Department of Corrections funded study in 2015 of over 1200 prisoners conducted by the National Research Bureau found that 46.8% met diagnostic criteria for a substance use disorder over the previous 12 months and 87.2% over their lifetime (Indig et al 2016). This is telling for Māori who are overrepresented in incarceration rates when looking at these high

numbers of inmates with substance use issues. The Waitangi Tribunal stated that the Crown has failed to make a long-term commitment to bring down the number of Māori serving sentences and to reduce the high rate of Māori re-offending proportionate to non-Māori (Tribunal 2017).

Alcohol use in New Zealand has long been an accepted part of culture and the rise in the lifetime use of alcohol is consistent with the continued liberalisation of the alcohol environment (Wilkins & Sweetsur, 2008). Cannabis use has been reported in up to 80% of people born in the 1970's and with little or no harm for the majority (Poulton et al, 2020). Numbers of methamphetamine users have continued to rise due to growing international supply and the growth of gang involvement, and there are increases in the availability of new drug types, including synthetic cannabinoids, mephedrone, synthetic hallucinogens, ecstasy and methylone (Wilkins et al, 2015).

For some people, alcohol and drug use has been something they have been able to moderate, whilst still functioning effectively. Some may be able to recognise when their drug use has become a problem and either self-manage or gain support from whānau and others to control. This is largely consistent with New Zealand's national drug policy which aims to minimise harm from alcohol and drug use and promote and protect health and wellbeing (Dunne, 2015).

For others, this has not been possible, particularly those who are in situations where substance use and abuse is a part of the fabric of daily life, either recreationally or to self-medicate from the effects of poverty, deprivation, trauma, colonisation, or other forms of marginalisation. I have taken the above context into account when devising the methodology and how I position myself within this research. In the following section, I will further explain my interest in this topic and the rationale behind the development of my research question and methodology, but first a look at addiction treatment and criminal justice responses in New Zealand.

Addiction treatment in New Zealand

Approaches and availability of mental health and addiction treatment has changed significantly over time. In the 1960's and 70's most addiction services were alcohol related and it was not until drug use became more prevalent that there was a focus on alcohol and drugs in treatment settings. Treatment settings were often based within large mental health and psychiatric hospitals, until the 1970's when the shift began to close those institutions and move towards Assertive Community Treatment (ACT), (Marshall & Lockwood, 1998). ACT aimed to keep patients in contact with services to reduce hospital admissions and improve social functioning and quality of life. While both mental health and addiction treatment followed a similar approach engaging patients in individual and group therapy, addictions treatment was largely based in 12-Step philosophies and with an abstinence focus.

One of the first examples of addiction treatment outside of the dedicated mental health and psychiatric approach, was Queen Mary Hospital in Hanmer Springs. This hospital opened in the 1970's and began treating people with alcohol and drug-related problems in a therapeutic residential programme (Nelson, 2017). Nelson states that Queen Mary were also responsible for offering counselling training courses for people who needed skills in working with people with AOD-related problems. This work was funded by the Alcoholic Liquor Advisory Council (ALAC), which then became known as the Alcohol Advisory Council of New Zealand, which was central to the building of the addiction workforce and played an integral role in the development of addiction services throughout New Zealand.

For many years, the addiction workforce contained many people who had their own lived experience of addiction and while this is still the case, the addiction sector has developed a level of professionalism through the establishment of the Drug and Alcohol Practitioners Association of Aotearoa New Zealand (Dapaanz). Registered practitioners are given equal status to other health professionals under the Health Practitioners Competence Assurance Act 2003 (Nelson, 2017).

In 2001, the Ministry of Health published a national strategic framework for alcohol and drug services (Ministry of Health, 2001). This strategic framework gave direction for the workforce to be culturally competent, specifically with Māori and Pasifika. Competent evidence-based interventions developed and led the way towards the establishment of a national alcohol and other drug workforce development group (Nelson, 2017). The group was called Matua Raki (the highest heaven) and while it is now disestablished, it led the way in supporting the addiction workforce for many years in a range of areas including; addiction nursing; best practice implementation; co-existing problems; supporting parents, children, family and whānau; cultural competency; early intervention; professional development; peer and consumer workforce; Therapeutic Communities; and the Substance Addiction Compulsory Assessment Treatment Act (SACAT).

From the 1980's, government funded addiction services started to be provided through services like the Community Alcohol and Drug Services (CADS), which offered a range of services including assessment, groups, individual counselling, medical detox services and medication assisted treatment and recovery. Adamson et al (2006) state that New Zealand is fortunate to have this government funded specialist service that provides consistency in service structure and assessment approaches, often forming the front door to other treatment options.

Some key non-governmental organisations (NGO's) emerged to provide addiction treatment, including the Salvation Army, Odyssey, and Higher Ground. Their approaches and services were similar with the use of modified therapeutic community programmes, often founded in 12-Step philosophies. The Salvation Army opened its alcohol treatment facility on Rotoroa Island in Auckland's Hauraki Gulf in 1911 and it saw close to 12,000 patients until it's closure in 2005 (Kearns et al, 2014). They now offer addiction support through their 'Bridge' programmes throughout New Zealand with day and residential programmes. The Bridge model looks at treatment for alcohol and drug problems on a continuum and focuses on four key areas: partnership, the 12-Steps, spirituality, and the Community Reinforcement

Approach (CRA). The CRA recognises that people's social environment has a major influence on their substance use behaviour (Hannah, 2017).

Odyssey House began as a pilot research programme in the US in 1966 and then expanded into a psychotherapeutic setting where addicts could respond to psychiatric intervention (Densen-Gerber, 1984). The first Odyssey House programme in Australia opened in Sydney in 1977, followed by another in Melbourne in 1979. In the early 1980's, services were opened in New Zealand in both Auckland and Christchurch. The programme method was designed to allow individuals to participate in a substance free environment where there was a focus on social, vocational, and psychological functioning (Pitts, 2004). The Odyssey programme caters to high numbers of individuals facing criminal justice involvement, so it is now strongly influenced by theory and models such as the Treatment Process Model that recognise the association between criminal thinking and poorer engagement in treatment and the influence of that on client functioning outcomes (Best et al, 2009).

Higher Ground was established in Auckland in 1989, providing a four-month residential therapeutic community programme for people with severe substance dependency on drugs and alcohol. The programme is based on the disease model and the 12-Step philosophy providing individual and group therapy throughout the treatment (Shäfer & Lecturer, 2011). The Higher Ground programme has a strong focus on family relationships and the diversity and complexity of psychological dynamics within addicted families that provide fertile breeding grounds for addictions to take hold (Shafer, 2011).

Until more recently there were few attempts to address substance use issues for Māori using a Kaupapa Māori approach, where services are run by Māori for Māori. However, in 1991 Te Ara Hou, a service for men specialising in drug and alcohol rehabilitation was established in Weymouth in Auckland (Iwikau, 2007). This service was in partnership with Raukura Hauora O Tainui (RHOT) and supported by kaumatua. Today, there is a much greater focus on

Kaupapa Māori approaches and the value of this is recognised and growing in its application.

Criminal justice responses to addiction in New Zealand

The experience of people with addiction issues in New Zealand who find themselves involved with the criminal justice system has been like that of those experiencing war. People have found themselves as combatants of the war on drugs contextualised earlier, cast as the enemy and treated with largely punitive sanctions that alienate and marginalise them further from their communities. Those in these situations had little in the way of resources with which to fight the war and faced the might of the state and widespread condemnation of who they were.

Modern attempts to control the use of mind-altering drugs over the last 100 years have largely been focused on deterrence. In New Zealand drug use was not seen as a problem until the 1960's, when special police squads were formed to investigate drug use and other vices (Yska, 1990). In 1965 only 10 people were charged with drug offences and by 1968 this number was 153 (Newbold, 2004). New Zealand's position on drug control came from international drug control treaties, adopted mainly at the insistence of the US, and most notably based on the Single Convention on Narcotics 1961 (Fischer et al, 2020).

By 1972, a National Drug Intelligence Bureau was established at Police National Headquarters. In response to increased cultivation of cannabis and importation of other drugs, New Zealand passed the Misuse of Drugs Act in 1975. Under the Act, drugs were divided into three classes according to the potential for harm and police were empowered to search both premises believed to contain controlled drugs and persons suspected of offending against the act, without a search warrant (Newbold, 2004).

Under the Misuse of Drugs Act, the courts followed the sentencing guidelines of the three classes with Class A drugs, like heroin and LSD having a maximum of 14 years

imprisonment, Class B drugs like hashish, morphine and cocaine having a maximum of 10 years and Class C drugs like cannabis having a maximum of 8 years (Newbold, 2004). Under these sentencing guidelines, methamphetamine was considered a Class B drug with a maximum sentence of 10 years. However, in 2003, public concerns about the harms of methamphetamine and its rising use led to the drug being reclassified as a Class A drug with a maximum sentence of life imprisonment (Foulds & Nutt, 2020).

With the harsher sentencing regime, came increasing convictions for methamphetamine and associated sentences above 15 years becoming commonplace. In 2019, the New Zealand court of appeal agreed to review the sentencing of people convicted of methamphetamine offences. The court highlighted that the presence of addiction, mental health problems or social disadvantage should be recognised as potential mitigating factors in sentencing (Foulds & Nutt, 2020).

New Zealand also saw challenges in approaches to drug law in 2013 when the world's first regulated market was established for new psychoactive substances (NSP), known as 'legal highs', and the passing of the Psychoactive Substances Act (Rychert & Wilkins, 2018). This Act introduced a legal ambiguity and lack of clarity, effectively allowing many commercial products to be sold in the community, which at times, breached the Act, but with relatively light penalties for doing so. The legal highs also led to a rise in deaths and increased public concerns (Stansfield et al, 2020). This situation was addressed in 2019 with the reclassification of the two most popular synthetic cannabinoids, AMB-FUBINACA and 5F-ADB to Class A controlled drugs and had a significant effect on the supply and use of these substances (Johnson et al, 2020).

In 2020 New Zealand introduced the Cannabis Legalization and Control Bill (CLCB) as the subject of a referendum. While the CLCB proposed a strictly regulated commercial cannabis market, it was argued that the overarching objective to supposedly lower cannabis use over time appeared at odds with the commercial cannabis sector that intended to focus on

expanding sales (Wilkins & Rychert, 2021). The referendum generated significant debate but was narrowly defeated, with 48.4% voting to support and 50.7% against, with voting patterns appearing to follow traditional conservative-liberal, urban-rural and age divides (Rychert & Wilkins, 2021). While this leaves New Zealand with a prohibition-based cannabis control approach, law enforcement still has the discretion not to lay charges where a health-based approach is more beneficial. However, Fischer and Hall argue that police discretion is not commonly exercised (Fischer & Hall, 2021).

Background to the study

This study aimed to explore the role of addiction in both the persistence and desistance of criminal offending. The research question was developed through a process of reflection and consultation. I started by considering my own journey into substance use, addiction and how offending became a way of life. I thought particularly about the social and environmental factors that linked my path into an anti-social, criminal lifestyle and the consequences that came with that. I looked back at my contemporaries, those who found a different path, and what it was about my journey that was different. Was it fate or bad luck that took me to a place where I was marginalised from society, where I was a detriment to the community, where my opportunities for a 'normal' life were constrained by who I had become? I also thought about what could have been different, what structural, relational, or legislative supports might have made my journey more like that of my peers.

My journey into addiction and offending

I grew up in 1960's Auckland where alcohol use was a part of life and we as children aspired to use it. It was cool, it was adult, it was just what you did. I started drinking anything I could get my hands on from the age of eight. At first, it was sneaking left over or half-drunk beers at social gatherings, then pinching rum and whiskey from our parent's drinks cabinets or

getting older kids to buy us alcohol. Within a very short period drugs came into the picture, and we were seeking out cannabis, LSD, sedatives, and prescribed barbiturates from medicine cabinets in our homes. By the time I was 13, I was using heroin, which was freely available at that time. Along with my use of heroin came an increased need to access the money to fund that, which inevitably came from various criminal activities.

Thus, my journey was started, and a pattern had emerged; get money, get drugs and alcohol, get wasted. I could talk about how my parents separated during that period, how I had very little direction or support, how I felt quite lost and confused and how I gravitated towards others doing the same things, but I was always the one who was getting the money, the drugs, and the alcohol, using the most, behaving the most outrageously, and getting caught. My first conviction was in 1974, for supply of cannabis while still at school and I was thrown out of school soon afterwards because of my general behaviours. This expulsion from school was soon regularly followed with appearance before the courts for theft, burglary, assault, and drug issues.

I was initially sent to Owairaka Boys Home, but very soon found myself on remand in adult prisons, sentenced to short- and medium-term youth prisons such as Waikeria, and then into mainstream adult prison sentences. I spent most of my teenage years in such institutions and at no time was there any mention or availability of any sort of treatment or education for alcohol or drug use. My only glimpse of some sort of intervention came after a suicide attempt in Mt Eden prison in 1977 led to admission to Oakley Hospital for assessment. It was recommended that I be committed under the Alcoholism and Drug Addiction Act (1966) which looked to provide for better care and treatment of alcoholics and drug addicts (Webb, 2001). The court however disagreed, and I was sentenced to another term of imprisonment. It wasn't until 33 years later that I attended a Drug Treatment Unit at Spring Hill prison where I finally found some education about my addiction and started to find a way forwards in recovery.

Throughout these years, there were many who I came to know, entwined in the same cycles of addiction and offending. We were in the courts, in the boy's homes and the prisons together. We met out in the community to use drugs and offended together. We were in gangs and other anti-social groups; we shared the same values and sense of confusion about what life was and what it wasn't. Together, we were part of a sub-culture, largely marginalised and vilified by society, at best barely tolerated at times but often punished and locked away. We were mostly Pākehā, Māori and Pacifica who, while we came from different cultural backgrounds, shared an experience of life alien to mainstream society.

My last release from prison was in 2011 after serving four and a half years of a six-year sentence for serious drug offending. I was in what could be called active recovery at the time, abstinent from all substances and with a determination to stay that way. I immersed myself in the Narcotics Anonymous (NA), programme, attending daily meetings and building relationships with others in recovery. I attended recovery-based camps and events and felt like I belonged but had no clear vision of where I wanted to go and what my future would be.

I had heard about Peer Support and was intrigued about the idea of being paid to support others on their recovery journey, so when the opportunity arose, I enrolled in Peer Employment Training with an organisation called Connect Supporting Recovery in Manukau. It was this training that was to open the door to a passion for further education and personal development towards being part of bringing change in the way society treats people with mental health and addiction issues. I met people who were actively working to use their lived experience to support others.

I completed further Peer Support trainings and in 2012 was employed as a Peer Support worker in the Alcohol and Other Drug Treatment Court (AODTC), Te Whare Whakapiki Wairua, (the house that uplifts the spirit). I found myself in the position of walking alongside others coming out of prison, some of whom I knew, and being part of their journey of

change. This role gave me huge opportunities to network within the criminal justice and health sectors, and to be inspired by the passion of others.

I enrolled in the Graduate Diploma in Health Science, Mental Health, and Addiction, with AUT in Auckland and also took on all the training and development opportunities offered by my employer Odyssey House and through the AODTC. I presented at conferences, got involved in events and activities, and stayed totally involved in NA to support my own recovery and through service at a regional level. I spent five and half years with the AODTC and a highlight was being presented with the first ever Excellence in Peer Support Award at our national Cutting Edge conference in 2017.

Upon completing the Graduate Diploma, I enrolled in the Post Graduate certificate with a view to working as a clinical alcohol and drug practitioner. I worked briefly in a practitioner role before being offered a chance to build and manage the community Peer Support team at Odyssey. This gave me an opportunity to stay in a dedicated lived experience role and soon led to the Consumer Advisor role at Odyssey which was a systems role focused on gathering the voices of our service users and working with management to improve our services. The role gave me an opportunity to be involved at a national level with the scope to connect and work with others in a wider sense.

During my time at the AODTC, I had met my supervisor Katey Thom and her colleague Stella Black who had been conducting researching on the court. I started to collaborate on projects with them, present at conferences and co-wrote a journal article on co-production with Katey. In discussions with Katey and Stella, the idea of doing research into the key turning points in desistance came through and we moved to develop this further, bringing other key stakeholders into the discussion. Over the next year this led to the wider He Ture Kia Tika (Let the Law be Right) study and I was offered the opportunity of doing my Masters within the study.

I had by this time completed the Post Graduate certificate and moved into the Post Graduate Diploma to position myself for the Masters. I focused on research papers, including the Integrative Research paper and importantly the Rangahau Hauora, Māori Research paper which led directly into the Masters pathway and aligned with the Kaupapa Māori methodology which was part of the approach in He Ture Kia Tika alongside co-production. I found a natural affinity with the qualitative approach, using my lived experience alongside the lived experience of the research participants and there was an excitement growing in me at the potential to be part of a shift in societal attitudes and approaches to recovery and desistance.

I look back at my life with some regrets, but I am grateful for where I have come from, where I am now and where I am going. My experiences of hardship and marginalisation in addiction and in the criminal justice system pale into insignificance compared to the experience of many others in New Zealand, particularly those of Māori. I am one who shares the opinion that in Aotearoa New Zealand, what is good for Māori is good for everyone. There are endless examples of breaches of the Treaty of Waitangi, and any sort of good faith, and the results of this are clearly seen in our criminal justice system. Moana Jackson, when commenting on the exclusion of Māori in debate and development of criminal justice legislation and law was damning in his criticism of the lack of focus or interest in cultural appropriateness (Jackson, 1990). He was appalled at the use of voluminous language and obfuscation to serve the needs of the white, male, middle class at the expense of all others. This approach has not served us well.

Conclusion

This chapter has introduced the topic of addiction and its role in criminal persistence and desistance and presented the background to the study. There is clear recognition of the link between addiction and criminal justice involvement in policy, services and research, and the

value placed on responding to addiction issues on the path to desistance from offending. Additionally, there has been very little specific focus on the broader contributing intersectional factors that lead to addiction and how society positions people with addiction issues in an anti-social, criminal setting. The aim of this study, therefore, was to draw out from the stories of previously incarcerated men the inevitability of their criminal justice involvement with their often-developed addiction issues early in life within the social, environmental, and familial worlds they grew up in. It was hoped that the findings of the study would contribute to previous knowledge on the topic, to shine a light on the need for change in public perceptions, legislative and treatment approaches.

This thesis is composed of six chapters. Chapter 2 presents a review of the literature that examines the associations between addiction and criminal offending. Chapter 3 focuses on the qualitative methodology and methods used in this study and the underpinning co-production ethos. In Chapter 4 I present the findings, presenting themes generated from the participant stories. Those themes are considered within a broader context in the discussion in Chapter 5. Finally, Chapter 6 concludes the thesis by outlining the strengths and limitations of the study, and making recommendation for the future of research, service, and policy in this area.

Chapter 2: Literature review.

Introduction

The aim of this chapter is to review what the current research tells us about addiction and its role in the persistence or desistance of criminal offending. In particular, the review presents three themes that were identified as prominently featured across the literature. The first theme focuses on the research that has explored the chaotic world of persistent offending and where addiction might be involved in people's journey into prison. The second theme looks at the research describing the nature of treatment options and how people are supported within prison to deal with their addiction and offending. This includes research that looks at the re-entry stage where those participants who have maintained stated motivation to change while in prison prepare to put their learning into action within their community. The third theme looks at what helps or hinders people when they are outside prison after being released, maintaining recovery and desistance, the effects of lapse and relapse for some, and the realities of successful long-term stability in change with a focus on lived experience roles.

This thesis is focused on the role of addiction in persistence and desistance of criminal offending, so it encompasses concepts of recovery and health, as well as criminology and law. I will now describe some of the key desistance theories to give context to the literature review. Recovery definitions and theories will be explored later in the thesis. Definitions of desistance vary but usually focus on the actual termination of offending and the underlying causal process. Theoretical frameworks used to explain the process of desistance include maturational, developmental, rational choice and social learning. A life-course perspective is the most compelling, which draws on the institutional influences and dynamic social processes (Laub & Sampson, 2001).

One of the popular theories of desistance is 'Informal Social Control Theory' (Laub & Sampson, 2003; Sampson & Laub 1995), which seeks to explain onset and continuity of criminal behaviour across different phases of the life-course. Laub and Sampson posit that social structural factors, such as family disruption and socio-economic status, indirectly affect delinquency through weak social bonds. Weak social bonds explain continuity in anti-social behaviour across adolescence and adulthood.

This theory was based on the Glueck study from the 1950's (Glueck & Glueck, 1950) that involved 500 boys who were committed to correctional schools for persistent delinquency, compared to 500 boys who were from general public-school populations. The groups were matched in respect of age and general intelligence with a view to popular assumptions at the time regarding characteristics of the criminal type. The study found nothing to suggest there is a criminal type that is recognised by outward appearance or evidence of a 'born criminal type'.

More recent studies add to this structural background looking at psychological manifestations that affect success in the desistance process for offenders today. Several studies have theorised that desistance involves reinterpreting past criminal selves with pro-social views to reconcile current identities as pro-social (Farrell & Maruna, 2004; Maruna, 2001; Maruna, Lebel, Mitchell & Naples, 2004; Maruna & Roy, 2007). Giordano and colleagues (Giordano, Cernkovich & Rudolph, 2002; Giordano, Schroeder & Cernkovich, 2007) expanded on this work, contending that cognitive transformations must occur within individuals before being open to pro-social opportunities, such as employment and partnerships.

Some authors argue the earlier theory by Sampson and Laub may be deficient when predicting desistance using more contemporary samples. More recently, Paternoster and Bushway (2009; Bushway & Paternoster 2013,2017) offer the identity theory of desistance (ITD). This theory contends that offenders will retain an offender identity if they perceive that

the benefits outweigh the costs. ITD proposes that offenders will only make moves to change their identity to one that is more pro-social when they come to the realisation that their failures are due to their own insufficiencies and will continue with more cost than benefit.

A different approach was taken by Astrid Birgden in the 'Good Lives Model' which takes a more strengths-based view of rehabilitation needs in corrections settings (Birgden, 2002). She challenges the traditional punitive model and proposes that the construct driving rehabilitation in corrections settings should be good lives or wellbeing, not risk management or relapse prevention. A good lives approach provides a foundation for a rehabilitation model that emphasises increased capabilities rather than risk management through a focus on ways of living that are beneficial and fulfilling to the individual, meeting basic human needs of body, social, and self (Ward, 2002).

All the above theories correlate to the life-course perspective from Hser, Longshore and Anglin (2007) through a framework of conceptual and analytic issues. The life-course perspective looks at how drug use trajectories develop during an individual's lifetime, marking transitions and turning points that influence change through critical events that contribute to persistence or change in drug use and contributory relationships.

Method

Search Strategy

A preliminary scoping search of computerised databases focusing on articles in English during 2000 – 2020 was completed. This was a brief, crude review of the literature which helped to refine the research question and ensure originality using these search terms: criminal desistance, addiction, desistance, recidivism, recovery AND desistance AND crime. After some trial searches the online databases Web of Science, CINAHL/EBSCO, Scopus, Google Scholar and the AUT Library were found to be most suitable for the purpose.

Inclusion and exclusion criteria

Extensive screening sought to determine current literature themes and empirical evidence that met inclusion and exclusion criteria with the overall goal of identifying a group of articles that focused specifically on desistance and addiction. Articles were included if they had relevant keywords in their title and abstract (for instance, “addiction” or “criminal desistance”). Articles needed to report original findings from empirical studies specifically on the search terms. Articles were excluded if they did not have addiction or substance abuse/dependence along with either persistence or desistance of criminal offending. Reviews, reports, meta-analysis, and grey literature (conference proceedings) were excluded. Articles that focused only on sexual offending, serious violence or youth offenders were excluded in themselves, although the articles chosen include offenders of these types in more general settings. Mental health studies were excluded unless in the context of co-existing disorders.

Screening

Abstracts that met the inclusion criteria were printed with duplicates eliminated manually while checking that those remaining still met the inclusion criteria. Full articles from the remaining abstracts were then printed and carefully read to ensure relevance in the sample. At this stage of closer examination many articles were found to fall into the exclusion criteria where they did not contain all the inclusion criteria being specifically about the influence of addiction in both persistence and desistance of offending. Articles that were heavily mental health focused, or had very little criminal justice involvement, or were focused on solely sexual, violent or youth offending were excluded as not relevant to the research question.

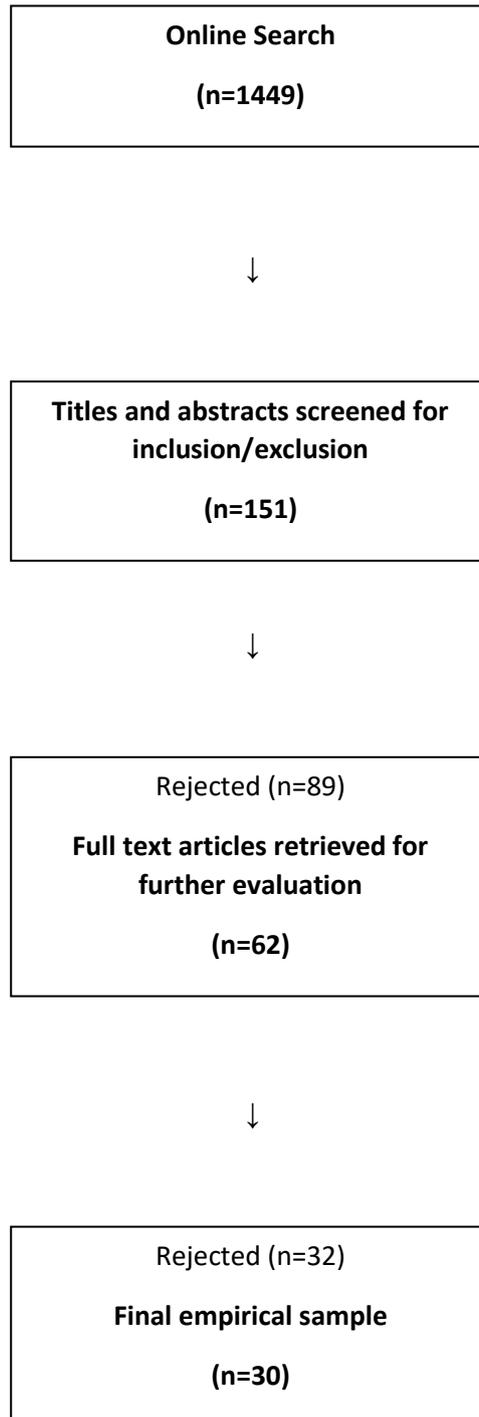


Figure 1. Search Strategy

Synthesis of articles

The goal of the literature review was to determine the state of research related to the influence of addiction in criminal persistence and desistance within this sample. To accomplish this, patterns, directions, similarities, and differences were determined to identify themes and provide a synthesis of the literature. The identification of themes amongst the data was guided by the principles of thematic analysis (Braun & Clarke, 2006). The process involved a thorough familiarisation of the data, highlighting key points, and adopting a reflexive, inductive approach to code the data. Candidate themes were then assigned to each article that allowed each to be grouped with others in the sample that linked them together.

Synthesis

Thirty articles were chosen for the literature review. The articles were chosen for their relevance to the topic, meeting the inclusion and exclusion criteria. The articles were from a variety of countries, US, UK, Australia, New Zealand, Italy, and Israel. The following themes were identified for the purposes of synthesising the data.

- The role of addiction in the journey of incarceration
- How addiction is supported in Corrections settings to influence desistance
- What helps or hinders after release

The role of addiction in the journey of incarceration

A key topic covered in the literature was the variety of challenges women experience in relation to drug use and offending pathways. Vik and Ross (2003) identified one of the key factors that lead to incarceration of women as methamphetamine use among incarcerated women in the US. This quantitative study examined demographic, social and psychological characteristics of incarcerated methamphetamine using women, (n=77) in a state prison.

They found that addiction typically pre-dates criminal behaviour among women, with results showing that 83.1% attributed drug use as the predominant cause of their current incarceration. The study found that women turn to methamphetamine for help coping with life stress, and sometimes for its anorexic and dietic effects. An emerging theme was that trauma from sexual assault and concomitant psychiatric disorders were also part of a picture of complex psychosocial needs and socio-contextual risks that are faced by methamphetamine-using women. They noted limitations including the lack of collateral information and that the descriptive, non-experimental design of the study limited causal implications.

Similarly, in a mixed methods study on women's reoffending in New Zealand, Taylor (2008) found a high incidence of substance use by women offenders. The study involved semi-structured interviews with 26 women and found negative impacts from repeated imprisonment through disconnection from family and pro-social supports. Qualitative data showed strong links between substance abuse and early entry into offending. This was often as a reaction to difficulties encountered within the family and societal responses to childhood experiences. Such experiences in childhood often led to ongoing exposure to cultures of drug use and offending. Of those identified in the study as reoffenders, 85% were currently using drugs, indicating a clear relationship between substance use and reoffending. In conclusion, Taylor states that care and protection agencies need to be more effective in attending to the needs of families and communities of origin to prevent the entry into pathways of dependence on substances, offending and alienation that lead to reoffending and reincarceration.

Other studies have found that drug use, and offending can become a recurring cycle for many as they struggle with the barriers of reintegration. Streisel and Bachman (2020) conducted a qualitative study with a sample of 32 participants who had been released in the early 1990's and then followed up in 2010. The study investigated the mechanisms and thought processes of persistence and desistance of criminal offending and the impacts of

their interactions with the criminal justice system. Eighty-eight per cent of the participants had been incarcerated for committing crimes directly related to their drug-use. The results emphasised the nuanced collateral consequences of incarceration and being cast as the 'addicted offender', including barriers to employment (41%), stable housing (22%), and the complications of community supervision for those with addictions (56%). For many, these barriers led to relapse, re-offending and often reincarceration. The high numbers struggling with the complications of community supervision were concerning in that reincarceration was more often a result of parole revocation for violations of parole, than for new felonious crimes.

Bachman et al., (2016) found the effectiveness of key turning points in life may not be enough to make the move away from persistence. Their study followed 1250 serious drug-involved male and female offenders who had been released from the state of Delaware corrections system between 1990 and 1996. The original study was designed to examine effectiveness of therapeutic community treatment for those who persisted and desisted from offending. The findings showed that 80% of desisters appeared to have made cognitive identity transformation as described in the 'Identity Theory of Desistance', which led to connection with pro-social supports and enhanced recovery. Parole violations or crimes motivated to support drug habits were the most common offenses that persisters were arrested for. They found that pro-social turning points alone, failed to support former offenders from moving away from crime and the creation of a new sense of identity is vital to the effectiveness of turning points. Bachman et al., concluded by calling for further consideration into whether desistance from crime precedes, follows, or occurs simultaneously with recovery from drug use.

Carr and Hank's (2012) qualitative study explores key factors that lead to female adult-onset offending, giving another clue to the role of addiction in pathways to offending for women. Using grounded theory, they conducted semi-structured life history interviews with women who had been incarcerated to identify events considered significant along their life course.

Findings showed that grief and loss, social and economic caretaking of others, and addiction were key contributions to their involvement in crime. Five of the eight participants identified as addicts, who all linked their addiction to their offending. This raises questions about the intersection of trauma, loss, and grief as core drivers of addiction and the importance of looking at addressing these core issues as solutions to addiction and offending.

The literature suggests a positive focus and commitment to change is required to move forwards with desistance. According to Maruna and colleagues, (Farrell & Maruna, 2004; Maruna, 2001; Maruna, Lebel, Mitchell & Naples, 2004; Maruna & Roy, 2007), offenders use a process of redemption to fashion a new prosocial identity. This process involves making good of past experiences. Morash, Stone, Hoskins, Kashy and Cobbins (2019) examine this creation of a pro-social identity in their study into desistance among female offenders using narrative identity theory. This mixed methods study identified identity change within life stories from 118 women with histories of multiple criminal convictions. Twenty per cent of the sample used their aversion to their past criminality, including substance misuse, illegal activity, and incarceration to change their thinking, behaviour, and identity through redemption. The study found that persisters' stories within the study sample lacked coherence and tended to minimise the negative effects of illegal behaviour. The desisters' accounts showed strong motivations to change through their efforts to reform themselves from their past harmful behaviour towards others and to steer internal change and identify prosocial qualities in themselves.

Differences and similarities

Although the research found common factors in persistence of offending between men and women, some studies explored differential impacts on pathways into prison. A quantitative study using data from the US based Survey of Inmates in State Correctional Facilities constructed an integrated model to examine risk factors and differences for repeated

incarcerations among male and female offenders (Solinas-Saunders & Stacer, 2017). The study found that while male and female offenders repeated incarcerations were statistically linked to drug abuse, peer and family addiction, parental incarceration and unemployment, rates of incarceration of women have surpassed that of men. They found that women were disproportionately involved with drugs and behaviours linked to supporting their addiction when compared with men, and that for women, recidivism is mostly a consequence of drug addiction. Finally, the study also found the association with drug using peers and lack of empathy affects males more than females.

While males are more likely to be incarcerated for violence and property crime along with drug-dealing related offending, research has indicated many women cycle in and out of prison for illicit substance possession and other low-level offending including parole violations and prostitution. Bachman, Rodriguez, Kerrison and Leon (2019), conducted a study into the recursive relationship between substance abuse, prostitution, and incarceration. The study relied on interview data from a cohort of drug-involved women (n=118) who were released in the 1990's and then interviewed in 2010 and 2011 to examine the role of prostitution in their lives. Results indicated that most drug addicted sex workers were invariably forced into sex work to support their drug taking. Few participants in the study reported that prostitution came before drug addiction and the majority continued to engage in sex work if they were substance addicted, despite the risks of incarceration.

The choice of substance was also shown to impact pathways into prison. Best et al (2010), compared the addiction careers of heroin and alcohol users and their self-reported reasons for achieving abstinence. The sample total was 256 for alcohol and heroin users, and included primary drinkers (n=98), primary heroin users (n=104) and those who reported problems with both (n=67). Higher rates of rapid escalation to problematic use were reported by heroin users but shorter careers of daily use than drinkers. Drinkers were more likely to respond to work and social factors, while drug users reported criminal justice factors were a more important factor leading to desistance. Both multiple substance users and heroin users

reported that moving away from social networks of using peers was important in their recovery.

How addiction is supported in Justice settings to influence desistance

Participants in prison-based treatment

For those experiencing the cycle of repeated incarceration, change often starts with treatment within the corrections system. Much of the literature reviewed, therefore, explored the various ways therapy for addiction is integrated into prison. The Therapeutic Community (TC) is one model identified through the literature as commonly used in prisons. TC was originally a community-based programme that relies on the mechanisms of social learning and peer influence (Davidson & Young, 2019). A 2019 mixed methods study by Davidson and Young used data from the Therapeutic Community Prison Networks Study (TC-PINS) and one-to-one interviews with 177 inmates who were identified with severe drug-related issues and recommended to undertake intensive drug treatment. Those who chose not to participate in treatment were made very aware that this could impact on their parole eligibility. The authors state that coercing individuals into the TC is ineffective if they do not have a desire to change. The study found that placing individuals into treatment who lack motivation is also disruptive for those who want to be there, and not an effective use of resources. The findings raise questions about placement, the use of treatment as a mandatory element of sentencing and amplifies the need for heightened readiness and motivation ensuring residents are primed to engage and gain as much benefit as possible.

Comorbidity of substance use disorders (SUD's) and other psychiatric disorders (OPD's) is another important factor in treatment both within prison settings and in the community. A study into comorbidity among female detainees in a drug treatment programme by Scott, Dennis and Lurigio (2015) explores internalising and externalising disorders. This

quantitative study interviewed 253 inmates used a client-centred, anonymous 'Needs Inventory' that measured internal disorders via substance use frequency and severity; criminal involvement; internalising disorders such as anxiety, trauma, depression and suicidal ideation and externalising disorders such as personality disorders, conduct disorder and impulse control problems. Results showed that more than 70% were diagnosed with substance abuse or dependency disorder, and 76% with a co-occurring OPD. Their findings also showed that these offenders more frequently experience high rates of relapse, homelessness, higher rates of HIV+, and are more likely to live below the poverty line, be single parents, not have a high school degree and be victims of trauma and child custody issues. The authors further state that the benefits of prison-based treatment will diminish, unless there is continuation of treatment post-release.

Effectiveness of Treatment

There were several articles that focused on evaluating treatment for addiction in prisons. Evaluations of prison based TC's show mixed results, and while most show them to be effective at reducing recidivism to some degree (Bahr et al, 2012; Vanderplasschen et al 2013), there are questions about the measures of recidivism used (Jensen & Kane, 2012; Welsh & Zajac, 2013), and the potential for positive post-release results to fade (Zhang, Roberts & McCollister, 2011). Research by Martin, O'Connell, Paternoster and Bachman, (2011) shows that the treatment of drug-involved inmates and their transition back into the community is a critical issue for both public health and public safety. In their quantitative study, multivariate trajectory analysis was used to examine effects of TC treatment up to 18 years after release from prison among a sample of 1250 clients. Originally followed up in person for five years, subsequent record checks were made through state and NCIC criminal justice systems. They further state that for some the initial treatment was enough to achieve full recovery, while for others, the continual pattern of relapse led only to death, disease, or long-term incarceration. For many, the confluence of treatment, social support and

maturation eventually resulted in either a subsidence or cessation of drug use and involvement with the criminal justice system.

Most of the research into prison-based treatment is with offenders, corrections staff, and TC treatment providers but other stakeholders have important observations. Prison chaplains are among those who have a unique perspective on causes of criminal offending and rehabilitation. Denny (2018) conducted a study into prison chaplain's perceptions of criminality, effective prison programme characteristics and the role of religion in desistance from crime. This qualitative study included both prison chaplains employed by a Midwestern state department of corrections (n=16), and those contracted within private prisons in the same state (n=3). Semi-structured interviews were conducted face-to-face and by telephone. Results showed that chaplains viewed illicit drug use, poor social support and low impulse control were the main causative factors of criminal persistence. The findings relating to effective prison programme characteristics were divided with many citing that their facility's preparation for offender re-entry was fair/poor. Three themes for effective prison programming were identified: altering criminal thinking, providing strong social support, and emphasising morality. Most of the chaplains viewed that religion and/or faith within an offender's life was key to desisting from crime, however a sizeable minority found religion and/or faith was not necessary to desist from crime.

Drug courts

Another way treatment is provided to people coming before the courts, is diversionary processes such as drug courts. There has been an increase in the implementation and use of Drug Courts in many countries, with research providing mixed reviews. Drug courts were established to respond to the overlap between substance abuse and crime, by co-ordinating the efforts of judges, attorneys, probation, parole officers, law enforcement, mental health, social services, and treatment providers to provide comprehensive community-based

rehabilitation (NADCP, 1997). Shannon et al, (2018) conducted a study to examine factors associated with programme completion among women participants in Kentucky Drug courts. The participants (n=212) were selected using stratified random sampling to ensure equal state-wide representation looking at both those who graduated the programme and those who were terminated during the programme. Quantitative findings showed that 40% graduated from the programme with an average time of 720 days, which suggested that women have needs that requires more time to address. Those who were employed were 400% more likely to graduate than those who were unemployed, and those who were involved with opioids were 79% less likely to graduate.

Not everyone completes the Drug Court programme and there are many different possible outcomes identified through the literature. A study by Gibbs, Lytle, and Wakefield, (2019), looked at the outcome effects of post-programme sentencing on recidivism within a drug court population. All drug court participants are exposed to alcohol and other drug use monitoring or testing, judicial status hearings and incremental sanctioning, but success in individual reductions in reoffending are often found among those who respond well to those components. Critics argue that reduction in recidivism is only found in those who succeed in the programme and that there is doubt if programme failures gain any benefit. Data from case outcome records of participants (n=824), showed that participants who fail the programme are more likely to recidivate, but there is no comparison to general offending populations.

Initiatives to influence change

Most male prisoners have been forced to live in a world where the outward demonstration of masculinity is a protective factor. A study by Gueta, Gamliel and Ronel, (2019) explored the experience of male inmates in Israeli prisons participating in Narcotics Anonymous (NA) meetings where these notions of masculinity are challenged. Semi-structured open-ended

interviews with 14 men from three prisons found that the men found it hard to fulfil the basic 12 Step tenets of admitting powerlessness, sharing their life story, removing their mask, and establishing mutual peer relationships. The participants employed three strategies to negotiate these challenges. Firstly, they tried to present themselves as pragmatic agents which re-constructed recovery as a masculine act. Secondly, they adapted the concept of recovery to include notions of caring and admitting vulnerability. Lastly, they rejected their former ideologies to create a hybrid masculine identity. The findings suggest that participation in the NA meetings within prison broadened the boundaries of their perceptions of masculinity.

Psychological change is important in moving towards desistance from substance use and offending, but often overlooked is the importance of physical health. Good health and well-being have been identified as key elements in successful rehabilitation in the process of reintegration to the community (Hayton, 2007). Offenders are often released without having taken part in health rehabilitation processes, so raising inmate's awareness and equipping them with the competencies for everyday life are important in ensuring they play a proper role in the community (Butzin et al, 2005; Inciardi et al, 2004).

A study into health promotion in a prison setting at Villabona prison in Spain (Muro, Enjuanes, Morata & Palasi, 2016), drew on data from in-depth interviews and focus groups (n=68) to analyse experiences of health promotion. The prison established a therapeutic and educational unit to provide a drug-free space that encouraged healthy behaviours and strengthened formal and informal social ties that enhanced protective factors. The participants included inmates, ex-inmates, stakeholders, prison professionals and family members. Prison professionals facilitated the educational process, supported by trained inmates in workshops on key concepts related to health. The study found that all participants viewed the work as a useful contribution to the reintegration and resocialisation process, and that inmates can be active agents of social change. Critical ties were established with civil society organisations and groups in the community that helped to strengthen the

competencies learned in the TEU and assist with social inclusion using a community-based model.

The research reviewed pointed to the vital role of pro-social connections, supports and resources when preparing to re-enter the community. An important concept discussed in the literature was 'Recovery capital', which has been described by Granfield and Cloud (1999) as the sum of resources available to support people on their recovery pathways. An English based study by Best, Musgrove, and Hall (2018) explored inmates and family members of HMP Kirkham prison (n=12) perceptions on the linkages between existing social networks and 'community capital'. Community capital refers to those resources in the community that link to groups and organisations that can support positive change. The study used mapping techniques that allowed opportunities for family members to act as recovery connectors to link the inmates to pro-social groups and networks. The attempt to build social capital through establishing and maintaining community relationships showed the potential to provide support and community engagement for the wider family themselves. Despite the small sample size, the results showed significant associations in the expected positive direction between community connection and sustained wellbeing. The use of mapping strengthened the bridging of community capital available to prisoners in the community. It was also noted that for some families, this may add to the burdens they face and the resources they have.

The research reviewed also reported on programmes within prisons that aim to support those who are leaving incarceration and who are intending to pursue a desistance pathway. In 2013, the UK government implemented the Transforming Rehabilitation initiative (McNeill, 2013), after research had highlighted the need for evidence-based psycho-social treatment in prisons to address substance-related issues (Belenko, Hiller & Hamilton, 2013). This in turn led to the "Gateways" initiative, intended to provide psycho-social interventions for substance users in prison that can be followed up with support post-release and include accommodation and employment support (Elison et al, 2016). The Gateways initiative is

underpinned by the intention to improve prisoner's recovery capital (Best & Laudet, 2010). Elison et al. conducted a mixed-methods study into a novel treatment programme piloted in prisons in North-West England through the Gateways initiative. Breaking Free Online (BFO) supports prisoners to develop coping skills based on CBT and mindfulness and is delivered as a computer-assisted therapy intervention. This means that prisoners can continue to access the interventions even if they are transferred between prisons or released to the community. The study used a qualitative methodology to explore perceptions of the BFO programme, and quantitative psychometric assessments to assess effectiveness. The findings were largely positive with participants reporting on the potential in building recovery capital, the benefits of being able to continue the programme when transferred or upon release and being able to access the material out of sequence as they required it. While some noted their lack of computer literacy and experience as an initial barrier, most preferred working through this interface to conventional group work.

The research reviewed explores the numerous challenges in the re-entry into community phase. As already noted in the first theme, research has shown there is a high number of inmates with a history of substance use disorders representing a significant percentage of the many inmates who re-enter society (Kaeble & Cowhig, 2016).

A study by Gålnander, (2019) explored the future aspirations of offenders and the implications for future processes of desistance. Gålnander states that while criminology is primarily concerned with past and current criminal activities, the concept of desistance is also future oriented. This longitudinal research involved thematic analysis of interviews with women (n=10) over two years to question what desisting individuals want for their future. Hope is often a foundation of the initial phase of desistance (Farrell, Hunter & Sharpe, 2014). Gålnander's study found evidence of the importance of hope in protecting desister's from disappointments and setbacks. Findings showed a desire to cease offending, take responsibility for children, partners or parents and gain acceptance into family, friendship networks and society. Most commented on the difficulties of achieving these things when

first released, due to being stripped of socio-economic resources and having to overcome conditions of extreme disadvantage to acquire basic existential human necessities. The study highlights the barriers of reintegration back into the community.

What helps or hinders after release

People with convictions are a highly stigmatised group who are often marginalised by a range of restrictions. A longitudinal mediational model study by Moore, Stuewig & Tangney (2016) tracked participants (n=163) as they entered an urban adult detention centre, just prior to release and again one-year post-release. The study examined whether perceived stigma could predict substance dependence, community adjustment, mental health issues, employment, and recidivism, and sought to determine how individual differences influence the effect of stigma on behaviour. Their findings showed that higher perceptions of stigma prior to release, predicted poorer adjustment in the community. Perceived stigma impacted offender's ability to function through the expectation of experiencing discrimination. A key finding was in relation to race, with African American's more likely to have developed coping strategies through previous experience of stigma, than Caucasians. The authors note the importance of understanding criminal offender's psychological response to stigma as these are malleable and could be addressed in clinical interventions prior to release.

The transition into the community impacts people differently according to several research findings. The transition from prison to community is highlighted as a key challenge in a study by Kay and Monaghan (2019) that focused on re-thinking recovery and desistance processes. Kay and Monaghan advance a Social Identity Model of Transition (SIMOT) in their qualitative study using narrative interviews with young adult males who have been incarcerated (n=20). The narratives highlighted the fact that the pathway of desistance to recovery is rarely linear, that setbacks happen and that contextual factors influenced social identity transformation. Participants demonstrated a high degree of separation from their

drug-use and criminal behaviour and were mostly in the early stage of identity transformation. Findings showed that institutions such as employment and even probation acted as a scaffold upon which to develop pro-social identities while transitioning into a pro-social role in the community.

The socio-economic positioning of offenders is relevant both prior to incarceration and at re-entry. A mixed methods study by Western, Braga, Davis and Sirois (2015) into stress and hardship after prison, notes the increases in incarceration rates over the last two decades transformed the character of poor communities. They state that arrests and releases from prison were concentrated in poor urban neighbourhoods, with imprisonment becoming a common life event for many, particularly minorities. The long-term effects of incarceration can be enduring as part of the population dynamics of poor urban neighbourhoods. The study used structured interviews with 122 men and women followed by semi-structured interviews over a one-year period to obtain qualitative measures of social integration and textured accounts of life conditions after prison. The findings showed that those with mental health or addiction issues and older participants received less support from family, were more likely to have unstable housing and less likely to be employed. The authors note that family ties and informal sources of support are not a fixed resource, especially as this group may have long histories of incarceration, have been sources of trouble and conflict at home and alienated family and friends who might otherwise have offered resources and support.

The challenges for those re-entering the community include establishing themselves in suitable accommodation and finding employment, but often the first challenge is not to fall into old ways of substance use and offending. Kopak, Haugh and Hoffman (2016), conducted a quantitative study into the association between relapse and post-treatment criminal justice involvement using data from 5,822 adults who had participated in the Comprehensive Assessment and Treatment Outcome Research (CATOR). The data was collected in four stages over two years. Logistic regression analyses indicated the

association between relapse and post-treatment arrest. Findings showed relapse to substance use was often likely to lead to arrest after treatment and release. The authors noted the significant level of stress that comes with arrest and involvement with the criminal justice system and the likelihood of this contributing to relapse to cope with the negative consequences of an arrest.

A connection or sometimes a re-connection to spiritual or religious support can form a foundation for desisters. Bakken, DeCamp and Visser (2014) conducted a quantitative study into spirituality and desistance from substance use among re-entering offenders, using logistic regression with data from 920 diverse offenders returning to the community after a period of incarceration. Structural conditions like marriage and employment can give offenders a stake in conformity to maintain a state of non-offending, but formal affiliation with religious institutions or increases in one's own personal experience of spirituality can facilitate the development of a new, pro-social identity (Giordano et al, 2008). Findings showed that with alcohol and cocaine users particularly, spirituality was a significant predictor of desistance, but the relationship between marijuana and spirituality was less clear. The authors found that both religion and spirituality have the potential to act as a mechanism of external social control.

Family and environmental challenges

Relationships with family can be both a source of support and pressure. Mowen and Boman, (2019) conducted a study into the criminogenic influence of family on substance use during re-entry. This quantitative longitudinal survey research used data from the Serious and Violent Offender Re-entry Initiative (SVORI), a multisite evaluation collected between 2005 and 2007. The sample included 1,697 men aged between 18 and 69. The authors state that external levels of family support and family conflict exert effects on substance use in those re-entering society that are distinct from the internal changes that occur over time. Findings

showed that family conflict is significantly associated with substance use during re-entry, and that baseline levels of support do not always counteract the negative influence of family conflict. The social, emotional, and environmental influence of family dynamics is a crucial factor in desistance from substance use and further offending.

Along with specific family dynamics, social environments can present a challenge, particularly when offenders are released back into the environment they were in prior to incarceration that was characterised by using drugs and criminally active old associates. A study by Kirk (2019), sought to determine whether relocating drug dependent former prisoners to a different county would lower their likelihood of reincarceration. The study compared a cohort released in the year prior to hurricane Katrina in 2005 to the environments they came from. This included a sample of 796 released before and 677 released after the hurricane who were relocated to a different county. Data from the Louisiana Department of Public Safety and Corrections was used to confirm reincarceration within one year for a new criminal conviction or parole violation. Findings showed a 50% reduction in reincarceration in those who were relocated from 20% to 10% of the respective sample groups indicating that returning former prisoners with substance disorders to their old neighbourhoods can be particularly problematic.

The power of peer support

Processes of maintaining recovery and desistance vary and there is no one pathway for all. A common theme is engagement with daily activities such as employment, as both a facilitator and indicator of recovery (Dunn, Wewiorski & Rogers, 2008). An emerging pathway is in peer-based roles, including peer mentors, peer support specialists and other paraprofessional roles. People in these roles use their lived experience to inspire others to change, reduce offending, deal with substance use and mental health distress. There are

several studies in the literature review that focus on these peer roles, that also highlight the challenges involved in maintaining recovery and desistance.

Peer relationships provide an ability to connect in different ways, as mentors and guides to recovery. A study by Gillian Buck (2019) draws upon data from an ethnographic study in the United Kingdom to examine how people in early desistance use peer mentors to navigate periods of crisis. The study used semi-structured interviews with peer mentors, peer mentees, co-ordinators, and probation staff, (n=44) to identify key challenges and turning points in the desistance process. Findings showed there was a fear of un-anchoring from the known reality, where known pleasures, supports and experiences existed. Within the peer relationship there was less focus on outcomes and more on the subtle interpersonal processes which made change more manageable. The peer mentors were able to demonstrate that they had survived the challenges that mentees were facing, thus rendering the unknown more known to show that change can happen.

Intentional peer roles are intended to support offenders into recovery and desistance, but these roles are also an ongoing support to the peer workers themselves. James and Harvey's (2015) study into the psychosocial experience of role reversal for paraprofessionals further explores ex-offenders and substance misusers employed in the treatment and intervention of offenders. The study conducted interpretive phenomenological analysis (IPA) of semi-structured interviews with seven paid workers of a drug and alcohol service who had a history of substance use and offending. The purpose of the study was to find out how they made sense of their own process of desistance and the role of being a paraprofessional in that process. The findings indicated the need to discover a non-addict identity to be able to develop the importance of self-care to maintain their role-reversal and prevent a return to their previous fragile sense of self.

Peers use their new sense of self to position themselves in the community as champions of recovery. Barrenger et al (2020) also used a phenomenological method in their more recent

study into peer roles with 15 participants who were working in peer support roles in a variety of settings, who had a history of mental health and substance issues as well as experiences of incarceration. The study found that the participants ability to turn past experiences into something valuable was a key attribute. The study noted the importance of changing relationship networks to those who were supportive of recovery as they experienced an identity shift. Also noted was the importance of giving back, as redemption for past misdeeds and inspiring others to change. This emerges as a key theme for all those moving to a life of recovery and desistance, service to others less fortunate, service to communities and being part of solutions, not problems.

Summary

When examining the impacts of substance use, trauma, socio-economic and other factors behind the cycle of reoffending this research shows a lack of attention to the specific causes of recidivism and interventions that can better respond to this. Many of the studies highlight the clear link between substance use and incarceration and barriers to change, however, they do not look at drivers of addiction and offending and how that might shape responses. An example lacking in this literature is the role of poverty and trauma, often inter-linked and how that might be better recognised and addressed within societal responses. There is quite a constrained view of structural factors in this respect. An appropriate focus on cultural factors is also lacking, with little attention to cultural influences and positioning in the cycle of offending and recidivism.

There is little recognition of the ability to thrive while living in poverty or social deprivation, either before or after prison. The way that prisons are structured in a westernised manner makes it difficult to see how therapeutic endeavours can take place and how hard it is to build trust in engagement.

The research above highlights a lack of depth and diversity in treatment options offered both in prison and in community regarding pre-treatment preparation, motivation, incentives, and content, which has led to ineffective outcomes and high numbers of recidivism. Treatment is often coercive in nature, where participants have little say in treatment pathways that are general in nature and lacking in holistic approaches to wellness. Some of the studies included in this research are innovative and have a forward-looking focus, but often sample sizes are small and isolated in their uptake internationally as viable options.

Housing, employment, and family support cannot be taken for granted and yet this was not considered often in the literature. Even when basic needs such as these are available, they do not on their own ensure recovery and desistance. Confronted with stigma, discrimination and other barriers to basic needs, re-entering offenders must sometimes navigate a minefield of challenges on release from prison, and while research includes that clear message from those affected, there are few solutions or alternatives proposed.

The literature reviewed in this area of supporting transformative change is lacking in co-produced studies that involve those who have experienced incarceration. Methodologically they were also largely evaluative or psychological modelling studies that were generally deficit focused.

Discussion

Many of these studies, particularly those of a qualitative methodology, have a very small sample size which means that the individuals within studies may be very different from the broader population of offenders who are incarcerated with addiction issues. However, qualitative research does not try to be generalisable. It is about experience that is valid on its own.

While there is an inherent subjectivity present and a resulting bias when viewing data through the lens of retrospective narrative, subjectivity is a valid focus of qualitative

research. Many of the studies note a lack of comparison groups and difficulties isolating individual effects of different substances and other social causes of distress. Some of the larger studies have only gathered data from one state and not national databases and use of purposive sampling can miss a lot of micro and macro contextual factors.

Studies show huge variation in TC programme delivery, within corrections settings throughout the continuum of treatment, including training, size of cohorts, environments and after care availability. The incidence of comorbidity of Other Psychiatric Disorders (OPD's), alongside substance use disorders (SUD's), appear to be largely understated and how this affects assessment of motivation and pre-treatment preparation to ensure engagement.

There is a clear lack of focus on culture within the literature, not just on ethnicity, but also differences in communication culture, and ways of knowing and being. Most of the studies have some sort of breakdown of ethnicity of participants but as an example, there is no mention of First Nations participation within the US based research and most only identify African American, White/Caucasian and sometimes Other. Much of the treatment programme content is delivered in a low-context, western, academic style, to what is often a majority of high context cultures, where literacy can be an issue and therefore understanding of the material is limited.

For those who use their lived experience of desistance from addiction, mental distress and offending in a paid role of peer support, helping others, there is some fulfilment and safety in a potential career that is valued. They demonstrate their ability to role model change in terms of their own personal experience, both internally and externally, and the need for change in public perceptions and rehabilitation practice. The rise of lived experience roles requires more research to unearth the value of these roles and how they might be better used within criminal justice settings. This review found little evidence of such research being completed to date.

The key drivers behind why I chose this topic for this study are the lack of recognition of the impact of addiction on offending and incarceration and the lack of attention to the drivers of addiction. Instead, people are punished for offending and then subjected to stigma, discrimination, and social exclusion. Lived experience is not privileged in any way to confront the cycle of destruction of people's lives.

Chapter 3: Methodology

Introduction

This chapter outlines the steps taken for my chosen qualitative methodology and methods used in this study. I also position myself within the study and discuss my strategies of reflexivity.

Ontology

Ontology is concerned with what is true or real, and the nature of that reality. Denzin and Lincoln (2005) define qualitative research as a situated activity that locates the observer in the world using an interpretive, naturalistic approach. Qualitative research attempts to make sense of, or interpret, phenomena in the terms of the meanings people bring to them. Qualitative research is subjective and interactive as it focuses on meaning, not measurement (Crotty, 1998) and has an emphasis on lived experience. Crotty (1998) further states that we create knowledge as we interact with each other and that knowledge is relative to contexts in which it is situated, and that facts are constructed.

The capture of lived experience is applicable to the current context of this study, which aims to explore the experiences of addiction and the criminal justice system. The ontological belief underpinning qualitative research is that reality is contextual and is essentially a construct that is shaped by the culture, place, time, and beliefs of those describing it (Denzin, 1994).

Epistemology

Epistemology is concerned with the nature of knowledge and different methods of gaining knowledge. In keeping with the individual researchers influences and wanting to understand the perceptions and experiences of other experiences of addiction and interaction with criminal justice processes, a constructionist epistemological approach was opted for. This

approach recognises that interactions of research participants with the world in which they live affected the construction of meanings and their experiences, (Crotty, 1998; Denzin, 2000), and that their reality needs to be interpreted and used to discover underlying meaning of events and activities. Utilising a constructionist approach offers the opportunity to capture individual participant views through open-ended questions in interactions between participants and researcher/interviewer (Patton, 2002).

Positionality

I have a long-standing interest in the role of lived experience in the research process and see my positionality as a European male with my own experience of addiction and incarceration as a strength. I am aware of the challenges that lived experience and prior assumptions bring into the research setting and the influences of this to the way I answer the questions posed in this study and the ways in which I present the information contained within the research.

I adopted a reflexive approach in terms of my positionality and used my discussions with my academic supervisor to debrief and talk about issues with the research as the process happened. This enabled me to both self-check any assumptions and get a view from outside as well.

I note at this stage that I was also a participant of the He Ture Kia Tika study, sharing my own experiences of mental health distress, addiction, homelessness, criminal justice involvement and incarceration, as detailed in the introduction chapter. I was interviewed by one of the lead members of the research team and I have selected the data from my own interview as part of the sample for analysis because of its relevance to the topic being explored.

Methodology

In this section the rationale for a co-production qualitative approach is presented as the most appropriate methodology to achieve the research aims. This means that the stories analysed for this study were collected as part of the wider He Ture Kia Tika study that involved academics on the team working alongside those with lived experience of health, justice, and social care systems. The following details co-production and how it was used in He Ture Kia Tika.

When considering a potential methodology for this study, the intention was always to follow and align to the methodology chosen in He Ture Kia Tika, which was a co-production qualitative approach. It was thought that using a quantitative or other very different methodology would present clear and obvious conflicts, particularly when it came to data collection and analysis. The choice of a co-production methodology was considered as a strength of the research approach and had some from the discussions of the He Ture Kia Tika team.

Considered the gold-standard in mental health research, co-production is premised on the principles of partnership, equal distribution of power, and commitment to building a consumer leadership in research. It involves a shift in the focus of research from 'doing to' to 'doing with' the research participants. This means involvement of people with relevant lived experience throughout the research process, from design to write-up.

The notion of co-production as a partnership is questioned by Kidd and Edwards (2016), when one party has the weight of academic tradition on its side. True co-production, they argue, involves academics, service staff and service users, becoming partners in the design and implementation of projects. Within criminal justice focused projects, this means involvement of ex-offenders who have the lived experience of systems and can bring valuable insight into research and policy development.

Co-production in criminal justice needs a broader focus, inclusive of social justice and a rights-based philosophy to validate people who have been involved with the criminal justice system (Thom & Burnside, 2018). Fox, Fox and Marsh (2013) suggest criminal justice culture needs to shift power from professionals back to the community and end-users by supporting re-integration through co-design of services and research. However, co-production research, policy and service that involves people with experiences of the criminal justice system is sparse.

Co-production shares similar values with Kaupapa Māori research, which aims to empower participants as experts in their own right and to disrupt pākehā hegemony. He Ture Kia Tika prioritised Māori methodology and Māori voices. Therefore, the values that Kaupapa Māori research brought to this shared methodology for the purposes of this research were:

- Mauri tau: Ensuring regular kaumatua support and guidance to ensure physical and spiritual safety in research practice.
- Kia tūpato: Cognisance of adapting to meet the needs of participants.
- Whakawhanungatanga: Building and maintaining relationships as a core principle throughout this research.
- Aroha ki te tangata: Treating people with love and respect, understanding of the reliance on participants and using an approach that will whakamana, or privilege and empower participants as experts. Understanding the reciprocal obligation and responsibility to honour the trust of the role of conducting this research and producing a meaningful resource for wider Māori communities to benefit from.

These values provide an ethical link through tikanga, which also reflects beliefs and worldview (Hudson et al, 2010). The authors describe tikanga as locally specific practices that can enhance relationships, ensure the preservation of mana and provide a primary

interface for accessing repositories of cultural knowledge and experience to inform ethical deliberations.

The very nature of this research being conducted in Aotearoa, New Zealand, with the high numbers of Māori participants and the focus of addiction and mental health in criminal justice settings where Māori are over-represented justifies the choice of the co-production and Kaupapa Māori methodology.

Co-production is being used more often in a range of settings but in health-related research it is still highly medicalised and, as such, brings a power dynamic that is not often addressed so that co-production can be represented as an abstract concept while being used (Humphreys & Grayson, 2008). Humphreys and Grayson also state that the traditional roles of 'producer' and 'consumer' can be blurred when collaborating through co-production and argue that although consumers are increasingly performing tasks normally handled by producers, this role redefinition can be illusory. In this research, the He Ture Kia Tika version of co-production is informed by Māori, in a marae setting. Kaupapa Māori methodologies give tools to action co-production, so they sit together and move out of a medicalised space. Kaupapa Māori gives pragmatic guidance and allows for an equalisation of the roles of the academic, those with lived experience and Māori.

It was important to consider the potential limitations of the theoretical approach taken using the co-production methodology, and the implications this might have on the themes developed and later analysis. There was a potential for omissions or distortions stemming from the stories and how they were delivered within the interview and subsequent co-production process.

Having decided upon Kaupapa Māori and Co-production as a methodological approach for He Ture Kia Tika, the team conducted a series of hui to define how that would be used in all aspects of the research. These meetings took place initially at the AUT law offices in Auckland with core members of the team and then at Hoani Waititi marae with the wider

group to co-design the process. We agreed to focus on storytelling to gather the data for the study to not only capture people's experiences with criminal justice but also their backgrounds and the unique factors that made up their experiences.

Method

The following outlines the techniques and processes I employed in the research within the context of the wider study. It is important to explain the collective processes, and my role within them, used to produce the final pūrākau (stories) used in the analysis for this thesis.

My own role within the design of the research sat very much in preserving the integrity of the lived experience voice, of staying true to my self and my own lived experience. I was able to advocate for the involvement of myself and others with lived experience within the research team at all levels and we found our voice was respected and included. Our academic colleagues were aware of the value of our involvement, particularly in recruitment, in the interview process and in writing the stories.

Researching sensitive topics and ethical practices

One of the first challenges I was confronted by was the ethical issues in doing this research. This section describes the sensitive nature of the research topic and the various ethical issues encountered, as well as how these were resolved.

This study is of a particularly sensitive nature due to the personal life experiences discussed and the implications that talking about criminal offending can have for the participants. Sensitive research is defined by Lee (1993) as research that may be contentious, posing a potentially substantial threat to those involved in it, including potential for exposure of incriminating or stigmatising information and a capacity to encroach on people's lives.

It was important when dealing with such sensitive topics and personal experiences to make sure the methodology allowed participants to be involved in how their story will be told. The use of co-production as a methodology privileges experiential knowledge by allowing participants to become believed as 'credible knowers' (Faulkner et al, 2021). This methodology can be a powerful and therapeutic way to involve participants in the re-telling of their story.

Care was also taken not to re-traumatise participants during the process, both when sharing their story and when reviewing and co-producing the final draft. As someone positioned within my own lived experience I, and my colleagues shared our own vulnerabilities where it was appropriate, but we were conscious of not diverting or distracting from the purpose and focus on the participant.

The disclosure of personal stories can pose a threat to participants, and there was the potential that telling their story could be embarrassing or disempowering. Assumptions could not be made about which aspects of people's stories were sensitive and the chosen co-production methodology allowed for them to be fully involved in how their story was written and presented and whether it was disseminated in full, in part or at all publicly.

Through my lived experience of the issues discussed, I was able to empathise with participants and remain non-judgemental. At times, I was able to give something of myself and my own experience, disclosing personal experiences as appropriate to validate their own. For some participants, this was the first time they had shared their story and being able to connect to my own experiences made it easier for them to be forthcoming about theirs.

Due to the issues of sensitivity, it was essential to honour the participants' stories by ensuring safe and ethical research practice. To this end, a variety of design strategies aimed at maintaining good ethical practice were used. These are considered below.

Ethical factors

Ethical approval for the study was obtained from Auckland University of Technology, (AUT) Ethics Committee (Reference Number 19/105), prior to commencing recruitment of the participants (Appendix 1).

All participants in the study were provided with a Participant Information Sheet (PIS), prior to interview, (Appendix 2) which was also explained orally. The PIS explained the options of participation and ability to re-visit those options and use of their story, including options to withdraw from the study at any time. It was up to participants to choose whether they would be named or whether they wished their identity to remain in public facing documents. We felt it was important to give a voice and power to choose to participants and for them to not be thought too vulnerable to decide. Cultural safety was also a consideration and we discussed this in case there were any special requirements for a particular interview. In this respect we were guided by our Kaupapa Māori methodology and the guidance of the Māori researchers within our team.

The sensitive nature of the research meant that we had to look closely at the safety of the researchers themselves. In this respect we ensured that we worked in pairs and carefully considered the setting in which the research took place. If it was to be at a participant's home, we discussed among ourselves safety aspects and whether there were any risk factors involved.

Informed consent

The principles of informed consent require that prospective participants in research are provided with full and accessible information about the project they are being invited to participate in, including options to consent, decline, or withdraw from the study without any adverse consequences from any of these decisions, and ensures awareness of the bounds of confidentiality (Crow et al, 2006).

Written informed consent was obtained from all participants before their interview commenced (Appendix 3). Participants were informed that there were potential risks in the study. Participants were also given information on the risks of disclosure and benefits of taking part in the study (Appendix 4). These risks included the possibility that something disclosed could have consequences later in life related to employment opportunities or other situations that could cause distress or embarrassment. The decision of whether to de-identify by using a pseudonym or removing identifying aspects of their story also had some potential positives. Anonymity can promote more open disclosure and lead to gathering data that is more emotionally engaging (De Choudhury & De, 2014).

All the participants willingly consented to participate and for their interview to be digitally recorded. In some cases, during the Covid 19 lockdown, interviews were conducted on a digital platform, rather than face to face. This was done in line with ethical approval and oversight from AUTEK. Participants were informed of their rights to only talk about and answer questions they were comfortable with, to stop the interview at any time or ask for the recording to be turned off without giving any reason. No participants asked for the interview to be suspended or for the recording to be turned off.

At the completion of the interview participants were informed as to how data would be managed from that point onwards. It was explained that their story belonged to them, that they would receive a draft copy that they could then edit, as they saw fit, to make any changes and suggestions they felt were needed to truly reflect their story. That process could happen several times and would usually be face to face meetings where possible, until they were happy with their story. This process is in line with co-production and Kaupapa Māori methodology.

Confidentiality

Every effort was made to ensure participants confidentiality was protected by including the following considerations as part of the research process.

A completed and signed written consent was required before the participation in storytelling. The informed consent gave options to use a pseudonym and retain control of how their story or parts of it were disseminated. Throughout the study no concerns regarding current safety issues were raised within any of the interviews.

Consent forms are stored securely on AUT premises in a locked filing cabinet separate to any printed copies of interview transcripts. These will be stored for six years, then shredded and disposed of in AUT secure bins. Recordings of interviews were downloaded from a digital recorder onto a password protected AUT file.

Honouring the Treaty of Waitangi

This research will adhere to the treaty principles of partnership, participation, and protection, abiding by the values of mauri tau, kia tupato, whakawhanaungatanga and aroha ki te tangata. I have had cultural support from the wider research project as well as from Ngāti Whātua kaumatua and colleague Ken Kerehoma.

The design and practice of this research implemented the principle of partnership in the interactions between researcher and other participants by opening a space for perspectives of people with experience of the system, understanding that their knowledge is owned and produced by them and having respect for diverse communities. Reciprocal relationships were developed and nurtured to encourage partnership in the creation of storytelling, to ensure recommendations are well disseminated for the benefit of those who may experience similar situations as our participants.

This research implemented the principle of participation through the practice of a co-production methodology, supported by Kaupapa Māori principles. Participants were

encouraged to take an active role in the writing of their story to ensure accuracy in the narrative and forms of expression. They were involved in the ongoing development of their story and approval of the final version.

The principle of protection in design and implementation of this research was ensured throughout. The approach of using peer-to-peer interviews drawing on the lived experience of the interviewers significantly reduced the risk of power imbalances that lead to a higher level of disclosure than might have been achieved with people without lived experience. In the informed consent process participants could choose to be named in their story or remain private and have control over any material shared with others.

Cultural safety through the guidance and support of kaumatua/kuia ensured data collection was supported by tikanga and Kaupapa Māori practices to ensure culturally safe and appropriate practice. These practices provided a culturally safe process for working with vulnerable people on a range of sensitive topics regardless of ethnicity, culture, gender, or age. Drawing on Kaupapa Māori practices and being guided by Te Tiriti o Waitangi (Treaty of Waitangi) principles of partnership, participation and protection allowed participants to act as co-creators of the research and remain owners and framers of their stories.

Relationship skills in the research process

The use of a co-production methodology, alongside Kaupapa Māori research practice and principles and a personal lived experience myself of addiction, mental health distress and the criminal justice system, enabled me to build trust and rapport with participants. In most cases, there was already some sort of prior relationship with participants, which was enhanced through the process of providing and discussing the Participant Information Sheet (PIS), and informed consent. The tenets of beneficence (to do good) and non-maleficence (do no harm) were central to the researcher-participant relationship.

Sampling strategy

A purposeful sampling strategy was used for this study, whereby the researcher specifies the characteristics and attributes of the population to be studied which allows the identification of unique cases as well as identifying shared patterns experienced by the range of participants (Patton, 2002). This is a widely used sampling strategy in qualitative research to identify and select information-rich cases related to the topic of interest (Palinkas et al, 2015). For the current study, my main criteria were to understand participants stories of addiction, mental health distress and how these were connected to their experiences of the criminal justice system. I needed to ensure the participants involved reflected the prison population and contained similar numbers of Māori and Pacifica represented in justice settings. We also ensured we had similar numbers of male and female participants.

The purposeful sampling method using a whanaungatanga approach was consistent with our methodology. This was further supplemented by a snowball sampling method to attract participants through those we had already engaged with. Noy (2008) states that snowball sampling is when the researcher accesses participants through contact information provided by other participants and is arguably the most widely used method of sampling in qualitative research across the social sciences. The authors also state that snowball sampling can be used as the main vehicle through which participants are accessed or as an auxiliary means to enrich sampling clusters and access new participants and social groups when other contact avenues have been exhausted.

Exclusion criteria

Certain potential groups were excluded from the study to ensure safety. Those who were currently in inpatient/acute treatment setting for mental health or addiction issues, or those who were currently facing charges in the criminal justice system were excluded to remove the possibility they may be in a vulnerable space.

Sample size

Braun and Clarke (2019) state that saturation, or the point at which no new themes or codes 'emerge' from the data, is often used as a key criterion when determining sample size.

Saturation can be achieved in 6 – 12 interviews, this relies on an understanding of meaning as transparent and obvious prior to analysis (Terry et al, 2017). Braun and Clarke, (2019) argue that while concepts of saturation are coherent with coding reliability types of TA, they are not consistent with the values and assumptions of reflexive TA.

For this study, I was initially guided by Braun and Clarke, (2006) which recommended a sample size of 10 – 12 interviews for a project of this size. The final number of interviews was determined as the data analysis proceeded to a point where the richness of the data met the aim of answering the research question. I decided to focus on stories of males as there are such clear differences in the stories of women that needs to be examined further.

Recruitment

Through the extensive contacts and networks of the core research team of He Ture Kia Tika individuals were invited to participate in this study. This approach aligns with a Kaupapa Māori whanaungatanga approach drawing on established relationships. I was initially guided by these networks and contacts and, following that by using the snowballing method whereby participants contacted people they knew who were keen to take part using a flyer supplied by us with our contact details (Appendix 5). Alternatively, they could complete the bottom section of the flyer supplying us with permission to contact them using the information they provided.

Once the potential participants had been in contact with one of our core research team, we discussed with them the best way to access the Participant Information Sheet (PIS) and Consent Form (CF). Following the provision of the PIS and CF, contact was made to answer

any questions and discuss options for interview. This was also an appropriate time to start to build the relationship that would be necessary for the interview to be successful given the sensitive nature of the research. In line with the Kaupapa Māori practices that guided and brought to life the Co-production methodology in this study, it was important to ensure that participants were able to trust those who were ultimately responsible for the collection, analysis, interpretation, reporting and dissemination of that data (Jones, Crengle & McCreanor, 2006).

Over the first nine months of He Ture Kia Tika, 18 participants were recruited in this manner and subsequently interviewed. All of them formalised their engagement by consenting and attending face-to-face interviews. It was at this point, in March 2020, that the Covid-19 pandemic moved to a Level 4 lockdown and necessitated a change in both the approach, consultation and interview setting. On the day that the Covid-19 lockdown was announced, I was in the far north of the country with one of our research team. We had just concluded an interview with a participant in Taipa and had travelled to Kaitaia to undertake interviews that were booked over the next several days. After seeing a news bulletin announcing the lockdown, I contacted my academic supervisor and was directed to cease all interviews and to return home. From this point onwards, all contact, consultation and interviews were conducted by phone, email and virtual platforms until lockdown rules allowed for a return to normal practice. This aligned with the ethical consent from AUTEK in our original ethics approval.

Preparation for interview

Initially, I spent time talking with my Masters supervisor Dr Katey Thom and senior researcher Stella Black discussing the aims of the interview and a best practice approach. I was guided in this approach to interviews by senior researcher Stella Black, whereby I sat in

as a co-interviewer in initial interviews and was able to observe her approach and take notes on aligning properly to the co-production and Kaupapa Māori methodology.

Contact was made with the interview participant in the days leading up to the interview to confirm their attendance and ensure any issues related to informed consent were covered. Because of the sensitive nature of the research, it was important to ensure participants fully understood the elements of the informed consent particularly as they related to the archiving of qualitative data (Corti, Day & Backhouse, 2000). Ideally, participants would email a copy of the informed consent back to the person conducting the interview or to one of the key team members.

A koha in the form of a voucher was arranged, this to be handed over to the participant at the time of interview. Koha speaks to the principle of manaakitanga through reciprocity, which is critical in the sense of giving something back to those who contribute to the project (Jones, Crengle & McCreanor, 2006). The chosen koha were either a \$50.00 MTA voucher that could be used in petrol stations nationwide for any sort of purchase or a Countdown voucher that could be used in supermarkets. In those situations where interviews were conducted online the koha was sent to the participant by courier post.

We also had a practice of taking kai (food) to the interview, usually in the form of biscuits and/or fruit which was also seen as manaakitanga, or reciprocity. This was important in staying true to the Kaupapa Māori methodology and our principles of mauri tau, kia tupato, whakawhanaungatanga and aroha ki te tangata, and helped to create a safe space for the interview to proceed.

I made sure that I had a suitable digital recording device to make an audio recording to be able to download the recording so that it could be stored online in the secure AUT OneDrive location. I made sure I was familiar with the use of the device and had spare batteries and a back-up device available (Smart phone). Recorded data can be a source of danger for participants as recorded data is incontrovertible and needs to be kept secure and destroyed

once transcription and analysis is complete (DiCicco-Bloom & Crabtree, 2006). When interviews were conducted online on Zoom, I recorded the interview with the participants permission, saved the recording to the secure AUT OneDrive location and transcribed the interview from the recording.

I also made sure I had copies of the PIS and consent forms available so that I could confirm that the participant understood the nature of the research and all the aspects of informed consent at the time of interview. I often found that the participant had only looked over the PIS and consent form cursorily and it was helpful to check they were fully informed of the intent, nature and purpose of the interview and the implications of informed consent.

Where possible the interviews took place in the participants home or at a location selected by them. Sometimes it was not appropriate because there was not a private uninterrupted space available in the home. Some participants chose to conduct the interview at their place of work and, if requested, we provided a suitable location where we were able to offer settings that were appropriate. As a result, some of the interviews were conducted at the Odyssey Te Tawharau premises in New Lynn where a private room was available to ensure privacy and confidentiality.

The participant interviews

Most of the interviews were conducted by two of the research team, one as the lead interviewer and the other as a co-interviewer who would take field notes and listen for any key areas that might have been missed by the lead interviewer. The decision of who would lead and who would co-facilitate was made according to who had been the main contact with the participant prior to interview or based on any pre-existing relationship to the participant. The participant was also consulted about who they would prefer to be interviewed by especially regarding gender issues and the sensitivity of issues likely to be shared.

Where participants were Māori, the team was careful to try to include a Māori member of the team to help with cultural connection and understanding. The participant was always consulted about this and given options to have a say in who they met with for the interview. There were times where only one interviewer was present where the participant either requested this or was happy for this to be the case.

The interview schedule for whānau interviews firstly involved collection of demographic data during the consultation process, which included age range, gender, ethnicity and, if the participant was Māori, iwi and hapū. In keeping with Kaupapa Māori practice the interview process always started with karakia. The participant was asked if they would like to start with a karakia and offered the opportunity to do that themselves or that one of the team would do so.

This was followed by whakawhanaungatanga; no hea koe (where are you from), ko wai au/māua (who are we), to identify, position and connect. The research team felt that this process was critical, in keeping with both the Co-production and Kaupapa Māori methodologies. This practice is more inclusive and respectful, challenging the typical power dynamics of a traditional research process which is often led by introduction of the researchers first and places participants second. Levack et al, (20016) state that Māori research participants placed high value on whakawhanaungatanga to make culturally meaningful connections with researchers, with some feeling strongly discouraged if this practice was not observed.

Three key major overlapping implications of whakawhanaungatanga are the fundamental establishment of relationship through spiral discourse, the importance of researchers understanding themselves to be somatically involved in the research process and establishing relationships in a Māori context to address power and control issues fundamental to participatory research (Bishop, 1995). Bishop further comments on Māori concerns and experiences with power and control over research issues within the

dominance of Western oriented discourse compared to a pro-active, collectivistic Kaupapa Māori research approach, where whakawhanaungatanga is used to construct research in a culturally conscious and connected manner.

The lead question posed to whānau was:

- Please tell us about your journey and experiences of mental health, addiction and the legal system that led to a turning point in your life.

Further exploratory questions if needed were contained in the interview schedule (Appendix 6):

- Tell us about your lived experience of mental health, addiction, and the legal system.
- How and why did that happen? Tell me about the process...
- Can you share what became your turning point? Prompt: What impact did it have on you, your whānau, your wider supports?
- Tell me what services/people helped you through those experiences? E.g., whānau member, service provider, counsellor, mentor, etc.
- What difference did they make for you and/or others in your life? Describe what they did and how they helped.
- Tell me what you have learnt through your experience? E.g., self-care strategies, avoiding particular situations, supporters, etc.

Ending the interview

All interviews concluded with a karakia whakamutunga and then a discussion about following up within the next two days to check that the participant was not experiencing any negative impacts from reliving their story. An offer of support or counselling or referral to support services was made. Participants were informed of the process of writing up a draft of the story with the core research team from the recording of the interview and then making contact to meet with them to go over the story where they would have the opportunity to add,

edit or delete any of the story. Participants were told that this process was iterative and could involve as many drafts and rewrites as they needed to ensure the story was what they truly wanted to share and reflected their own views in keeping with the process of co-production.

After the interview

Following the interview any informed consent forms that had not been saved to the secure OneDrive database were uploaded to the database along with a copy of the audio transcript. A hard copy of the interview schedule along with the checklist for the process were handed to Dr Katey Thom for secure storage.

Writing the story

Following the interview, a decision was made as to who would write up the first draft of the story. This decision was often based on who was present at the interview but also who had capacity to undertake the task. The first stage in writing up the pūrākau was to transcribe the data from a recording device or in some cases from a recording on Zoom. Great care was taken to stay true to the participants words and their intent and meaning. Following transcription, the story would be written up and then uploaded to the secure OneDrive database. The story would then be viewed by the other three members of the core research team. They would review it, sometimes checking the recording for details and use track changes to make comments for clarification. Once all the team had checked the story and any issues that arose from the draft write-up were sorted, the story was either emailed back to the participant or sometimes presented in person. This gave the participant an opportunity to add, edit, delete, or change the story as they saw fit. It was very common for participants to make significant changes once they saw their story in words. At times this could be confronting or even traumatic and care was taken to check that they were not upset by the process and that they were offered support if they felt they needed it.

When they had made or had suggested changes, the story would be checked by the team again and then sent for a final sign-off from the participant. At times they found there were further changes to make, and this process would continue until the participant was happy that the story truly reflected what they wanted to say. This is a key part of co-production, co-writing the story using the words of the participant and taking care not to let any bias or judgement of the researcher have control over the finished article.

All the whānau interviews for the wider He Ture Kia Tika project were conducted in this manner, carefully following the co-production and Kaupapa Māori guidelines. The stories chosen by me for thematic analysis were those deemed suitable for that purpose.

Analysis

In making the decision which was the best method to analyse the data, I considered how the nature and the number of stories chosen for this research influenced this decision by reducing the data to themes so that I did not lose the unique account or richness of context within the experiences of each participant. I needed a method that respected the participants story and demonstrated the kind of rigour that the research required. The co-production methodology had allowed me to get feedback and involvement from the participants on their story so I could portray and respect their experiences.

Thematic Analysis (TA) was the chosen method to analyse the data and identify themes from across the participants stories. The stories were regarded as data to identify patterns in the content as themes. I drew on Braun and Clarke's (2006) guidelines for identifying patterns within qualitative data. The themes helped form an understanding of the relationship between participants personal experiences of addiction and criminal justice processes.

While Braun and Clarke (2006) state that TA is a poorly demarcated, rarely acknowledged, yet widely used qualitative analytic method within psychology, they advocate for its use as a flexible and useful method in and beyond psychology. They further state that TA differs from

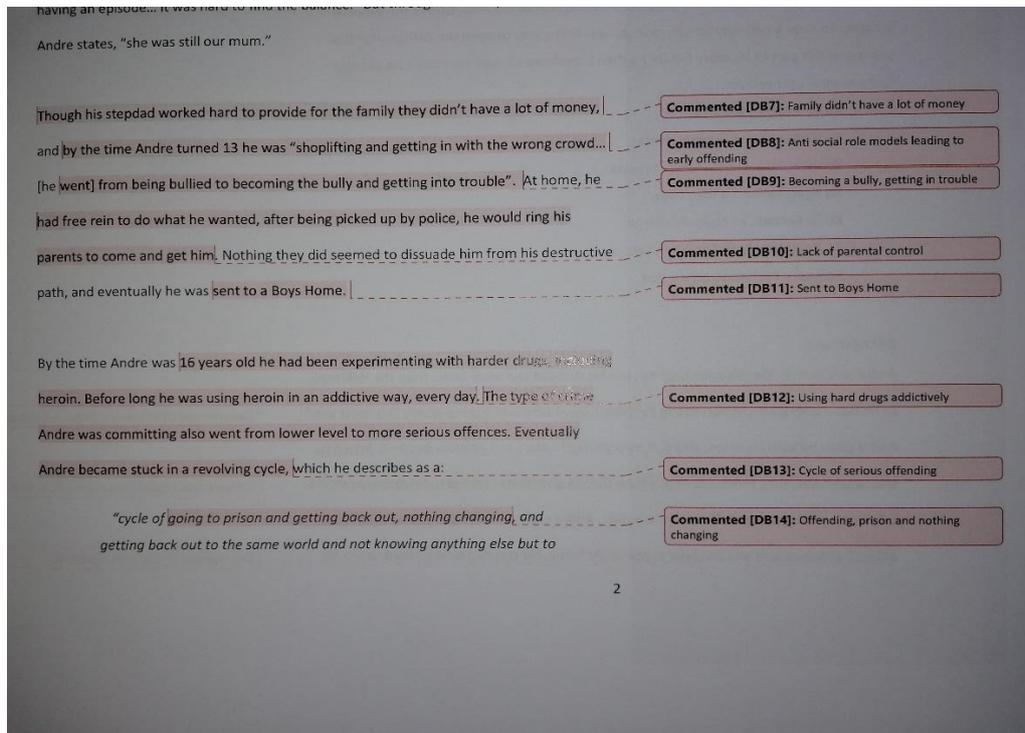
other approaches like grounded theory and discourse analysis, as it does not require the detailed theoretical and technological knowledge of those approaches and offers a more accessible form of analysis to those new to qualitative research. In this thesis, a reflexive TA approach is chosen where themes are conceptualised as meaning-based patterns in explicit semantic or latent ways (Braun, Clarke, 2019). The themes are presented in the findings chapter. I then reflected on the findings within the context of relevance to the literature and my interpretation of this is presented in the discussion chapter.

I first engaged with my supervisor to check the early stages of analysis and coding were compatible with a reflexive TA approach. From the data corpus of the wider He Ture Kia Tika study 13 stories were chosen as the data set for thematic analysis for this thesis. The stories chosen were those where addiction was a key component of either persistence or onset of offending and involvement with the criminal justice system. While the purpose of this research is to look at the role of addiction in both persistence and desistance of offending, this role can vary across individual experiences. For some, addiction is the driving factor behind offending, for others it is a consequence of criminal behaviour and the environmental and relational influences that are part of the criminal world.

Process of analysis

From the guidelines by Braun and Clarke (2006), I followed their six-phase analytic method, which is not strictly linear and more iterative and recursive in nature. The first phase involved thorough familiarisation with the data which started with the data collection. Familiarisation was an opportunity to become immersed in the dataset which facilitated a deep engagement with the data by being observant, noticing patterns or quirks and starting to ask questions rather than just absorbing the information (Terry, Hayfield, Clarke & Braun, 2017). By transcribing the interviews myself, I had been able to listen to the stories and attempt to preserve the meanings within the context in which they were told. The aim was to identify

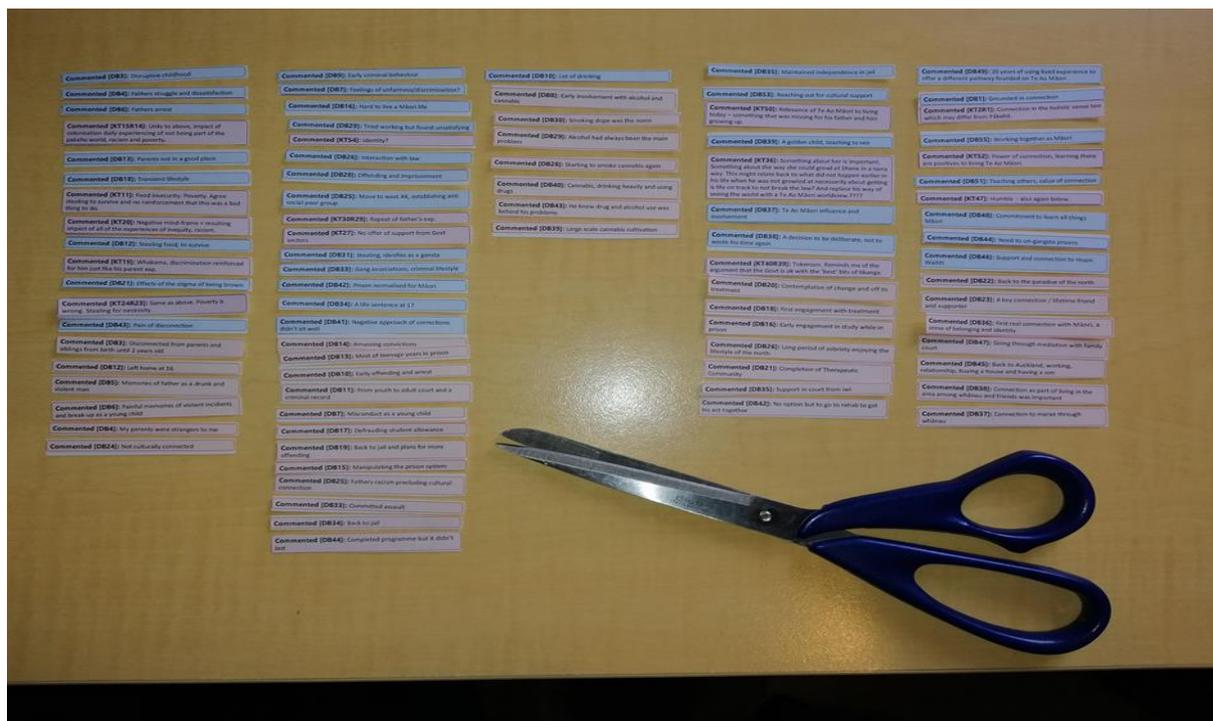
episodes, events, actions, and experiences within the stories, (Polkinghorne, 1995). Once the transcript was written up, I had read and re-read the data before beginning the process of coding. I used the review tab in Microsoft Word to assign codes as a comment in the margin of the page.



I coded all 13 of the chosen stories, then went back over them again having had the benefit of working with the entire data set. I found that I was able to shift some of the semantic codes to more conceptual ones. This organic and iterative process was not fixed at the start, such as with the use of a codebook or coding framework approach and allowed me to capture my developing conceptualisation of the data. The intention of coding and theme development was not to accurately summarise the data but to provide a coherent and compelling interpretation of the data, grounded in the data (Clarke & Braun, 2018). I followed the guidance of Clarke and Braun (2018) in not trying to minimise the influence of my subjectivity on the analytic process but to be a storyteller, actively engaged in interpreting the data through my own lens of cultural and social positioning. Along with my theoretical

assumptions, ideological commitments, scholarly learning, and social justice motivation I aimed to “give voice” to a socially marginalised group that is rarely allowed to speak or be heard.

The entire data set was coded with the aim of moving the data into more meaningful groups. Manual coding enabled me to engage more fully with the data and to reduce the data down to a more manageable size. The next step was to bring the coded data together to organise it into groups of common resemblance. This was achieved by cutting out all the codes from all the transcripts and putting them into similar groups. This process continued until all the coded data sat under headings which best described their content generally. These headings were designated as potential themes.



The second iteration of this process involved creating a series of maps, using the potential themes. These themes were then shifted and altered to get headings, which truly captured the coded data set. This stage involved revisiting the entire set, codes, and initial themes. I met with my supervisor during this process to get feedback, suggestions, and corrections. At

this time, I also met with my second supervisor Dr Khylee Quince, who had not previously been involved with this thesis, who was able to give feedback from a Māori perspective.

These groups were then refined into candidate themes in the fourth phase. In the fifth phase, the candidate themes were defined and named before developing the entire analysis in the sixth phase.

Rigour, credibility, and trustworthiness

The three main ways of assessing rigour of qualitative research are auditability, fittingness, and credibility (Guba, 1981). If the reader can clearly follow the research process to see how the findings were developed then the research is auditable (Koch, 1994). Fittingness is a measure of how effectively the findings fit into a context other than that from which they were generated (Guba, 1981). The concept of credibility refers to whether an account is plausible and believable and can be deemed to be an accurate account (Guba, 1981).

The notion of trustworthiness provides a yardstick by which the rigour, validity, nature of the methods employed, and findings of qualitative studies can be judged (Morrow, 2005). It refers to the usefulness of the findings for others to use within their own contexts. To ensure trustworthiness I have been honest and open in the analytic process by staying true to the collaborative nature of the co-production methodology.

As previously mentioned, I used a reflexive approach throughout the planning and execution of the research. I kept a journal of all meetings with the team and with my supervisor. I engaged in a constant peer-review process, introducing the research in conference presentations, in my guest lecturing at AUT Post Graduate classes and in other settings where I could present and discuss the topic and approach adopted, and get feedback from a range of colleagues and stakeholders within the mental health, addiction and justice sectors.

Chapter 4: Findings

This chapter presents the findings of a study that thematically analysed 13 stories of recovery from addiction and desistance from offending. These stories were a sub-set of Male participants in the wider study called He Ture Kia Tika. Five major themes were identified. These included: 1) 'Feeling lost, growing up'. 2) 'Drinking, drugging and getting in trouble'. 3) 'Offending to survive'. 4) 'Somethings got to change'. 5) 'Learning new ways of being in the world'.

I will not give a bio of each of the participants at this stage, but rather, will give a broad description of some key factors and allow the participants to describe themselves in the findings below. Some of them were happy to have their name used within this thesis, while others chose to use a pseudonym. This was part of the informed consent process that allowed them to choose the level of disclosure that they were comfortable with. While there are many differences in their lives, there are also similarities and commonalities in their journey into the world of addiction, criminal justice involvement and incarceration.

Of the 13 participants in this study, eight identified as Māori, two as Pacifica, and three as Pākehā. These cultural foundations highlight some clear differences in the levels of stigma, discrimination, and pressures they faced. They were all male as female participants were excluded as detailed in the methodology chapter and ranged in age between 35 – 60 years of age at the time of interview.

Several of the participants were born overseas, within the Oceania geographic region, but in all those cases they came to New Zealand at a very young age and along with the other participants, identify as New Zealand citizens. The others were born in, and grew up in areas across the country, specifically from Whangarei in the north to the far south of the South Island.

Themes

Table 1: Themes and subthemes derived from whānau interviews

Major themes				
Feeling lost growing up	Drinking, drugging, and getting in trouble	Offending to survive	Somethings got to change	Learning new ways of being in the world
Sub themes				
Lack of parental support and direction	Social and environmental influences		A glimpse of a new way to live	Relationship and inspiration Gratitude and helping others

Feeling lost, growing up

This theme looks at early formative years and the things that laid the foundations for what was to come for the participants through addiction, offending and incarceration. There are several key factors and influences within this theme, and the data has brought through the subtheme of 'lack of parental support and direction'. The structural impacts of poverty and trauma among other factors are often identified as being key foundations of addiction but lack of relationship, feeling unloved and unsafe sit around those factors as less tangible but

with huge impact on stages of development. The intersection of the structural elements with the whānau and relational aspects lead to compounding trauma and in many cases act as a pathway to addiction and offending.

For some participants, early childhood was a traumatic experience where they were subjected to verbal, physical or sexual abuse, or were witness to domestic violence on a regular basis within their whānau structure. One participant, RPT, reported being regularly beaten and tortured by his stepfather. He summarises this as “a shitty upbringing”.

Fete describes being brought up in a typical Samoan family where there was not a lot of money, and homelife was characterised by hard work, going to church and very strict discipline. He struggled with this as a young child and sought out relationships with local Māori families who he viewed as more laid back. This was not viewed favourably at home, and he was often subjected to “next level beatings” for this and other acts of disobedience. By the age of 13, he was often running away from home to escape this but once caught would again be badly beaten.

This pattern of violence in the lives of these men became normalised and influenced their behaviour in different ways as they grew. It was impossible for them to have a strong relationship with family where they felt loved and supported, and they became influenced by this dysfunctional connection in how they approached relationships later in life. For some participants, they grew up thinking that domestic violence was normal. Kinder explains:

I still remember my mum’s abuse from my dad, even though I was so little. So, I carried that through with me to my relationships as well - *Kinder*

Even when actual physical violence was not a part of participants lives, disconnection was also heightened for participants who had uncertainty about who their family unit was in childhood. Some participants, for example, often stayed with extended family members or for others, sometimes they were completely unaware of who their family was. Mike was two

weeks old when he was sent to live with his grandmother in Hamilton for about two years before returning to the family in Sydney. This still has a marked impact on him today:

That disconnection, being raised by my grandmother for two years then going back to my parents, meant that at that stage they were just strangers to me – *Mike*

Mike also has memories of his father being a violent and drunken man. He recalls being woken when he was about eight years old by his mother screaming as she was assaulted by his father. His ten-year old brother tried to intervene and was hit by his father as well. This incident led to the break-up of the marriage.

James remembers that from a young age he and his sisters would run out of their rooms to try to protect their mother from the violence that was occurring. His sisters left their family home as soon as they were old enough and he recalls being incredibly fearful, being left alone to deal with the uncertainty and chaos of their family life. Overall, this reoccurring pattern of domestic violence for some participants was traumatic and confusing, and normalised violence and abuse.

The issue of transiency comes through with some participants which further emphasised the lack of role modelling and guidance. Joe only learned that he had grown up believing that his grandparents were his parents when he was nine or ten years old. He had been told that his siblings were his cousins and remembers this being a painful experience.

Why was I given away? Why didn't my mum want me? And those kinds of things. I guess I felt hurt. They were all together and I was the separate one. For a long time, it really bugged me, I thought my mum didn't love me, you know, it was really hard for me to accept – *Joe*

Lester's parents split up when he was born, and he was brought up by his father. He remembers a very transient lifestyle, where he was often dropped off with whānau and friends while Dad went and "did his thing"

For me, it was all very unsettling, being dragged all over the place. I never knew what was going on – *Lester*

Transiency was also a part of Shane's life, brought about by the effects of colonisation through poverty, racism and the harms that created. Shane talks about the disruption of his whānau moving around a lot, switching homes monthly sometimes and never staying in one area for over a year. His whānau were always the 'poor brown family' in an otherwise asset rich farming community where they felt looked down on and the butt of jokes. His parents were very loving and never hurt him but

They were just not in a good place. They tried to live a Māori life and share their place with wider whānau, it just happened to be beer they shared instead of kai. They lived in a world where it wasn't that nice to be Māori - *Shane*

For many of the participants, the loss of their biological father in their lives was a common negative factor. The absence of their father usually came about due to separation and there was often a stepfather who subsequently came into their lives. There were often negative consequences from this shift in fathering and a growing resentment.

I guess I was the odd one out because I grew up with a stepfather who fathered my two youngest sisters. I always wanted to be with my dad, so I always resented that –
Kinder

Mark, who is Rarotongan, was raised by a Samoan stepfather, where church, discipline and hierarchy played importance, including physical violence and structure. He remembers feeling lost, being from one culture and then thrust into another. He yearned to be with his dad and be like his dad.

Lack of parental direction or control

A subtheme that emerged under the theme of feeling lost growing up was the lack of parental direction or control. Participants often felt they were on their own making their way in the world, without any structure or guidance from their parents or caregivers.

For Trent, things started to change when his parents separated when he was young. Although he felt he had a good upbringing with everything he wanted, the impact of the loss of his father was in the changed relationship with his mother and the structure and comfort that came with that when she entered a new relationship.

As I was getting older and my mother was getting into a relationship you could see her focus from us, turn from us to her new partner. I vividly remember that in my teens, so I started looking for comfort elsewhere at that stage and it happened to be drugs and not school – *Trent*

Trent expanded on this point, commenting on his mother's indifference to his lack of attendance at school. She would give him money if he asked for it, but he can see now that it did not serve him well.

There was no structure when I was a child, which was okay at the time. I didn't mind it, seemed pretty cool at the time, but not now when I look back on it - *Trent*

My own experience was similar in that I felt I had what I describe as a typical normal childhood with school, holidays and birthday parties but reflect on how there was a lack of depth in the connection with my parents.

Money was pretty tight, but basically, I think we had all the elements of what people would say is a normal childhood... but looking back on it I didn't really have a relationship with my parents. I never remember hearing 'I love you' from my parents, you know. I was fed, clothed, and schooled and I got a present on my birthday and at Christmas. There were times I felt special, but in normal everyday life I felt like I was a bit of a burden. I didn't really spend time with my parents, or they didn't spend time

with me or my siblings. In those days we had a lot of other kids around, so we sort of made our own fun. We didn't have a lot of control or direction. So, you know, I didn't get a lot of guidance in terms of making decisions. Although I was clearly told if I had done something wrong, there was never a lot of praise if I had done something right -

Dave

There were often good reasons for the lack of attention or direction from parents who were suffering the effects of unemployment, poverty, trauma or sometime challenges with addiction or mental health issues. Andre described how his mum experienced mental health issues, having been diagnosed with schizophrenia, which at times made life unpredictable.

Back in those days they didn't know how to support her, she was either highly medicated or having an episode...it was hard to find the balance – *Andre*

Drinking, drugging, and getting in trouble

A key purpose of this research is to look at addiction and the role that substance use, and addiction played in leading into or in some cases embedding offending and criminality in people's lives. Of those selected for thematic analysis, there are in all cases early entry into substance use whether it started with alcohol, drugs, or both. For many it was already part of the world they lived in and often it was through their older siblings or parent's that they first encountered substances.

My own parents often had large parties where alcohol was consumed heavily, so that even at a very young age I had the idea that getting drunk was cool. By the age of 11, my older brother had introduced me to smoking cannabis and soon I had progressed to drug seeking behaviours like stealing prescribed medication like Valium from medicine cabinets.

Joseph also found an introduction to drugs through his parent's medications, and this soon led to experimenting with cannabis. He soon found himself using more and was drawn into the criminal justice system.

My mum always used medication, although I didn't know it at the time. She always had pain killers and benzodiazepines around the house, so I discovered those pretty quickly, and I would often experiment with her medication. Then I started smoking pot and having a good ole time. Then I got caught and had to go to corrective training and borstal in 1985 - *Joseph*

Trent's introduction to drugs was through his older siblings who were using cannabis and alcohol. He started to experiment when he was very young and moved away from the very sports-oriented culture that was prevalent in his community and started to hang out with people who were more likely to be smoking cannabis and drinking. He found out very early that alcohol was not for him.

I got wasted a few times early on and didn't like the buzz, and that was the end of it -
Trent

Trent ended up going to school less often, while telling his mother that he was going but instead would go to a mate's house and smoke dope.

In his early teens, RPT was exposed to drugs and alcohol by his older brother and sister and soon started ripping off his friend's parents medicine cabinets. He started using benzodiazepines regularly and this became a long-term relationship with "benzos". He was hanging out with some people who were robbing chemists for drugs and after hassling them for a while, got to use drugs intravenously.

From that moment on I knew that I was going to do that again, although my full-on IV career didn't start until I was about 18 - *RPT*

At 13, Joe became heavily influenced by his stepsister who was smoking, drinking, and hanging out with older boys. Joe thought it was cool and started to do the same things. Alcohol use was normalised behaviour in the family home too and he began to drink more openly.

Conversely, James's home life was heavily influenced by alcohol abuse, but he was adamant that he would never drink alcohol because of what he saw of his alcoholic parents. He moved out of home as soon as he could and was soon smoking dope as an escape from the pressures of life and experimenting with other drugs.

For some, drugs had been very much a part of the culture they had grown up in. Lester recalls that alcohol was always a part of his childhood, it was the main thing, and a part of everyday life in his family. He started to drink and use drugs at a very young age because his dad let him do as he pleased. His grandparents did not like this, but Lester did not listen to anyone at that time.

In some cases, trauma, disconnection, and lack of guidance led to substance use, which led to early offending, but in others it was the other way around. Mike recalls always being up to mischief growing up, lighting fires, and stealing. Subsequently, he started drinking alcohol when he was about 14 and then moved on to smoking cannabis. He left home and school when he was 16, with most of the remainder of his teenage years being a blur of stints in jail. By the age of 21, he had over 100 convictions for a mixture of fraud, drugs, burglary, and violence and viewed prison as an occupational hazard.

Then there were some who were in a heavily structured family where church and discipline played a big part. Two of the pacific participants had similar experiences where they wanted to get away from the control and violence at home. This led directly to exposure to alcohol, drugs and crime in situations that were very different to what they had grown up in. As a teenager, Mark's sense of wanting to connect to his biological father exposed him to what he calls a different world.

When I finally entered into that world, I exploded into it. I was exposed to drugs when I went to seek my father. First it was marijuana and things like that but then it was crime and harder drugs came along. I just thrust myself into this world, this unknown world - *Mark*

As stated in the previous theme, Fete's response to violence at home from his stepfather, of running away from home repeatedly led him to boy's homes, borstal, and jail. He recalls that in this context alcohol and cannabis use became the norm. In many of these situations the use of substances was at this early stage of life more about having fun and imitating adults rather than self-medicating or drowning their sorrows. That would come later.

Social and environmental influences

Many participants discussed their involvement with gangs and the way this connection influenced their thinking and behaviours. For those who felt no connection at home, a gang environment provided a sense of belonging, of comradeship, of 'family'.

Shane's sense of disconnection from the community as a Māori and the experiences of growing up where alcohol use was normalised and stealing was often seen as a necessary part of life to be able to survive, grew over time until he had inevitable brushes with the law. He went to Waikeria prison on a youth justice sentence a couple of times and when not in custody he spent his time drinking, stealing cars and becoming more involved with gangs. He bought into the whole lifestyle of being a 'gansta'. The gangs became places of support for his lifestyle and an informal place to barter and trade illegal goods.

Lester first became involved with gangs when he was about 11. He was invited to join by some friends who had been in Auckland for a couple of years. He was really attracted to them as there seemed to be a structure that he could relate to by being connected to the gang.

They had drugs, they had money, all the stuff that a young fella would want, so I ended up going with them to Auckland. I got involved with the gang and everything that goes with that. That was part of my life for quite a while – *Lester*

Marks entry into his biological father's world had been heavily influenced by his father's senior position in the gang and, along with that and the drug use, came incarceration. He looks back at how he worked his way into the criminal justice system, starting from the age of 17.

I was only a young boy when I went to prison, and I suppose that is where my life of crime carried on. I am smart and maintaining that lifestyle was not that hard. I became pretty good at what I was doing – *Mark*

Fete says that Waikeria borstal was heavily gang oriented, and it was here that he began to build a reputation for violence and emerged as a leader amongst his peers. He says he took on the mana of the gang and felt that at that time he had nothing else. He found himself moving into a continuous cycle of imprisonment, release, gang activity, arrest, and re-imprisonment. Alcohol and cannabis had been a part of his everyday life in those early days but during a prison sentence he discovered heroin and he lost himself in the world that surrounds it.

My own older brother was associated with the local motorcycle gang, and I idolised them and tried to emulate their anti-social behaviours. I started using heroin when I was 13 as it was cheap and plentiful in Auckland at the time. With this regular use of heroin, and other drugs, came criminal activity.

A lot of us turned into heroin addicts and of course we had to pay, so we stole. We weren't pinching for fun, we were trying to make money for drugs – *Dave*

Kinder recognises that all his offending was driven by alcohol and drugs and can see this clearly reflected in his criminal record. He had been sniffing solvents through most of his

early years, but this lessened as his alcohol and drug use increased. When he was about 20 years old, he started to associate with a gang that he ended up staying with for many years. Along with this life of substance use and crime, were lengthy periods of incarceration.

RPT had started coming to the attention of the police, getting arrested for initially relatively minor offences. He lived like a street kid, sleeping in doorways, football parks or wherever he found himself. He was on the dole and spent everything he had on alcohol and drugs. He reflects that in the early days it was drugs that saved his life, that without them he would have “taken himself out”. He got involved with a group of skinheads and found that the lifestyle appealed to him. He shaved his head, got a head tattoo and his whole life revolved around drug dealing and the skinhead culture of drug use and partying.

Some participants did not necessarily get involved directly with a known gang as a member but associated with groups that matched their current state of life where where anti-social beliefs, attitudes and behaviours were the norm. James moved out of the family home as soon as he was old enough. He had no interest in school and was full of resentment towards his family.

My life was destructive, I had no path, no goals. The only way I could escape what I was brought up in, was to do drugs and to hang out with people that were doing the same – *James*

He discovered methamphetamine and began to associate solely with other users of the drug. He soon found himself serving a sentence in Mt Eden prison.

I knew no one, I felt like a boy in a man’s world, I felt like what am I doing here. It was one of the worst times in my life...that was my first time in jail, and I hated it - *James*

By the time Joe was 15, he was drinking regularly, stealing cars, and was associating with others that supported these behaviours with whom he felt accepted and like he belonged. He

spent time in Weymouth boy's home and came to identify and connect with others in the youth justice setting and adopted their disruptive behaviours. When he was 18, Joe ended up in an adult prison for the first time and did not like it at all.

I thought, whooah, what's happening, I'm in with the big boys now. I was always suffering from depression. I was really sensitive, and this wasn't a place for me. I didn't like this place; it was really hard. I had a big cry on the phone to my mum – *Joe*

Offending to survive

By the time most participants were out of their teenage years and into their 20's they were firmly stuck in a cycle of addiction, offending and incarceration. They didn't know any other way to live. For example, I had never really known what it was to function in life, what it was like to work or do any of the normal things that others did. For me, it was in borstal in my teenage years that I was forced to learn basic self-care and life skills.

I learnt a lot in there...about basic self-care, washing, cleaning, going to work. I didn't know those things; I had not had that. I had gone from being a very small child to just being an outcast, a bad kid out on the street – *Dave*

I started to get jobs when I was released but was unable to maintain employment and safe accommodation. I was still using drugs and alcohol heavily and caught up in gang violence, all of which soon led back to prison.

In a similar way, from 2000 to 2011 Lester went round and round in this cycle, in and out of prison. He remembers this as an ugly time in terms of being a loner, wasted on meth all the time and funding his drug use through crime; robberies, stealing cars, drug dealing. It usually only lasted a little while before he would get arrested and go back to jail.

Incarceration had become a part of life for most participants in adulthood, closely tied to their substance use and addiction. By the time Joseph was in his 20's, he had been to prison many times. He describes how it was just his pattern of behaviour.

Just same old, we would get out of prison, survive for two years, get a habit. Go back to jail for a couple of years and then go back out. It didn't stop me at the time because I was still doing a lot of crime. It was harder for me to give up the crime than the drugs. They went hand in hand. Drugs was an occupational hazard, but I was caught up in the crime part - *Joseph*

Andre had experimented with most drugs throughout his teenage years but before long he was addicted to heroin. The type of crime he was committing went from lower level to more serious offences. He became stuck in a revolving cycle, which he describes as

A cycle of going to prison and getting back out, nothing changing, and getting back out to the same world and not knowing anything else but to get into crime to survive. Well, I call it survival. Everyone I knew was a criminal and anyone that wasn't a criminal I didn't want to know. That cycle went on for 20 years, maybe longer – *Andre*

Fete continued to become further embedded in the criminal and gang world. While serving a seven-year sentence, he was introduced to methamphetamine. He became involved in what was soon to become an explosion of the drug in NZ, through manufacture which included huge sums of money and notoriety that came with being at the "top of the chain".

You always get a consciousness in that world that you understand the pace of the game...you realise when you reach those levels of criminal activity, that it's all about the money, not the drugs - *Fete*

RPT had developed a serious drug use habit by the 1990's. He does not remember much of that period except that there was a lot of drugs, crime, and jail. He says he loved being in jail back then.

It was a respite from the crazy life I had on the outside. People might think that's insane, but the thing is my life was so chaotic, from the moment I woke up, got no money, I had to go out and do a rort, then go to a drug dealer, get enough so I wasn't hanging out, to carry on for the whole day until I went to bed and hopefully not going to bed hanging out - *RPT*

Part of surviving in this world of crime and addiction was having resilience and cunning. These men had to have strategies to not only get the money to feed their addiction and survive in that culture, but constantly trying not to get caught and locked up. Mike found he could manipulate the system whether it was in or out of prison.

I was using copious amounts of drugs and alcohol, everything in my last year in Wellington. I was on the arm gear, and strangely enough I was pinging up with an alcohol and drug counsellor from the prison. Strange world sometimes, but she got me into NSAD in Marton, and that was the first rehab I went to - *Mike*

Joe talked about becoming comfortable in prison and how it became a place to go and get healthy again. It was a safe haven, somewhere to go to have a break from drugs, get three meals a day, catch up on sleep and get better. Eventually the periods between sentences got shorter and shorter.

I really couldn't survive out here, once I got on a roll on that incarceration buzz, I felt like that was my home, it felt like that's where I belonged, and it was really hard for me to break that cycle - *Joe*

Joe's family remained supportive and tried everything they could to help, including doctors, psychologists, and medication to treat his bipolar diagnosis. Joe reflects that he sees the stints in boys homes and then jails disrupted his emotional development and maturity.

Time would freeze. I'd be stuck in there and when I'd get out, I'd be in that same mindset, just be the same, but everyone else had changed - *Joe*

Trent says his 'normal' became being locked up and there was structure in that. In jail he knew what the plan was, he could relate to the plan, and he got some relief from the chaos of trying to survive in the world. He couldn't relate to the outside world. While he made his living through drug offending and crime, most of his sentences were related to domestic violence. He thought he had to control any situation through violence, and no-one had ever told him any different, except judges.

It became a pattern, of domestic violence over the next 10 – 15 years, in and out of relationships, in and out of jail for domestic violence, using drugs, didn't know how to function in society, how to act, only really learning that now - *Trent*

Through repeated sentences in jail, James started to meet a whole new circle of people. He identified with them, coming from broken homes, doing crime and like him, addicted to meth. His addiction had gone to another level, and he was extremely criminally active, but he didn't have a sense that there was any link between his addiction and his offending and lifestyle.

Still, I didn't realise I had a drug problem, I didn't realise how badly I was stuffing my life up. I just went straight back into survival mode - *James*

There were clear linkages in these narratives to the theme of drinking, drugging and getting in trouble and the sub-theme of social and environmental influences. Substance use and addiction issues had embedded participants in an anti-social, criminal and gang-related lifestyle where criminal justice interactions and the consequences of those were inevitable.

Something's got to change

There were many different reasons that participants came to a realisation that they needed to change their ways. Some call this 'rock bottom' and often this was the case, they had reached a point where they had no knowledge of what they could do to get out of the downward cycle they found themselves in.

Rock bottom for Fete came about when he fell out with his gang and criminal associates. He had become a 'wild card', unpredictable and often breaking the unwritten rules of conduct in the criminal world. He was told by associates that he was no longer trusted and was placed outside the inner circle which meant he could no longer access drugs at the price he was accustomed to, and threats were made against his family. His wife first suggested he could pull away from it all, that she was tired of the gangs and the lifestyle. This decision was the hardest thing he had ever done but he knew if he didn't, he would probably lose his wife and children.

It trampled on my mana, it trampled on who I was, and it burnt me to the core of my heart and soul – *Fete*

For Andre, family was also a key factor in addressing his lifestyle and behaviour. He was in Rangipo prison when his daughter rang him in distress, describing how she was going through some really difficult times. He had no idea how to go about changing but the seed was planted. He was frustrated at being in prison and feeling powerless to start the process of change.

You don't know anything else in that world - *Andre*

Mark was in his mid-thirties when he started to get sick and tired of his lifestyle. He remembers a time when he was released from prison on a Friday and was back in custody again by Monday. He says he had hit rock bottom, and describes this as

Like all your foundations are just cracked. I felt like I was at the lowest ebb I could have been. You know, three days, out on Friday and back on the Monday. I had money and stuff and I couldn't even last. There was a lot of shame and guilt, you know, it was fucking shit – *Mark*

Mark characterises this as a lightbulb moment which then started his subconscious mission of getting out of the "shit" space he was in. Not long afterwards he was caught getting drugs

from his pregnant partner at a prison visit. He was strongly challenged by a Māori female corrections officer about this. He recognises now that something was growing inside him, but he didn't know what it was.

It just resonated and resonated with me, and I thought, fuck, she's right, you know. She [my partner] could be sitting right over there giving birth to my baby inside the prison. It was another thing that went off inside me - *Mark*

It is important to recognise that many of these watershed moments involved connection to family, whether it be parents, partners, or children. The power of relationship and a growing sense of responsibility was enough for participants to question who they were and look at their actions and behaviours for what they were, totally selfish.

James had progressed to intravenous methamphetamine use and with his deepening addiction he was involved in even more crime. He says he wasn't just dependent on drugs, he was addicted to the lifestyle that came with it. His partner at the time had a young daughter and James found a role for himself as a father. It was then that his partner told James that she was pregnant.

That was one of the first times in my life I actually stopped and thought about who was around me, what I was doing with my life and where I'm gonna end up. I don't want to bring up my son like how I was brought up, stuck in that pattern, and I don't want him ending up in prison - *James*

Becoming a father didn't change James' focus on drugs and crime, and he soon found himself in prison again for burglary and robbery. He was shattered that his son was out there without him. A counsellor said to him

Why would you agree to do that robbery, why would you do that burglary, why would you use drugs when you have such a beautiful little son at home? - *James*

These words hit James hard and have always stuck with him. His son became a catalyst for change. When he appeared before the Parole board, eligible for early release after three years he surprised the board by asking for admission to the DTU. He told the board

I'm an addict, I need help, I realise I'm an addict, I've got a problem. If you release me, I will relapse and reoffend, I will come back - *James*

Kinder had served sentences all around the country and it was usually very much the same, but on his last sentence things were different. He was in Spring Hill prison and didn't really know anyone there. Previously he had always known people who were at what he calls the 'top-end' but this time he didn't, and the atmosphere was totally different. Corrections environments had changed, and everyone was much younger than him. He calls this period his darkest days, where he had just given up. He had no visits, nobody knew where he was and he liked that, calling it "my own little shithole" - *Kinder*

Mike was in Crawford prison in Wellington where he had gotten in trouble for inciting a riot. He spent most of the sentence in solitary, where he spent his time planning an armed robbery for when he was released. Just prior to release Mike suddenly had a change of heart. He started to feel a need for change in his life.

When I was about a week away from getting out, I just suddenly had a thought that like I'd had enough. I just suddenly thought, fuck this. So, I asked the AOD counsellor that I used to ping up with to get me into a rehab, as soon as you can to me getting out, or I'll never get there. And she did - *Mike*

RPT was still on methadone and consuming large quantities of benzos when he met the future mother of his partner. He put a lot of time and energy into sourcing drugs and could never get enough. He could no longer inject drugs as he had lost access to his veins, which is common with long term IV users. With his partner pregnant, he made enquiries about getting into treatment.

In that period a couple of friends I had used with, had cleaned up. One came down from Christchurch, she was really bubbly, wasn't wearing black, really happy, and I said, "What the fuck are you on?". She said, 12 Step, blah, blah, blah, and by that stage, I already knew I'd had enough. I had been to Alcohol and Drug services too. I needed help. Then I seen her and I thought, "fuck that looks good" - *RPT*

Trent's desire for change came about when he was serving a sentence and got caught up in a gang war. He had become isolated in a unit that was dominated by the 'other side' and was badly beaten and stabbed. When he came to, he thought for the first time that maybe he had had enough of this lifestyle. He had no idea what change would look like, but he feared for his life in that moment and knew that if he didn't do something he could die in prison. While he had always felt comfortable in jail, he no longer felt that way.

Lester's first experience with change came about when he entered Odyssey House Adult treatment centre. His motivation at the time was, as for many others, to avoid another prison sentence, but he found he liked it in some ways. He was soon discharged but the experience stayed with him. He ended up back on the streets in the same old cycle but deep down he knew he was digging an early grave.

A glimpse of another way to live

In 2010 I was serving a long sentence for serious drug offending. I was in my late forties and still did not accept that I had a problem with drugs and alcohol. I was forced by the Parole board to go to a Drug Treatment Unit (DTU) at Spring Hill and intended to just complete the programme, get the 'tick' for the board, and hopefully get out where I would carry on as I had before. I had an interaction when I arrived at the DTU that changed all that.

I was unpacking my stuff in my cell and a guy I knew came to the door. (We had done a lot of jail together). I asked him what was the deal with this place, what's the easy way around it? He said, "this place is real, it's fantastic". I don't even remember

what he said but he talked for five minutes, and I just stood there with my jaw hanging down. I thought, fuck, you're different, because he used to be really bad, a real no-hoper. I just had that thought for the first time of 'I don't know what you got, but I want it'. I contemplated for the first time what life would be like without drugs. That is scary, when you first have those thoughts. Then another guy came along and more or less did the same thing. It was just the way they talked, they weren't bullshitting. They were real. They were passionate. It just embedded that feeling of, 'I actually want this'. So, I embraced the programme - *Dave*

This powerful moment still sticks with me today, a living, breathing representation of what change could look like, of hope for a different way of life. I saw a sense of peace in those guys, they were part of the real world that I felt disconnected from. They were on a path that I didn't really understand but I realised that I desperately wanted.

Learning from lived experience and experiencing structured support was important for Trent too. Trent was accepted into the AODTC (Drug court), and while he knew he wanted change, he just wanted to get out of jail. This is a very common motivation for Drug court participants, but the court understands this and knows that when given the opportunity for treatment and a wider range of supports, participants often embrace the programme as a vehicle of change. Trent was released to Wings Trust where he identified with the lived experience of other residents and staff, and liked the structure that Wings had.

Getting a bit of normality into my life. When I used to get out of jail, I'd usually just go get a screwdriver, pinch a car, but this time I was sort of given a bit of routine in my life - *Trent*

Mark was also given entry to the Drug court. He saw the court as an opportunity to just get bail so he could take off, but also had an urge to give it a go. He was particularly surprised to get support from police for his application into the court.

Like the cop stood up and said they supported my application to come into the court when they are usually my enemy. I never had a cop stand up and back me up – *Mark*

Mark initially went to the Salvation Army Bridge programme but was soon discharged. Luckily, he didn't go back to prison and ended up at Wings Trust. He decided he had to go 'all in' and learned to start asking people for help. What followed was a journey that turned Mark inside out and upside down by showing him who he was not, and that whānau was an integral part of his recovery.

I wasn't this gang member...it taught me who I wasn't...it highlighted for me some of my character defects, the way I talk to people and that, like I was standing over them...my body language changes, and I lean in a bit more. They taught me some great lessons...whānau. I adopted the Māori culture because my culture was not there. This was really important for me. My family came in and they told me the truth. How much I had hurt them. That they get a phone call in the middle of the night and expect it to be about me being dead on the side of the road. Fuck, really? I didn't even know - *Mark*

Another who found his pathway through the AODTC was Lester. He described the court as "a real eye opener", and his first impressions were that it seemed like everyone really cared about him. He was soon admitted to the Higher Ground rehabilitation centre.

That was like a pivotal moment in my life, Higher Ground, even though I had done Odyssey before, that really added to my kete as well. Just the way they approached stuff with me, going through that process, it wasn't just about doing it, I started to get to some core issues – *Lester*

Joe also found an opportunity for change with the AODTC, being released with two others into the programme, firstly at Wings Trust. He was really just taking the chance offered so he could get out of jail, but a seed had been planted years before in the DTU in jail so he thought he could give it a go. He found he enjoyed being in a drama free environment,

surrounded by positive people and distanced from anti-social associates. He liked the freedom he had to just be in the community and not having to worry about the police, recognising the simple pleasures of life and being in the present. He realised that for the first time he was conscious of small things, like the feeling of rain, of wind and sun.

These things had never existed for me before, it was new to me, it was exciting and it produced positive results, a shift in thinking – *Joe*

Like many of the participants, discovering that there were options in life came to Kinder in prison. Corrections were looking for people to move to Otago prison and Kinder decided to volunteer. He had never been to the South Island and decided it would be good to go somewhere different. He was offered a chance to do a Tikanga programme, which he decided to do just to get out of his cell for a while. Through this programme he heard about Moana House and did a self-referral to their rehab in Dunedin. He was accepted but had to complete the corrections Special Treatment Unit Rehabilitation Programme (STURP) first. This was a nine-month programme, and he went to the Mana Puni unit at Christchurch prison.

Something changed for me when I went there. I actually went there to do it. I guess it was because I wanted to go, not because I was told to do it - *Kinder*

When Fete moved away from his gang and criminal associates, out of fear for the safety of his family, he reconnected with his wider whānau. It was initially a place to hide, and he and his wife took the opportunity give up drugs. This respite period gave him a chance to clear his head, to spend time in a family-oriented environment and begin to appreciate what was important to him. He enrolled in a programme called 'New Start' at Auckland University and embarked on a study pathway. There were times when he missed the money and drugs, but he never felt a strong enough urge to go back.

Joseph had been able to engage in study at various times while he was in prison. He found it interesting, and it helped pass the time. He managed to get on the methadone programme

and had been out of trouble for a while. His partner was working in the addiction sector and had studied at Weltec. This piqued his interest and he decided to think about engaging in study. He had seen people in his community who had a particular look about them and he later realised that they were mental health patients, who were going to a particular place (the chemist) to get their medication.

I was watching this dude cross the road in front of me and I actually judged him, I was like, “oh poor dude, what a life, going to pick up your meds”. Then I thought, (I had a penny drop moment) hang on a minute, that’s what I bloody do, I go and pick up my methadone every day, and I wait until no one is watching because I don’t want people to know. I knew he was taking medication for his mental health, so he had a reason, and it made me think what’s my reason for taking medication (because methadone is just another medication), every day? I couldn’t think of one. I couldn’t come up with a reason why I was taking medication, doing what I was doing. I hadn’t had a horrible life. I had heard all these different stories of mental health patients and knew that stuff hadn’t happened to me. I knew I was a hedonist and had learnt to thief stuff and I liked getting stoned but I didn’t have any other reason to keep taking medication. Within a year, I just got off it, I jumped off it. I went through the hell self-detox. Shut the service out and went and said to the chemist, “you won’t be seeing me again” - *Joseph*

For all the participant narratives within this theme, there was an event, a moment of clarity, something that forced them to confront their attitudes and behaviours and not just consider changing but take actions to bring it about. Most of these were relational in their nature, interacting with others, either in conversation or through observation.

Learning new ways of being in the world

Having come to a point where they recognised they needed to change their ways and for some, getting a glimpse of what that might look like, there was still a lot of uncertainty about how to go about that. There was no manual, no 'How to do Recovery' book that they could just follow and there were many mixed messages particularly from within structural organisations like Corrections.

In the DTU programme at Spring Hill prison, I had finally started to listen, and learn. I recognised that relationships and intimacy were something that had been missing in my life. When my therapist asked me what intimacy was, I found it difficult to answer without reverting to sexual connotations. For the first time, a wider conceptualisation of intimacy was explained to me, which focused on being honest and open, not people pleasing or wearing a mask, or trying to get something or manipulate, just being real in relationship. I recognised how my truncated view of intimacy had contributed to my anxiety and addiction.

I think about all those years of social anxiety, which was probably the reason for all the drug use, you know, I drank because it made me someone else. That was key to me, to being part of the world with true intimacy and relationship with others...feeling like I belonged - *Dave*

James graduated a DTU programme in jail and after serving four years he was released to Higher Ground. Despite being given multiple warnings and sanctions in the programme, it wasn't until he had been there for 90 days that he started to surrender, giving up his old behaviours and truly embracing the programme. He sought constructive feedback from others which led to an understanding of himself and becoming aware of the ways he was acting out that could lead back to drugs. Family therapy was also a pivotal component for James, involving his two sisters and his mum and dad.

Kinder's journey into a new life was formed in a growing awareness of how he used to think, and he learned to challenge this. While still in the Otago Corrections facility he attended a workshop on depression and suicide.

I was listening to this fella and he was ticking all the boxes in my head of what I was doing before. I asked him a question about it and he said “Why?” and I said, I was in that spot, coupla years ago. I just thought I gave up but when he was talking it reminded me of everything I was doing and thinking, how everything brought together made me just so down, and ever since I’ve worked on not going back to that place -

Kinder

Kinder made it to Moana House where he graduated after 17 months. It was hard at first being confronted by staff and other residents, but he knew the feedback was real and honest and he was amazed at the way his thinking changed, feeling inspired in this new world of what was as much about discovery as it was about recovery.

I remember my first outing from the [Moana] house, I actually saw the flowers, for what they were, colours and all that. It was like opening your eyes for the first time and seeing what you didn’t see before - *Kinder*

Being in recovery did not mean there were no challenges in life, although they were challenges that participants had learned to deal with in different ways to what they had in the past. RPT had completed treatment and became heavily engaged with 12 Step fellowships, first the local AA meetings and then starting an NA meeting in his hometown.

On my first clean-time birthday, my daughters mum gave me the flick. I was thinking, “fuck, I’ve dragged myself through all this and WTF! “She said, “Nah, had enough of you”. You hear about the rewards of recovery, but I wasn’t really getting that. I didn’t pick up, but when she got with my best mate I nearly picked up. It just absolutely done my head in. She had a kid to him, and it really fucked with my head -

RPT

RPT was able to stay focused initially through supporting someone else in recovery which served as a distraction from his own negative thoughts. However, as the pressure built, he

came very close to using again but was able to get support himself from someone in the fellowship who recognised he was struggling, and he came through the experience.

Relationship and inspiration

Some were lucky that they managed to find people who cared, people who knew what to do and were willing to step outside of established boundaries to give of themselves. Sometimes that giving was just a little bit extra, engaging or sometimes signposting solutions.

When Shane was 17 years old, he had received a life sentence for killing a man involved in raping his sister. He learnt to keep humble in the first few years of his sentence and tried to stay away from the gangs. A major turning point was meeting a Kuia volunteer, Ana Tia, in the prison who had what Shane calls a 'nana perspective'. He had already decided to live a deliberate life and had started to focus on learning te Reo and kapa haka and his relationship with Ana Tia gave him a sense of purpose and direction. He became a 'golden child' for Corrections, speaking at Pōwhiri and talking to at-risk youth. His early fears of 'all things Māori' became a burning desire to know more. He eventually found a release pathway through Hoani Waititi marae.

Mike also found reconnection to his Māori identity when he engaged with Ngāti Hine Health Trust in Kawakawa and was able to get into treatment there. He was by now, more culturally aware and was eager to learn more.

I think it's been a gradual thing, you know, so lucky to have an identity, so lucky to be able to know who you are and where you belong, where your connection is. It's been an important part of my recovery. It's not easy being Māori in Auckland, in that sector. Everyone has all those Bill of Rights brochures there in Māori but there's not a lot of Māori focus, awareness or understanding of things - *Mike*

Mark had made the move to engage with the drug court, and he comments that it was the relationships that he built with the Judge in the AODTC, his case manager and peer support worker and various staff in treatment programmes that collectively inspired him to change his life but there was a key person before all of them and that was his long-time lawyer. Mark did not necessarily recognise all the work his lawyer did for him behind the scenes at the time, but now sees how pivotal this support was in sparking his road to recovery.

He was a huge person in this story, I need to pay homage to him. He would often tell me I had a 10,000 to 1 chance of getting bail, but he would get me bail on all these charges. He never gave up the fight for me. He was fighting for me when I was like “who gives a fuck”. He was that one in the corner, the silent one, wiping your sweat away when you don’t even know you are sweating. He was a huge person for me -

Mark

Andre had found his way into the Drug Treatment Unit (DTU) at Waikeria and there he found information through the programme but also built a relationship with a staff member, Lynn who became a key support person and encouraged him to remain there as a mentor after completing the programme. Lynn also encouraged Andre to consider a residential rehabilitation option on release from prison. After initially being rejected by Higher Ground, he persisted and was eventually accepted into the programme.

Andre is grateful for the support of Lynn and the staff at Higher Ground who challenged him when he needed it. He built key relationships there with his case manager James, and more importantly with Matua Ra and Kohe Pene who helped Andre connect with his Māori heritage. This became a defining pathway for Andre who learned to stand as a Māori man in recovery. There were other key relationships for him with his counsellor and his NA sponsor. Collectively these relationships throughout this early period of recovery gave Andre direction and inspiration. He was able to build strong friendships with a core group of other Māori men in recovery who draw strength from each other.

We are always around to support each other through difficult times. We are all in recovery and understanding what we are all going through. I feel we were drawn together because we were all Māori - *Andre*

For some, it was relationship and inspiration from people in and around the services they engaged with, but for others a key turning point was in a close, personal relationship. Lester had stumbled along in recovery and relapse until he came into a relationship with another participant of the AODTC, Jen. They had a common purpose and together they made plans to move to Rotorua and start afresh by getting a cabin and living off the land, free from drugs and crime. He says of the time they first talked about it,

This was a breaking point for me. In the past I had kidded myself that I had everything covered but this time I thought, somethings gotta change. I can't carry on this way and from that day forward I just planned some stuff and I never looked back - *Lester*

Trent also found his way to embedding the changes in his life through a personal relationship. He met Courtney when he was in Wings Trust. Although it was against the rules of the programme to be in relationship with each other, they were able to circumnavigate the restrictions and stay connected even when he went to Higher Ground for treatment. There were other key people in Trent's progress, employers who gave him a chance, and other key supporters, but Courtney is a key person in his life. They have two children together and she can challenge him if he is acting out.

Gratitude and helping others

With all the participants that engaged in the study, there is a real sense of gratitude for the changes in their lives. They were able to find new understandings of themselves and their addiction that contributed to their feelings about recovery.

Joe feels empowered by recovery, working, supporting his family and through this came an increased sense of worth. He worked with his probation officer in the first instance, building a different sort of relationship to what he was used to, based in mutual respect, and then with his employer where he feels trusted and supported.

I pay my rent, pay my bills. All the things I never used to do. I've taken responsibility for my life and get to reap the rewards of my mahi. I no longer react like I used to, I'm at peace and I've found a love for myself and for others. It amazes me daily when I think about how I used to react but now I don't have to react that way . . . I can't afford to go back to who I was, and those behaviours don't work for me - *Joe*

Lester is very clear about the link between his drug use and his escalation into a criminal life. He knows there were other factors but remembers the urgent need to get more and more money to pay for the escalating drug and alcohol use that characterised his lifestyle. Now that he doesn't use drugs anymore, life is much simpler, and while it can be hard at times to make ends meet, it is manageable. Looking back, he comments on his past and the life he has today with his partner.

What a waste, but I have no regrets, it's made me who I am today. I'm so appreciative of where we are at. The main thing is that we've got a roof over our heads, got food in the cupboard, anything else after that is a bonus for us. I often think, I want this, or I want that, but I don't need it. Helps to feel gratitude for what we have now. We have an amazing life, very grateful we got it - *Lester*

Andre went on to become a qualified addiction practitioner and then moved into roles in clinical management. He thrives in an environment where he can help others find change in their lives. His criminal past has placed some limitations on life, but he is very grateful for the opportunity he had to go straight to Higher Ground from prison, an opportunity not often available to many. He thinks more efforts need to be put into reintegration and rehabilitation through connections between corrections services and treatment providers. Today he is a

proud father and stands as a role model for Māori who have come from a life of lived experience of addiction and incarceration.

All the Māori participants selected for analysis were able to lift their understanding of their culture and the importance of helping others with this process. Shane spent the next 20 years of his life working humbly on the marae, working tirelessly with whānau caught up in the system, drawing on his experience to offer a different pathway founded on Te Ao Māori cultural perspectives. He is grateful for everything this has given him and gives an example of a tikanga programme he runs in the prison over two days where they sing waiata and take time to korero. He aims to support his peers to “exercise their brain” by learning

Some waiata from your area, not just learn how to say the words but understand what they mean. Learn your pepeha, something relevant to you - *Shane*

Joseph also found a strong connection to Māori concepts in his recovery, and in his work as an alcohol and drug clinician. He utilises Māori concepts in a narrative approach to engaging with people and draws on the concepts and values of manaakitanga and aroha.

Connection. A lot of clinicians will say that you have nothing if you don't engage, or if you don't have therapeutic engagement. And therapeutic engagement is a relationship, it is relational. Māori concepts behind pōwhiri, whanaungatanga, marae, marae atea, mauri, tikanga, are intrinsically relational. Of the same lexicon - *Joseph*

Being Māori had never been of importance to RPT but in recovery it helped to have a sense of identity and connection. He accepts that for many Māori a cultural focus is important but for him he needed to focus on the addiction first. He now feels blessed with his world. He doesn't suffer stress or feel lonely and feels very much in touch with a higher power. He is authentic and happy to help people without getting a pat on the back.

The thing is today, I do enjoy life. I think recovery has given me a second life regardless of what's going on in the world. It's shown me how to be a person, how to

be a part of the community, just being able to function in a way where I'm not creating amends for tomorrow or costing the world money or grief - *RPT*

Mark went on to graduate with a Diploma in Counselling and worked in a prison Drug Treatment Unit where there were high numbers of Māori and Pacifica. Mark had found a lot of comfort and direction through Māori culture and throughout his time in treatment he wholeheartedly embraced this. Then he came to a realisation that it was not his own Pacific culture, and he recognised a sense of humility that would come with connecting to his own culture.

I knew I needed to learn more about my own culture. From then on, I have brought my own culture to the forefront. When I am here, I am chief, when I go to see my cousins, I am the boy. I know my role - *Mark*

Mark loves the life he has now and the ability to do the work he does. He tries to bring a cultural focus to his work and finds this to be a way to bring people together. He sees Peer Support as a key way to spark recovery and show that it is safe to explore change. He thinks that there is not enough access to lived experience in prisons and not enough information available there about what recovery pathways look like and the support that is available.

It is really important for others coming through to be informed. I did not know what this is because my life was so tainted. I didn't know there was NA, that I was an addict, I didn't know you could not use drugs. The simple stuff, I didn't know. This simple informative stuff. Maybe if I had seen it earlier, maybe things might have been different - *Mark*

Fete now has a Bachelor of Arts degree with a double major in Sociology and Māori from the University of Auckland. He has been involved in research on Māori and Samoan youth experiences within the Youth Justice sector and is currently a senior engagement officer in the Royal Commission of Inquiry into Abuse in Care. He feels strongly about the place of women in both the gang and criminal world, particularly around their lack of influence.

In a world that is dominated by patriarchy, sexist, macho behaviour, places, and environments like prison, enhances that, encourages that, enforces that, no matter what programmes you do in there, because when you get out, it's the same thing, it's the same environment, patriarchal and sexist. In that world women have no place at the table. I really believe, 110%, that if these men learn to respect their women the way they respect their mothers, they have gone a long way to stopping their offending. I believe that to me, that's the answer - *Fete*

In my own experience, I feel very grateful for the people and programmes that were available to me throughout my recovery journey. The influence and inspiration of others in recovery, demonstrating that it could be done and showing me the way was the foundation of my recovery. Continued education has been a key part of my career development and the growing understanding I have of Te Ao Māori, through learning Te Reo and building relationships continues to challenge my ways of thinking and being.

I get connection from it, a sense of spirituality. A glimpse of the Māori worldview. It is not mine; I cannot have it because I am not Māori . . . but I may be able to understand it and let it influence the way I think. I feel quite committed to that pathway: that Māori hold the solutions, and it is time for us to actually back them -
Dave

For all the participants, learning new ways of being in the world included discovery of ways of thinking and being that they had never known. When we speak of recovery, there is an assumption that people are returning to something they had previously experienced, but the participants in this study grew up into addiction and offending as a way of life. They had never known how to be part of their community in a pro-social way, to contribute and to belong. Through their growing awareness and a sense of hope they found a way to connect to their families and their communities in a way that was fulfilling and rewarding.

Chapter 5: Discussion

The discussion chapter interprets a broader meaning to the five themes of feeling lost growing up, drinking, drugging, and getting in trouble, offending to survive, somethings got to change and learning new ways of being in the world. Across these themes it became apparent that the participants' personal experiences were shaped by society's responses to addiction and offending. The final interpretations of the study findings in this chapter therefore will look at the effectiveness, or not, of those responses leading to the potential for different approaches in future.

Summary of themes

The first theme, feeling lost growing up, identifies a range of common factors that led to a sense of disconnection from what was expected or perceived as normal. As children, most participants had little understanding of the effects of poverty, trauma, deprivation, or colonisation on their formative years. While some participants were brought up by their biological parents or in a traditional two parent coupling, others were raised by their grandparents, relatives or in a solo parent setting. This was a common thread amongst those selected for analysis. Another key factor was exposure to and normalisation of alcohol and drug use, both recreationally and as a form of self-soothing to deal with the challenges of life.

Drinking, drugging, and getting in trouble was the second theme. Participants invariably carried on substance use behaviours that had become normalised in their lives, and criminal activity also became a part of their norms. They gravitated towards and built relationships with others who were in similar situations and found that offending through criminal behaviour gave them the rewards they needed to make money for substances or gain approval from their peers.

Theme three, offending to survive, looked at how criminal offending became a way of life and fully embedded who they were and how they survived in a world where they did not know any different. Their behaviours were shaped by anti-social values and beliefs, and they increasingly felt disconnected from society.

The fourth theme, somethings got to change, explores that time in participants' lives when they reached what is known as 'rock bottom'. This was a time where they came to a realisation that what they were doing, the way they were living, the very way they thought was destructive to themselves and those around them. The participants in this study knew they had to change, but most had no idea what that change looked like.

Learning new ways of being in the world is the fifth theme, looking at how they either engaged with services or sometimes through self-agency, discovered that they had the power to find different ways to be, to think and to act.

Addiction and persistence

The aim of this thesis was to look at the role of addiction, firstly in persistence of criminal offending, and then in desistance from offending. There is a large amount of research and literature looking at the intersection of addiction and criminal offending. New Zealand based statistics clearly show an association between the two, with a study in 2016 (Indig et al 2016) finding that 91% of inmates in New Zealand had a diagnosis of a mental health or substance use disorder within their lifetime.

Criminal justice is often referred to as the revolving door (Padfield & Maruna, 2006; Howerton et al, 2009). 'Offenders' come out of prison into a similar social environment that they were in before incarceration, where drugs, crime and deprivation are normal and accepted ways of being. The literature looked at a study by Western et al (2015), which indicated severe material hardships after release, leading to high levels of anxiety and feelings of isolation. The study found that the combination of material insecurity and

difficulties in linking with pro-social networks, created high stress in the transition and increased likelihood of substance abuse.

My own lived experience was one where my substance use situated me within anti-social environments and led me into the adoption and acceptance of a criminal mindset and resultant offending, which escalated in both the nature of the offending and the consequences I faced. The analysis of the participant interviews shows that the majority followed a similar pathway. For some, there were many other intersecting factors and influences at play, particularly in the early developmental years that contributed to that pathway.

Intersectionality

To make sense of the findings of this study overall, the concept of intersectionality has become useful. While originally coined as a key analytic framework through which feminist scholars describe structural identities of race, class, gender, and sexuality (Cooper 2016), intersectionality can be applied through a wider social justice lens and is particularly relevant to these participant interviews. In the context of this study, intersectionality refers to the cumulative effects of challenges faced by the participants throughout their lives but particularly in their early years.

The participant interviews highlight the intersectionality of a complex array of vulnerabilities that have impacted people as drivers of problematic substance use and addiction and consequent criminal offending. The intersection of compounding issues provides a foundation that works to disconnect people from society. It is important to be aware of not just what intersectionality is, but of the effects of structures of power on peoples' lives in a broader sense (Carbado et al 2013).

Stigma and discrimination are the most visible and obvious mechanisms of marginalisation. However, dominant conceptions of discrimination lead to assumptions that this occurs along

a single categorical axis, which further marginalises those who are multiply burdened (Crenshaw 1989). Often the multiple burdens and barriers that people have faced are lost in the over-simplification of circumstances as they are presented. There is clear evidence of this in the literature focused on the impact of perceived and anticipated stigma on community adjustment and engagement (Moore, Stuewig & Tangney 2016). These barriers present real and imagined disconnects from community engagement.

In 2018, the Office of the Prime Minister's Chief Science Advisors report highlighted the association between rising incarceration rates and the culture of retribution in government policy (Lambie & Gluckman 2018). The report drew on research to discuss an array of complex vulnerabilities that have impacted those incarcerated and particularly young people at risk of criminal justice outcomes.

The findings from this study show the presence of intersecting issues in all cases. While addiction is a focus of this study, other key intersectional factors to emerge through the interviews were poverty and deprivation, trauma, effects of colonisation and criminal justice involvement. Intersectionality, therefore, is an important way to understand the findings overall and in all their complexity. The following is a breakdown of these intersecting factors.

Poverty and deprivation

Poverty and deprivation are hard to define easily particularly when comparing a New Zealand context to other settings around the world. Bassuk et al (2004) define them as the three interrelated dimensions of poverty through deprivation of basic material needs, repression through deprivation of human rights, and alienation through the deprivation of higher needs. It is difficult in the context of the findings of this study to compare income against social deprivation. Some might suggest that some of our participants were in families who had adequate financial resources, but the data reveals that these were often not used effectively to provide for basic material and social needs.

While drug use is often linked to pleasure and reward in populations who are socially privileged who generally don't engage in other types of crime (Pederson et al 2022), pathways to addiction through poverty, deprivation and crime are also recognised (Jones & Sumnall 2016). The prevalence of poverty and social marginalisation among drug users indicates drug use to ameliorate pain, rather than cause pleasure (Fraser 2008). Pain can come from the trauma of adverse experiences, but these experiences are often inextricably linked to the deprivation of basic social needs and connections, and lack of an adequate financial foundation. Fraser further states that poverty and social marginalisation can be seen as ills in themselves, so that people without resources are more likely to suffer different and more severe consequences of drug use than people who have resources.

Trauma

All participants had experienced considerable trauma, often early in life, throughout childhood and into adolescence. Van der Kolk (2003) defines trauma as anything that has overwhelmed an individual's ability to process and integrate something that has happened to them. These can be the experiences of physical violence or turbulent and distressing events including grief and loss, that the participants experienced as part of their lives.

When looking at what the link is between trauma and addiction, there is clear evidence of how people develop responses to stress including substance use. Gabor Maté (2012) explains that humans and animals require consistent nurturing and secure interactions to survive and that when this does not happen, maldevelopment results. He further states that in all addicted persons, the three dominant addictive brain systems – the opioid attachment-reward system, the dopamine-based incentive-motivation apparatus and the self-regulation areas of the prefrontal cortex, are not functioning properly. He proposes a fourth brain-body system where addiction is present, the stress-response mechanism.

Maté's work connects with what was found in a study in the literature on the impacts of trauma on offender's substance use and chronic recidivism (Morash et al 2019). This study found that the key to moving forwards into recovery and desistance lay in addressing trauma, through a process of redemption by 'making good' of past negative events. This involved using a strengths-based approach to reframe the experiences recognising the building of resilience in lived experience.

For the participants in this study who grew up in these high-stress environments, trauma has been a constant companion, not only in their own lives but in the lives of those around them. Trauma and stress became their norm and they developed problematic strategies and responses to these pressures, often copying the strategies and responses of those around them.

Colonisation

Of the 13 participant interviews selected for analysis, eight identified as Māori. Their experiences show diverse impacts of colonisation implicitly, but in all cases, it can be seen as an intersecting influence on their development and the levels of support available to them. Māori participants all encountered implicit and unconscious bias and were faced with processes of colonisation and structural racism. This was often experienced by them in multiple ways, particularly when accessing housing, employment, engaging with social services or within criminal justice interactions, where they were subject to stigma or discrimination based on their ethnicity.

For Māori in the New Zealand context, colonisation has included loss of resources through land confiscation and appropriation, economic and political disadvantage, and alienation through the prohibition of cultural practices. This has been compounded by the impact of racism through racial stereotyping and unconscious bias. Socio-economic positioning and the experience of interpersonal racism have been shown to contribute to health inequities

between Māori and European ethnic groups (Harris et al 2018). Māori are more likely to be represented in all vulnerabilities, and risk factors and rates of imprisonment for Māori are disproportionately higher than for similar offending by non-Māori (Quince 2007).

Recent statistics show a massive disparity with rates of imprisonment for New Zealanders of European descent at 93 per 100,000, compared to Māori at 704 per 100,000 (Skipworth 2019). While this disparity is an extremely important indication of the challenges Māori have faced and continue to encounter in Aotearoa it is also a sad indictment of mainstream cultural attitudes to our indigenous culture and demonstrates an appalling lack of awareness and understanding of the implications. Moana Jackson states that colonisation was and is a lived experience known through generations of the wrongs Māori witnessed or were exposed to (Jackson, 2017).

International research is also full of literature relating to the effects of colonisation on indigenous cultures around the world, who continue to experience significantly poorer health outcomes than non-indigenous counterparts (Axelsson et al 2016). Stephens et al (2006) challenged the intervention focus on indigenous public health policy, stating it is largely unsuccessful and that indigenous health inequities need to be seen in a broader socio-political context that includes the effects of land appropriation, displacement, and ongoing effects of colonisation.

Criminal justice involvement

Whether it was through the effects of repeated traumatic experiences and lack of socio-economic resources or the marginalisation of colonisation, participants ended up in anti-social environments and lifestyles where substance use was embedded as a norm. Drug use inevitably became drug dealing and sometimes more serious offending as a financial foundation in their lives, and the associated criminal activities that are part of that world. Anti-social values and attitudes that prevailed and influenced behaviours led to interactions with

the criminal justice system and the consequences were inevitably of a custodial nature, initially for most in boy's homes and youth justice settings, and as they matured, in adult prisons.

In the literature by Streisel and Bachman (2020) conducted a study into the collateral consequences of drug law and policy and the impact of that on recovery processes. They state that the War on Drugs led to a massive increase in prison populations, specifically for those who use drugs. They found that a consequence of this heavy-handed approach further embedded people in criminality and increased barriers to desistance. The participants in this study all grew up in this era where these consequences impacted not only their ability to reintegrate successfully but also hindered their recovery efforts.

Extensive studies have shown the effects of involvement with criminal justice systems and the links to poorer health and social outcomes. Jail and prison inmates have a higher burden of chronic disease and are particularly at risk for substance use disorders, psychiatric disorders, victimisation, and infectious diseases including hepatitis C, HIV, and tuberculosis (Binswanger et al 2012). For people from lower socio-economic standings, criminal justice system involvement destroys human capital and undermines future life chances (Dennison & Demuth 2018).

These intersections when including interaction with criminal justice, further embed disconnection and lead to a pathway of anti-social behaviour through associations with others and the adoption of a criminal mindset where values were not congruent with pro-social societal values. In the current study, all the participants fit this description and it might be asked how they could not end up enmeshed within the criminal justice system and the consequences that came with that.

For these participants, involvement in the criminal justice system was a constant companion throughout their lives, ostracising them from communities with no conception of how to leave crime behind. A study in the literature by Buck (2019) found that people attempting to desist

from criminal lifestyles experience terror at the complexity of making this shift. Involvement in crime has almost become a safe place, a known reality where they can avoid the challenging implications of engaging in pro-social society.

Desistance

This thesis contends that addiction embeds a criminal mindset and foundational dishonest behaviours whose origins lie in trauma, poverty, marginalisation and for some, colonisation. Alcohol or other drug use was something that participants grew up with as a social norm, or turned to, to escape or self-medicate their feelings of unhappiness or disconnection. As this developed into full addiction, it embedded the persistence of offending within the anti-social world they lived in. To move away from this way of being, participants needed to deal with not only their addiction issues but to change their way of thinking to align with pro-social societal values and the behaviours that are consistent with those values, which include desistance from criminal offending.

Key theories of desistance are examined in the literature review chapter but for this discussion chapter, I will summarise what I feel are the key points and then how this connects with the findings. Early theoretical work on desistance from crime focused on social processes such as involvement in pro-social relationships and social bonds including stable employment, and changes in preferences, (Laub & Sampson 2001; Giordano et al 2007) which reached a point of consensual acceptance in the field.

These theories give some weight to the impact of human agency compared to structural actualising mechanisms (Giordano et al 2002; Sampson & Laub 2003). There is debate amongst researchers about the lack of clarity in the role that the elements of human agency including intentionality, power, reflexivity, self-examination, or monitoring, play in the desistance process (Paternoster et al 2015), and how the agency is activated. Individual

agency has been defined as the capacity an individual has to act independently, from choice, to exert influence over their own life (Hitlin & Elder 2007).

More recently theoretical work began to stress the role of identity and human agency in the process of desistance including the identity theory of desistance (ITD) by Paternoster and Bushway (2009). This theory offers a rationale choice perspective on the move from persistence to desistance. The ITD proposes that people identify with their sense of who they are either as a criminal offender or as their future self or possible identity in a pro-social way, and that the process of re-imagining is key to the use of human agency to change. A study in the literature review into rethinking recovery and desistance processes by Kay and Monaghan (2019) found that the transformation of one's social identity is vital for the cessation of addictive, and non-addictive behaviours, such as offending. They state that research into the role of social identity transformation in both addiction and desistance has seldom been undertaken simultaneously and yet there are clear links between these areas.

This challenges the idea that self-agency on its own can activate the process of desistance. The activation of agency can come about through the intersection of both structural and relational influences or supports (Albertson et al 2020), but relationship is key to agency actualisation, particularly for those who are in situations of extreme disadvantage (Hunter & Farrell 2018). I suggest that desistance through agency requires the impetus, motivation, and guidance of structural and/or relational influences, which act as an initiator, to connect and engage people, into pro-social ways of being, into connection to whānau, family or culture and community.

In the current study, all the participants began their journey to desistance by attempting abstinence from substance use. In almost all cases that involved engagement in some sort of treatment, either within the corrections environment or in the community. For some, they needed multiple treatments, which were often followed by relapse before engaging in treatment again. In only one participant's case, he managed to abstain from his drug of

choice, methamphetamine, through his self-agency and then maintained that through whānau support and engagement in education. In that sense, structural factors were present in all the participant's journey towards desistance, and within those structures, it was the relational factors that they noted as the most important components of the journey.

Structural factors

For many of the participants interviewed, organisational and structural approaches through therapeutic community treatment programmes and other interventions played a part in recovery. Sometimes these were situated within criminal justice or correctional systems or structures as part of a sentence or sanction from the criminal justice system itself and included probation and other sanctions and programmes ordered by courts or parole boards. These structures contained information, education and direction that was delivered to bring about change, but these approaches have been seen to be largely ineffective in combatting reoffending. A 2019 systematic review of criminal recidivism rates worldwide found reconviction rates in New Zealand of 60% at two-year follow-up, identical to those in the United States (Yukhnenko et al 2019).

This study found incarceration as punishment further embedded anti-social attitudes, marginalisation, and criminal associations, even when there was an opportunity for some to engage in therapeutic interventions. Similarly, Mullen et al (2019) found that despite the well-documented success of prison therapeutic community approaches in the US of reducing recidivism, prisons have more recently moved away from the TC approach to more of a CBT model. However, Mullen et al comment that CBT models have been documented to be largely ineffective in reducing recidivism.

The previous study links with another in the literature that found most TC graduates still have negative outcomes post-release (Davidson & Young 2019). The study focused on treatment engagement in prison based therapeutic communities and was critical of the lack of

preparedness and motivation of participants in the programme, which had knock on detrimental effects for those who were motivated to change for their own reasons and not just to satisfy parole conditions.

For participants in this study, the prison environment itself simply provided stronger connections to anti-social people and attitudes, normalised criminal and addictive thinking and allowed little opportunity for most to explore change. For some participants, the punishment element of prison formed part of their desire to change. Being sick and tired of being sick and tired became a core experience. However, for the most part, prison can be viewed as a deficit-based approach, using punishment through disconnection from society as a tool to reduce the risk of reoffending. Other structural interventions such as programmes in the community and probation are largely for educational purposes, including for anger management, drink driving education and parenting skills or for monitoring through probation. In and of themselves these interventions are ineffective at embedding change in attitude and behaviour and connecting people to community in a pro-social way.

Desistance is often viewed as a process, not an event, with one of the key parts of that process being maturation (McNeill & Maruna 2007). In a study in the literature Farrell et al (2011) explored the part of other structural processes like employment, partnership in a personal relationship, and caring for children. The authors stressed the importance of the process of firstly attempting to shed an offender identity, while combatting the stigma of being an ex-prisoner, and then building the motivation and confidence to stop offending through activating individual agency. This study shows how this process of desistance is not linear, it is multi-faceted with personal development and internal change driving external behaviour and engagement. What is needed is change in environmental approaches, particularly in the prison environment, and more relational involvement, especially that of the community.

Relational factors

The findings of this study indicate relationships are a key factor in the initiation of successful recovery. For many of the participants, this was through connection to community activities and engagement with some form of peer support. Peer support meant participants were inspired by those with lived experiences. It can often come intentionally through a programme or service that someone is engaged in, with a trained peer specialist whose purpose is to build a relationship and to role model recovery. Best and Lubman (2012) state that active engagement in community and immersion in peer support groups and activities were key predictors of recovery in their studies. In the literature Best et al (2018) state that the path to recovery and desistance requires activity and action through a socially mediated shift in social networks.

The previous study links strongly to another in the literature by James and Harvey (2015) into the role of peer support in substance misuse and offender treatment. The study found that peer support workers transformed a fragile sense of self into an ability to role model and guide others through the journey they had experienced themselves. They were able to demonstrate how they had managed a shift in perception and positioning in the world and this comes through clearly in the findings of this study.

In my case, I was exposed to peer support through the mentors of the Drug Treatment Unit that I attended in prison. The mentors were inmates like me, but they were different; they had graduated from the programme and were already on their recovery journey. I was inspired by them, and this acted as a motivating event that initiated my desire and self-agency to engage in treatment and education and pursue a life in recovery. Upon release, I engaged with 12 Step fellowships and had the benefit of peer support through the relationship with others who had walked the same journey and found long-term recovery.

For others in this study, relational inspiration sometimes came from within their existing peer groups, family, community groups, staff within treatment settings, 12 Step fellowships or for

some it was through a relationship with prison officers, judges, and others. These initiating events were sometimes quite fleeting moments where someone gave of themselves, either in that moment or in some cases in a more ongoing sense, where they showed compassion, care, and concern. The key thing was that someone stretched their boundaries a little, to build relationship and intimacy with the participant, opening the door to a sense of belonging and connection. This often coincided with a moment of readiness and vulnerability of the participants at the time where they were open to and often seeking some sort of support and motivation for change.

For Māori participants, connection, or reconnection to whānau and culture was a key factor in their recovery. Māori participants particularly found huge value in Te Ao Māori (a Māori worldview) and realigning their values to be congruent with tikanga. Once their addiction issues were under control, they were able to not only recognise what was important to them but to actualise that. This connects to the literature in a study by Mowen and Boman (2019) on the criminogenic influence of family, which can be both positive and negative. Family and whānau can have a tremendous effect in supporting desistance but when the environment is one of substance use and the ongoing influence of the harms experienced by whānau, this can have the opposite effect.

It was very similar for Pacifica participants where, connection to family and traditional values associated with their pacific culture became increasingly important. Pacific people exist in the context of family and cultural identity and a sense of belonging is associated with positive mental wellbeing (Faleafa, 2020). Within this culture, the behaviours of substance use, offending and criminality had no place, as they were selfish in their very nature and did not fit the collectivist, family-based values that are inherent within Pacifica culture. Shame and guilt based on the betrayal of these traditional family values made it that much harder to reconnect to the collective.

Conclusion

The purpose of this research is to not only look at the role of addiction in the persistence and desistance of criminal offending but to investigate the underlying causes, to see the challenges and barriers that people have faced and the way they have found strength, purpose and direction in their lives. These are inspirational stories of change within adversity, of the actualisation of their dreams and aspirations for a better life. The findings speak to these achievements like the feathers of the korowai of love and acceptance that resides within our unique communities in Aotearoa. Their voices are like the thermal waves of their dreams and aspirations that give rise to change.

The role of addiction in persistence and desistance of offending is abundantly clear, within the existing literature, research available nationally and internationally and in the findings of this thesis. Addiction either leads to or embeds criminal behaviour, through the need for money to support substance use, the natural progression to drug dealing, and the resulting associations with anti-social elements which embed the criminal mind-set.

Regarding desistance from offending, in all the participant interviews there was considerable effort to abstain from substance use in the first instance. Through this process of commitment to being drug-free, the participants were able to move towards active desistance. In all cases, at some time during their recovery, they formed relationships with key people who acted as initiators and supporters of the recovery process. Peer Support, either intentional or incidental was one of the most effective relationships in recovery and desistance, particularly for people in criminal justice settings.

One of the key messages that comes through the findings is the effect of the environment, in the prisons and in the community where relationships need to be available, where doors need to be opened, to understand and involve people who are trying to reconnect and find a sense of belonging. People need support to heal and move away from the perceived safety of connecting to their life of substance use and offending. No-one can do this alone and it is

through a shift in focus to different solutions and diverse relationships within the community that people can find their own passions, goals, and place within that community.

Chapter 6: Conclusion

This final chapter concludes the exploration of the role of addiction in persistence and desistance of criminal offending. The aim of this study was to identify the influence of addiction and substance use in the persistence and desistance of criminal offending. In doing so, the study hoped to gain an understanding of how addiction and substance use leads to or embeds criminal offending and the importance of dealing with addiction in the desistance process. The findings suggest that for many there is a clear link for the participants in this study between their use of substances, subsequent addiction issues and their pathway into a life of criminal offending and incarceration. These linkages are well documented in the international literature, but there is little action being taken to recognise the links between addiction and offending in the justice system and a reluctance to move away from the heavy-handed punitive approach, underpinned by the War on Drugs.

The findings chapter described the participants stories of addiction and criminal justice involvement within five themes: feeling lost growing up, drinking, drugging, and getting in trouble, offending to survive, somethings got to change, and learning new ways of being in the world. These themes were then considered within a broader context in the discussion chapter. The central conclusion to be drawn from the study is that substance use, and addiction are key underlying factors linking to a criminal lifestyle, and that resolving addiction issues helps with the desistance process. Addiction linked participants to a sub-culture where alcohol, drug use and criminality were social norms and where participants felt accepted as they were. These findings differ from other studies where it has been proposed that anti-social attitudes and behaviours were the key barriers to desistance and that addiction was more of a symptom of those attitudes and behaviours. While these previously identified issues may indeed have been barriers to desistance, the nature of addiction often lead into and served to hold people in place within the 'revolving door' of offending and incarceration. The following outlines the strengths and limitations of the study and proposed

recommendations from the current study. Recommendations are aimed at legislation and health policy, corrections, addiction treatment providers, educators, and researchers.

Strengths of the Study

The strengths of the study are fourfold. Firstly, the study was the first time that all participants had been asked of their experience on their key turning points in desistance with a particular focus on their finding relief from substance use and dependence. Most research is aimed at looking solely at peoples' criminal justice interactions. The findings suggest that it was only when they managed to get free from the demands of their addiction that participants were able to seek further connections with whānau and engage with community to find connection, hope, identity, meaning and empowerment.

Secondly, the use of a co-production and Kaupapa Māori methodologies in the wider He Ture Kia Tika project gave respect to the process and allowed better engagement. The key principles of the Kaupapa Māori approach brought co-production to life through collaboration with the participants throughout the research process and created a safe space for those with lived experience to be involved in research. This approach gave a sense of safety and guidance that enhanced the process for me.

Thirdly, because the interviews, interactions and development of the stories were conducted by people with lived experience of mental health distress, addiction and incarceration, participants were more comfortable with sharing openly, thus enriching the data. Being able to share of our own lived experience brought connection and often a shared perspective with participants that helped ease their sense of being judged.

The fourth strength of the study is that the findings will contribute to a change in the way that our system see's people with addiction issues who offend repeatedly, ending up populating

our legal systems and prisons, who are marginalised and excluded from the opportunities that others have. The overall transformational focus was on finding solutions that came from the stories themselves. Knowledge from this study can inform legislators and health policy leaders, corrections, addiction treatment service providers and leaders, educators, and researchers about important areas for improving approaches to desistance.

Limitations of the Study

The literature reviewed in this thesis shows some inconsistency in approach internationally in terms of the use of the therapeutic community model as a method to address addiction issues to help with desistance from offending. For those who are embedded in the criminal justice system, the element of punishment is too much to the fore. There is not enough research conducted that challenges that approach either overseas or in Aotearoa New Zealand.

Several studies in the literature point out the lack of focus on intersectionality and the need to look at the macro view of not just the individuals lives but the communities they live in, rather than just the presenting issue before a court, a parole board, or a treatment provider.

The experience in Aotearoa is changing in respect to recognition of the need for cultural content to address the high numbers of Māori and Pacifica represented in criminal justice statistics. While there is plenty of quantitative data, there is very little qualitative data that looks at why these numbers are so high. Very little of the research available is done by Māori and Pacifica, for Māori and Pacifica.

Recommendations

Recommendations are made in five areas which have a direct influence on outcomes, law reform, Corrections policy, mental health and addiction treatment, educators, and

researchers. Changes are required in all five areas to ensure that outcomes are optimised for all members of society and particularly for those whose outcomes are affected by addiction. The following recommendations are offered with the primary aim of increasing positive outcomes for people with addiction.

1. Legislation and Health Policy

- Implementation of the recommendations of He Ara Oranga, *Report of the government into mental health and addiction (2018)*
 - Societal discourses are needed that recognise addiction as a health issue and the part that addiction plays in criminality. This recommendation depends on Government support at the highest level. He Ara Oranga brought clear direction for the need to take bolder measures to minimise harm associated with drugs and alcohol, and that addiction should be viewed as a health and social issue that requires care and support for effective management. The recommendations of the report include a move to civil responses, replacement of criminal sanctions and clear cross-sector leadership and coordination within central government for policy in relation to alcohol and other drugs, (Recs. 27, 28, 29). In light of this research this will require legislative changes as actions.

- Further amendment to NZ Drug Policy
 - Current NZ Drug Policy is to minimise harm from alcohol and drug use and promote and protect health and wellbeing. While recent amendments seek to support a health-based approach to drug harm, there needs to be further amendments to give clear direction in how this is applied. This should include

more equitable recognition and approaches for Māori, Pacifica and other marginalised populations who are disproportionately represented in criminal justice statistics.

2. Corrections

- Responding to the needs of people in Corrections care:
 - Better access to drug and alcohol treatment both within prison and in community. People need to be able to access treatment earlier in their sentence to enable earlier release opportunities along with connection and support in the community.
 - The use of Peer Support both in prisons, and in aftercare support for released prisoners.

- Responding to the needs of Māori in Corrections care
 - Kaupapa Māori based treatment and approaches need to be widely available in prisons, in line with the aspirations of Hōkai Rangi: Ara Poutama Aotearoa strategy: 2019 – 2024 (2019). This should include the use of Māori prison, run by Māori, for Māori.

3. Addiction Treatment Providers

- Ensure addiction treatment services are clearly accessible to people in need

- Reduce barriers to people with criminal justice involvement or coming directly from prison
- Provide more focus on relational supports through community connection and re-engagement
- Ensure staff in treatment services are trained in dealing with the complexities of people presenting with addiction issues
 - Addiction treatment services staff to be trained in the use of Kaupapa Māori and other cultural approaches that meet the Health and Disability Service Standards
 - Addiction treatment service staff understand the wider implications of desistance in the recovery journey

4. Educators

- Undergraduate educators
 - Ensure undergraduate programmes are situated within the Aotearoa New Zealand context.
 - Ensure undergraduate addictions practitioners understand cultural and peer support approaches.

- Postgraduate or other addiction educators
 - Adapt learning objectives to the local needs of addiction settings and focus on social models of recovery which emphasise community engagement and connection.

5. Researchers

Research recommendations are based on a combination of gaps identified in other studies explored throughout the development of the current study and the limitations associated with the current study findings.

Methodology

- Ensure research is designed using methodologies appropriate to those people being researched, such as qualitative approaches using co-production and indigenous research methodologies.

- Ensure terminology and measurement tools are clearly defined in research publications with clear rationale for the terms and measures chosen.

Research with clients

- Determine the intervention needs from client's own perspective. Priority should be given to understanding the intersecting complexities of Māori, Pacifica, and other marginalised groups.

This is the first study to focus on key turning points in addiction and desistance which aims to create a solution-focused framework to improve outcomes for whānau who experience addiction issues while enmeshed in the criminal justice system. This study found that addiction is a pathway to criminal behaviours and offending and acts to capture people within anti-social communities, and that a key step in the desistance process is to address addiction issues. Overall, the study recommends a multi-level response involving legislation and health policy, Corrections, addiction treatment providers, educators, and researchers to increase positive health outcomes for people with addiction and criminal justice issues.

References

- Adams, P. J. (2016). Switching to a social approach to addiction: Implications for theory and practice. *International Journal of Mental Health and Addiction*, 14(1), 86-94.
- Adamson, S. J., Todd, F. C., Douglas Sellman, J., Huriwai, T., & Porter, J. (2006). Coexisting psychiatric disorders in a New Zealand outpatient alcohol and other drug clinical population. *Australian & New Zealand Journal of Psychiatry*, 40(2), 164-170.
- Albertson, K., Phillips, J., Fowler, A., & Collinson, B. (2020). Who owns desistance? A triad of agency enabling social structures in the desistance process. *Theoretical Criminology*, 1362480620968084.
- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author.
- Aotearoa, A. P. (2019). Hōkai rangi: Ara Poutama Aotearoa strategy: 2019-2024.
- Axelsson, P., Kukutai, T., & Kippen, R. (2016). The field of Indigenous health and the role of colonisation and history. *Journal of Population Research*, 33(1), 1-7.
- Bachman, R., Kerrison, E., Paternoster, R., O'Connell, D., & Smith, L. (2016). Desistance for a long-term drug-involved sample of adult offenders: The importance of identity transformation. *Criminal Justice and Behavior*, 43(2), 164-186.
- Bachman, R., Rodriguez, S., Kerrison, E. M., & Leon, C. (2019). The recursive relationship between substance abuse, prostitution, and incarceration: voices from a long-term cohort of women. *Victims & Offenders*, 14(5), 587-605.
- Bahr, S. J., Masters, A. L., & Taylor, B. M. (2012). What works in substance abuse treatment programs for offenders? *The Prison Journal*, 92(2), 155-174.
- Bakken, N. W., DeCamp, W., & Visher, C. A. (2014). Spirituality and desistance from substance use among reentering offenders. *International Journal of Offender Therapy and Comparative Criminology*, 58(11), 1321-1339.
- Barrenger, S. L., Maurer, K., Moore, K. L., & Hong, I. (2020). Mental health recovery: Peer specialists with mental health and incarceration experiences. *The American Journal of Orthopsychiatry*.

- Bassuk, E. L., Donelan, B., Selema, B., Ali, S., de Aguiar, A. C., Eisenstein, E., & Tashjian, M. (2004). Social deprivation. In *Trauma interventions in war and peace* (pp. 33-55). Springer, Boston, MA.
- Belenko, S., Hiller, M., & Hamilton, L. (2013). Treating substance use disorders in the criminal justice system. *Current psychiatry reports*, 15(11), 414.
- Best, D., Day, E., Campbell, A., Flynn, P. M., & Simpson, D. D. (2009). Relationship between drug treatment engagement and criminal thinking style among drug-using offenders. *European Addiction Research*, 15(2), 71-77.
- Best, D., Groshkova, T., Loaring, J., Ghufuran, S., Day, E., & Taylor, A. (2010). Comparing the addiction careers of heroin and alcohol users and their self-reported reasons for achieving abstinence. *Journal of Groups in Addiction & Recovery*, 5(3-4), 289-305.
- Best, D., & Laudet, A. (2010). The potential of recovery capital. *London: RSA*.
- Best, D. W., & Lubman, D. I. (2012). The recovery paradigm: A model of hope and change for alcohol and drug addiction. *Australian family physician*, 41(8), 593-597.
- Best, D., Musgrove, A., & Hall, L. (2018). The bridge between social identity and community capital on the path to recovery and desistance. *Probation Journal*, 65(4), 394-406.
- Binswanger, I. A., Redmond, N., Steiner, J. F., & Hicks, L. S. (2012). Health disparities and the criminal justice system: an agenda for further research and action. *Journal of Urban Health*, 89(1), 98-107.
- Birgden, A. (2002). Therapeutic jurisprudence and "good lives": A rehabilitation framework for corrections. *Australian Psychologist*, 37(3), 180-186.
- Bishop, A. R. (1995). *Collaborative research stories: Whakawhanaungatanga* (Doctoral dissertation, University of Otago).
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, 11(4), 589-597.
- Buck, G. (2019). "It's a Tug of War Between the Person I Used To Be and the Person I Want To Be": The Terror, Complexity, and Limits of Leaving Crime Behind. *Illness, Crisis & Loss*, 27(2), 101-118.
- Bushway, S. D., & Paternoster, R. (2013). Desistance from crime: A review and ideas for moving forward. In *Handbook of life-course criminology* (pp. 213-231): Springer.
- Bushway, S. D., & Paternoster, R. (2017). Understanding desistance: Theory testing with formal empirical models. In *Measuring Crime and Criminality* (pp. 299-333): Routledge.
- Butzin, C. A., Martin, S. S., & Inciardi, J. A. (2005). Treatment during transition from prison to community and subsequent illicit drug use. *Journal of substance abuse treatment*, 28(4), 351-358.
- Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). Intersectionality: Mapping the Movements of a Theory¹. *Du Bois review: social science research on race*, 10(2), 303-312.
- Carr, N. T., & Hanks, R. S. (2012). If "60 is the new 40," is 35 the new 15? Late onset crime and delinquency. *Deviant behavior*, 33(5), 393-411.
- Carr, S., & Patel, M. (2016). Practical guide: progressing transformative co-production in mental health.
- Centre on Addiction and Substance Abuse at Columbia University (CASA). (1998). Behind Bars: Substance Abuse and America's Prison Population.
- Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling and Psychotherapy Research*, 18(2), 107-110.
- Cooper, B. (2016). Intersectionality. In *The Oxford handbook of feminist theory*.

- Corti, L., Day, A., & Backhouse, G. (2000, December). Confidentiality and informed consent: Issues for consideration in the preservation of and provision of access to qualitative data archives. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 1, No. 3).
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *u. Chi. Legal f.*, 139.
- Crotty, M. (1998). Introduction: The research process. *The foundations of social research: Meaning and perspective in the research process*, 1-17.
- Crow, G., Wiles, R., Heath, S., & Charles, V. (2006). Research ethics and data quality: The implications of informed consent. *International Journal of Social Research Methodology*, 9(2), 83-95.
- Davidson, K. M., & Young, J. T. (2019). Treatment engagement in a prison-based Therapeutic Community: A mixed-methods approach. *Journal of substance abuse treatment*, 103, 33-42.
- De Choudhury, M., & De, S. (2014, May). Mental health discourse on reddit: Self-disclosure, social support, and anonymity. In *Eighth international AAAI conference on weblogs and social media*.
- Denney, A. S. (2018). Prison chaplains: Perceptions of criminality, effective prison programming characteristics, and the role of religion in the desistance from crime. *American Journal of Criminal Justice*, 43(3), 694-723.
- Dennison, C. R., & Demuth, S. (2018). The more you have, the more you lose: Criminal justice involvement, ascribed socioeconomic status, and achieved SES. *Social problems*, 65(2), 191-210.
- Densen-Gerber, J. (1984). The Odyssey House treatment method. In *Social and Medical Aspects of Drug Abuse* (pp. 215-228). Springer, Dordrecht.

- Denzin, N. K. (1994). Introduction: Entering the field of qualitative research. *Handbook of qualitative research*. 12-15
- Denzin, N. K. (2000). Aesthetics and the practices of qualitative inquiry. *Qualitative inquiry*, 6(2), 256-265.
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical education*, 40(4), 314-321.
- Dunn, E. C., Wewiorski, N. J., & Rogers, E. S. (2008). The meaning and importance of employment to people in recovery from serious mental illness: results of a qualitative study. *Psychiatric rehabilitation journal*, 32(1), 59.
- Dunne, H. P. (2015). Inter-Agency Committee on Drugs. *National Drug Policy 2015 to 2020*. Wellington: Ministry of Health.
- Elison, S., Weston, S., Davies, G., Dugdale, S., & Ward, J. (2016). Findings from mixed-methods feasibility and effectiveness evaluations of the "Breaking Free Online" treatment and recovery programme for substance misuse in prisons. *Drugs: education, prevention and policy*, 23(2), 176-185.
- Engel, G. L. (1979). The biopsychosocial model and the education of health professionals. *General hospital psychiatry*, 1(2), 156-165.
- Faleafa, M. (2020). *Core elements of Pacific primary mental health and addiction service provision*. Niu Mindworks Limited, 8.
- Farrall, S., & Maruna, S. (2004). Desistance-focused criminal justice policy research: Introduction to a special issue on desistance from crime and public policy. *The Howard Journal of Criminal Justice*, 43(4), 358-367.
- Farrall, S., Sharpe, G., Hunter, B., & Calverley, A. (2011). Theorizing structural and individual-level processes in desistance and persistence: Outlining an integrated perspective. *Australian & New Zealand Journal of Criminology*, 44(2), 218-234.

- Farrall, S., Hunter, B., & Sharpe, G. (2014). *Criminal careers in transition: The social context of desistance from crime*. Oxford University Press.
- Faulkner, A., Carr, S., Gould, D., Khisa, C., Hafford-Letchfield, T., Cohen, R., ... & Holley, J. (2021). 'Dignity and respect': An example of service user leadership and co-production in mental health research. *Health Expectations*, *24*, 10-19.
- Fischer, B., Daldegan-Bueno, D., & Boden, J. M. (2020). Facing the option for the legalisation of cannabis use and supply in New Zealand: An overview of relevant evidence, concepts and considerations. *Drug and alcohol review*, *39*(5), 555-567.
- Fischer, B., & Hall, W. (2021). New Zealand's failed cannabis legalization referendum—implications for cannabis policy reform. *The Lancet Regional Health-Western Pacific*, *7*, 100080.
- Foulds, J. A., & Nutt, D. (2020). Principled sentencing for drug supply offences: Revised methamphetamine sentencing guidelines in New Zealand. *Drug Science, Policy and Law*, *6*, 2050324520942347.
- Fox, A., Fox, C., & Marsh, C. (2013). Could personalisation reduce re-offending? Reflections on potential lessons from British social care reform for the British criminal justice system. *Journal of Social Policy*, *42*, 721.
- Fraser, S. (2008). Trauma, damage and pleasure: Rethinking problematic drug use. *International Journal of Drug Policy*, *19*(5), 410-416.
- Gålnder, R. (2019). Desistance From Crime—to What? Exploring Future Aspirations and Their Implications for Processes of Desistance. *Feminist Criminology*, 1557085119879236.
- Gibbs, B. R., Lytle, R., & Wakefield, W. (2019). Outcome Effects on Recidivism Among Drug Court Participants. *Criminal Justice and Behavior*, *46*(1), 115-135.
- Giordano, P. C., Cernkovich, S. A., & Rudolph, J. L. (2002). Gender, crime, and desistance: Toward a theory of cognitive transformation. *American Journal of Sociology*, *107*(4), 990-1064.

- Giordano, P. C., Longmore, M. A., Schroeder, R. D., & Seffrin, P. M. (2008). A life-course perspective on spirituality and desistance from crime. *Criminology*, 46(1), 99-132.
- Giordano, P. C., Schroeder, R. D., & Cernkovich, S. A. (2007). Emotions and crime over the life course: A neo-Meadian perspective on criminal continuity and change. *American Journal of Sociology*, 112(6), 1603-1661.
- Glueck, S., & GLUECK (1950), Unravelling Juvenile Delinquency. *New York: Commonwealth Fund. Glueck Unraveling Juvenile Delinquency 1950.*
- Granfield, R., & Cloud, W. (1999). *Coming clean: Overcoming addiction without treatment.* NYU Press.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Ectj*, 29(2), 75-91.
- Gueta, K., Gamliel, S., & Ronel, N. (2019). "Weak Is the New Strong": Gendered Meanings of Recovery from Substance Abuse among Male Prisoners Participating in Narcotic Anonymous Meetings. *Men and Masculinities*, 1097184X19849449.
- Hannah, J. (2017). Looking through a realist lens: services provided by faith-based and third sector organisations. *Social Determinants of Health: An Interdisciplinary Approach to Social Inequality and Wellbeing*, 165.
- Harris, R. B., Stanley, J., & Cormack, D. M. (2018). Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. *PloS one*, 13(5), e0196476.
- Hayton, P. (2007). Protecting and promoting health in prisons: A settings approach. *Health in prisons A WHO guide to the essentials in prison health*, 15-20.
- Hitlin, S., & Elder Jr, G. H. (2007). Time, self, and the curiously abstract concept of agency. *Sociological theory*, 25(2), 170-191.
- Howerton, A., Burnett, R., Byng, R., & Campbell, J. (2009). The consolations of going back to prison: What 'revolving door' prisoners think of their prospects. *Journal of Offender Rehabilitation*, 48(5), 439-461.

- Hser, Y. I., Longshore, D., & Anglin, M. D. (2007). The life course perspective on drug use: A conceptual framework for understanding drug use trajectories. *Evaluation review, 31*(6), 515-547.
- Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). Te ara tika. *Guidelines for Māori research ethics: A framework for researchers and ethics committee members, 29*.
- Humphreys, A., & Grayson, K. (2008). The intersecting roles of consumer and producer: A critical perspective on co-production, co-creation and prosumption. *Sociology compass, 2*(3), 963-980.
- Hunter, B., & Farrall, S. (2018). Emotions, future selves and the process of desistance. *The British Journal of Criminology, 58*(2), 291-308.
- Huriwai, T. (2002). Re-enculturation: Culturally congruent interventions for Māori with alcohol-and drug-use-associated problems in New Zealand. *Substance use & misuse, 37*(8-10), 1259-1268.
- Inciardi, J. A., Martin, S. S., & Butzin, C. A. (2004). Five-year outcomes of therapeutic community treatment of drug-involved offenders after release from prison. *Crime & Delinquency, 50*(1), 88-107.
- Indig, D., Gear, C., & Wilhelm, K. (2016). *Comorbid substance use disorders and mental health disorders among New Zealand prisoners*. Wellington: New Zealand Department of Corrections.
- Iwikau, B. L. (2007). *Te Toi o Matariki: a cultural model for personal growth and development* (Doctoral dissertation, Auckland University of Technology).
- Jackson, M. (1990). Criminality and the Exclusion of Māori. *Victoria U. Wellington L. Rev., 20*, 23.
- Jackson, M. (2017). We have come too far not to go further. *Counterfutures, 4*, 27-51.
- James, N., & Harvey, J. (2015). The psychosocial experience of role reversal for paraprofessionals providing substance misuse and offender treatment: an interpretative phenomenological analysis. *Journal of Forensic Practice*.

- Jensen, E. L., & Kane, S. L. (2012). The effects of therapeutic community on recidivism up to four years after release from prison: A multisite study. *Criminal Justice and Behavior, 39*(8), 1075-1087.
- Johnson, C. S., Stansfield, C. R., Hassan, V. R., Kolbe, E., Partington, H. K., Kappatos, D. C., & Somerville, R. F. (2020). The phenomenon of para-Fluorophenylpiperazine (pFPP) in combination with the synthetic cannabinoid AMB-FUBINACA in seized plant material in New Zealand. *Forensic science international, 307*, 110107.
- Jones, R., Crengle, S., & McCreanor, T. (2006). How tikanga guides and protects the research process: Insights from the Hauora Tane project. *Social Policy Journal of New Zealand, 29*, 60.
- Jones, L., & Sumnall, H. (2016). Understanding the relationship between poverty and alcohol misuse. *Liverpool: Liverpool John Moores University, 9-17*.
- Kaeble, D., & Cowhig, M. (2016). Correctional populations in the United States, 2016. *Ncj, 251211*.
- Kay, C., & Monaghan, M. (2019). Rethinking recovery and desistance processes: developing a social identity model of transition. *Addiction Research & Theory, 27*(1), 47-54.
- Kearns, R. A., Collins, D., & Conradson, D. (2014). A healthy island blue space: From space of detention to site of sanctuary. *Health & place, 30*, 107-115.
- Kidd, J., & Edwards, G. (2016). Doing it together: a story from the co-production field. *Qualitative Research Journal, 16*(3), 274-287.
- Kirk, D. S. (2019). The association between residential relocation and re-incarceration among drug-dependent former prisoners. *Addiction, 114*(8), 1389-1395.
- Koch, T. (1994). Establishing rigour in qualitative research: the decision trail. *Journal of advanced nursing, 19*(5), 976-986.

- Kopak, A. M., Haugh, S., & Hoffmann, N. G. (2016). The entanglement between relapse and posttreatment criminal justice involvement. *The American journal of drug and alcohol abuse*, 42(5), 606-613.
- Lambie, I., & Gluckman, S. P. (2018). Using evidence to build a better justice system: The challenge of rising prison costs.
- Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and justice*, 28, 1-69.
- Laub, J. H., & Sampson, R. J. (2003). Shared beginnings. *Divergent Lives*.
- Lee, R. M. (1993). *Doing research on sensitive topics*. Sage. 4.
- Levack, W. M., Jones, B., Grainger, R., Boland, P., Brown, M., & Ingham, T. R. (2016). Whakawhanaungatanga: the importance of culturally meaningful connections to improve uptake of pulmonary rehabilitation by Māori with COPD—a qualitative study. *International journal of chronic obstructive pulmonary disease*, 11, 489.
- London, M. (2005). History of addiction: a UK perspective. *American Journal on Addictions*, 14(2), 97-105.
- Marshall, M., & Lockwood, A. (1998). Assertive community treatment for people with severe mental disorders. *Cochrane database of systematic reviews*, (2).
- Martin, S. S., O'Connell, D. J., Paternoster, R., & Bachman, R. D. (2011). The long and winding road to desistance from crime for drug-involved offenders: The long-term influence of TC Treatment on re-arrest. *Journal of Drug Issues*, 41(2), 179-196.
- Maruna, S. (2001). Making good: How ex-convicts reform and rebuild their lives. *American Psychological Association, Washington, DC*.
- Maruna, S., Lebel, T. P., Mitchell, N., & Naples, M. (2004). Pygmalion in the reintegration process: Desistance from crime through the looking glass. *Psychology, Crime & Law*, 10(3), 271-281.
- Maruna, S., & Roy, K. (2007). Amputation or reconstruction? Notes on the concept of “knifing off” and desistance from crime. *Journal of Contemporary Criminal Justice*,

- 23(1), 104-124. Ministry of Justice. (2013). Transforming rehabilitation: A strategy for reform.
- Maté, G. (2012). Addiction: Childhood trauma, stress and the biology of addiction. *Journal of Restorative Medicine*, 1(1), 56-63.
- McNeill, F. (2013). Transforming Rehabilitation: Evidence, values and ideology. *British Journal of Community Justice*, 11(2-3), 83-86.
- McNeill, F., & Maruna, S. (2007). Giving up and giving back: Desistance, generativity and social work with offenders. *Developments in social work with offenders*, 48, 224-339.
- Ministry of Health. (2001). A national strategic framework for alcohol and drugs services. Wellington: Ministry of Health.
- Moore, K. E., Stuewig, J. B., & Tangney, J. P. (2016). The effect of stigma on criminal offenders' functioning: A longitudinal mediational model. *Deviant behavior*, 37(2), 196-218.
- Morash, M., Stone, R., Hoskins, K., Kashy, D. A., & Cobbina, J. E. (2019). Narrative Identity Development and Desistance from Illegal Behavior among Substance-Using Female Offenders: Implications for Narrative Therapy and Creating Opportunity. *Sex Roles*, 1-21.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of counseling psychology*, 52(2), 250.
- Mowen, T. J., & Boman IV, J. H. (2019). The criminogenic influence of family on substance use during reentry: A life-course perspective on between individual differences and within individual changes. *Justice Quarterly*, 36(5), 841-869.
- Muehlmann, S. (2018). The gender of the war on drugs. *Annual review of anthropology*, 47, 315-330.
- Mullen, R., Arbiter, N., Plepler, C. R., & Bond, D. J. (2019). In-prison therapeutic communities in California. *Therapeutic Communities: The International Journal of Therapeutic Communities*.

- Muro, P., Enjuanes, J., Morata, T., & Palasí, E. (2016). Health promotion in a prison setting: Experience in Villabona prison. *Health Education Journal*, 75(6), 712-720.
- National Association of Drug Court Professionals. Drug Court Standards Committee, & United States. Drug Courts Program Office. (1997). *Defining drug courts: The key components*. US Department of Justice, Office of Justice Programs, Drug Courts Program Office.
- Nelson, A. (2017). Addiction workforce development in Aotearoa New Zealand. *Drugs: Education, Prevention and Policy*, 24(6), 461-468.
- Newbold, G. (2004). The control of drugs in New Zealand. *Hard Lessons: Reflections on Governance and Crime Control in Late Modernity*, 5372.- (3), 7-33.
- Noy, C. (2008). Sampling knowledge: The hermeneutics of snowball sampling in qualitative research. *International Journal of social research methodology*, 11(4), 327-344.
- Oranga, H. A. (2018). Report of the government inquiry into mental health and addiction.
- Padfield, N., & Maruna, S. (2006). The revolving door at the prison gate: Exploring the dramatic increase in recalls to prison. *Criminology & Criminal Justice*, 6(3), 329-352.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, 42(5), 533-544.
- Paternoster, R., Bachman, R., Bushway, S., Kerrison, E., & O'Connell, D. (2015). Human agency and explanations of criminal desistance: Arguments for a rational choice theory. *Journal of Developmental and Life-Course Criminology*, 1(3), 209-235.
- Paternoster, R., & Bushway, S. (2009). Desistance and the "feared self": Toward an identity theory of criminal desistance. *The Journal of Criminal Law and Criminology*, 1103-1156.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks. Cal.: Sage Publications, 4.

- Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative social work*, 1(3), 261-283.
- Pedersen, W., Moffitt, T. E., & von Soest, T. (2022). Privileged background protects against drug charges: A long-term population-based longitudinal study. *International Journal of Drug Policy*, 100, 103491.
- Perkins, H. W. (2002). Social norms and the prevention of alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol*, (Suppl. 14), 164-172.
- Pitts, J. A. (2004). Possible Contributing Factors to the Deterioration of Client Profiles at Odyssey House.
- Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. *International journal of qualitative studies in education*, 8(1), 5-23.
- Poulton, R., Robertson, K., Boden, J., Horwood, J., Theodore, R., Potiki, T., & Ambler, A. (2020). Patterns of recreational cannabis use in Aotearoa-New Zealand and their consequences: evidence to inform voters in the 2020 referendum. *Journal of the Royal Society of New Zealand*, 50(2), 348-365.
- Quince, K. (2007) 'Māori and the criminal justice system in New Zealand', in Tolmie, J. and Brookbanks, W. (eds), *In Criminal Justice in New Zealand*, Wellington, LexisNexis NZ Limited. Pp. 333 – 58.
- Rosenthal, R. J., & Faris, S. B. (2019). The etymology and early history of 'addiction'. *Addiction Research & Theory*, 27(5), 437-449.
- Rychert, M., & Wilkins, C. (2018). A critical analysis of the implementation of a legal regulated market for new psychoactive substances ("legal highs") in New Zealand. *International Journal of Drug Policy*, 55, 88-94.
- Rychert, M., & Wilkins, C. (2021). Why did New Zealand's referendum to legalise recreational cannabis fail? *Drug and alcohol review*, 40(6), 877-881.

- Saah, T. (2005). The evolutionary origins and significance of drug addiction. *Harm reduction journal*, 2(1), 1-7.
- Sampson, R. J., & Laub, J. H. (1995). *Crime in the making: Pathways and turning points through life*. Harvard University Press.
- Sampson, R. J., & Laub, J. H. (2003). Life-course desisters? Trajectories of crime among delinquent boys followed to age 70. *Criminology*, 41(3), 555-592.
- Scott, C. K., Dennis, M. L., & Lurigio, A. J. (2015). Comorbidity among female detainees in drug treatment: An exploration of internalizing and externalizing disorders. *Psychiatric Rehabilitation Journal*, 38(1), 35.
- Schafer, G. (2011). Family functioning in families with alcohol and other drug addiction. *Social Policy Journal of New Zealand*, 37(2), 135-151.
- Schäfer, G., & Lecturer, S. (2011). Family functioning in families with alcohol and other drug addiction. *Social policy journal of New Zealand*, 37(1), 1-17.
- Shannon, L. M., JACKSON JONES, A., Perkins, E., Newell, J., & Payne, C. M. (2018). Examining factors associated with program completion among women participants in a statewide drug court program. *Journal of Social Work Practice in the Addictions*, 18(2), 168-191.
- Skewes, M. C., & Gonzalez, V. M. (2013). The biopsychosocial model of addiction. *Principles of addiction*, 1, 61-70.
- Skipworth, J. (2019). The Australian and New Zealand prison crisis: Cultural and clinical issues. *Australian & New Zealand Journal of Psychiatry*, 53(5), 472-473.
- Solinas-Saunders, M., & Stacer, M. J. (2017). A retrospective analysis of repeated incarceration using a national sample: What makes female inmates different from male inmates? *Victims & Offenders*, 12(1), 138-173.
- Stansfield, C. R., Somerville, R. F., Hassan, V. R., Kolbe, E., Partington, H. K., Walsh, K. A. J., & Johnson, C. S. (2020). Effects of external influences on synthetic cannabinoid trends in New Zealand, 2014 to 2020. *Forensic science international*, 316, 110485.

- Stephens, C., Porter, J., Nettleton, C., & Willis, R. (2006). Disappearing, displaced, and undervalued: a call to action for Indigenous health worldwide. *The lancet*, 367(9527), 2019-2028.
- Streisel, S., & Bachman, R. (2020). An extension of collateral consequences: Impact on the recovery process. *Journal of Offender Rehabilitation*, 59(1), 1-21.
- Taylor, A. (2008). Substance use and abuse: Women's criminal reoffending in New Zealand. *Affilia*, 23(2), 167-178.
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The Sage handbook of qualitative research in psychology*, 17-37.
- Thom, K., & Burnside, D. (2018). Sharing power in criminal justice: The potential of co-production for offenders experiencing mental health and addictions in New Zealand. *International journal of mental health nursing*, 27(4), 1258-1265.
- Tribunal, W. (2017). Tu mai te rangi: Report on the Crown and disproportionate reoffending rates.
- Van der Kolk, B. A. (2003). *Psychological trauma*. American Psychiatric Pub.
- Vanderplasschen, W., Colpaert, K., Autrique, M., Rapp, R. C., Pearce, S., Broekaert, E., & Vandeveld, S. (2013). Therapeutic communities for addictions: a review of their effectiveness from a recovery-oriented perspective. *The Scientific World Journal*, 2013, 1-3.
- Vik, P. W., & Ross, T. (2003). Methamphetamine use among incarcerated women. *Journal of Substance Use*, 8(2), 69-77.
- Ward, T. (2002). Good lives and the rehabilitation of offenders: Promises and problems. *Aggression and Violent Behavior*, 7(5), 513-528.
- Webb, M. B. (2001). Addiction and the law: a case-study of the Alcoholism and Drug Addiction Act.

- Welsh, W. N., & Zajac, G. (2013). A multisite evaluation of prison-based drug treatment: Four-year follow-up results. *The Prison Journal, 93*(3), 251-271.
- Western, B., Braga, A. A., Davis, J., & Sirois, C. (2015). Stress and hardship after prison. *American Journal of Sociology, 120*(5), 1512-1547(86)
- Wilkins, C., & Sweetsur, P. (2008). Trends in population drug use in New Zealand: findings from national household surveying of drug use in 1998, 2001, 2003, and 2006. *The New Zealand Medical Journal (Online), 121*(1274).
- Wilkins, C., Prasad, J., Wong, K., & Rychert, M. (2015). Recent trends in illegal drug use in New Zealand 2006-2014.
- Wilkins, C., & Rychert, M. (2021). Assessing New Zealand's cannabis legalization and control bill: prospects and challenges. *Addiction, 116*(2), 222-230.
- Yalisove, D. (1998). The origins and evolution of the disease concept of treatment. *Journal of Studies on Alcohol, 59*(4), 469-476.
- Yska, R. (1990). *New Zealand green: the story of marijuana in New Zealand*. David Bateman, 84.
- Yukhnenko, D., Sridhar, S., & Fazel, S. (2019). A systematic review of criminal recidivism rates worldwide: 3-year update. *Wellcome Open Research, 4*.
- Zhang, S. X., Roberts, R. E., & McCollister, K. E. (2011). Therapeutic community in a California prison: Treatment outcomes after 5 years. *Crime & Delinquency, 57*(1), 82-101.

Appendix 1: Auckland University of Technology Ethics Approval

14 May 2019

Katey Thom
Faculty of Business Economics and Law

Dear Katey

Re Ethics Application: **19/106 He Ture Kia Tika: Let the law be right**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 14 May 2022.

Standard Conditions of Approval

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through <http://www.aut.ac.nz/research/researchethics>.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through <http://www.aut.ac.nz/research/researchethics>.
3. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form: <http://www.aut.ac.nz/research/researchethics>.
4. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

Please quote the application number and title on all future correspondence related to this project.

AUTEC grants ethical approval only. If you require management approval for access for your research from another institution or organisation, then you are responsible for obtaining it. You are reminded that it is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

For any enquiries, please contact ethics@aut.ac.nz

Yours sincerely,



Kate O'Connor
Executive Manager
Auckland University of Technology Ethics Committee

Cc: daveb@odyssey.org.nz

Appendix 2: Participant Information Sheet

He Ture Kia Tika: Let the Law be Right

Whānau Stories Participant Information Sheet

Tēnā koe

This participant information sheet tells you about *He Ture Kia Tika* and details what your involvement will mean if you consent to take part in the project. If you are over 18 years old and have previously experienced incarceration/court processes, mental distress and/or addiction, we invite you to take part in co-creating a story with us about your journey towards whānau ora (wellness and connectedness) and desistance from criminal offending. We welcome anyone else (whānau/family members, support persons) of your choice to take part in the co-creation of your story. Please read the information provided and get in touch with us should you require any further information.

Ko wai mātou? | Who are we?

We are diverse team supported by the Centre for Non-Adversarial Justice at AUT and Hoani Waititi marae whānau. You can find out more about us in the enclosed *Ko wai mātou?/Who are we?* document. The main contact for this research is Stella Black (Ngāi Tūhoe) who is project manager and Dave Burnside a masters student researcher. Katey Thom and Warren Brookbanks provide oversight. The project is funded by the Michael and Suzanne Borrin Foundation.

Kaupapa | What is the purpose of this research?

The project aims to create diverse 'solution-focused' recommendations to improve outcomes for whānau subject to criminal justice processes while experiencing mental distress and/or addiction in Aotearoa. We characterise a 'solution-focused' approach as strength-based, culturally competent and attuned to the need to work across traditional social, health and justice sector divides to produce positive outcomes for whānau. **He kohikohinga pūrākau whānau** (whānau stories) is stage one of this overall project. Stage one has a specific focus on 'stories of success', whereby whānau across the Aotearoa are invited to share the turnings points in their lives, and what helped and hindered their journey towards whānau ora (wellbeing and connectedness) and desistance from offending. The collection of whānau stories will contribute to the overall solution-focused recommendations that we will present to national stakeholders at hui in Auckland, Wellington and Christchurch. We may also draw on whānau stories to present at local and international conferences, as well as in a published report and journal articles. In alignment with our co-production methodology, Dave Burnside, who has his own lived experience of incarceration, mental distress and addiction, will complete a master's thesis based on the information gathered through the co-created stories. He will aim to provide a thematic analysis across the stories to help us understand the key turning points in whānau journeys towards desistance from offending.

Pehea au i kimihia? | How was I identified and why am I being invited to participate in this research?

You have been identified by one of our research team or another peer as someone who has encountered the criminal justice system at a time when you may also have experienced mental distress and/or addiction issues. We are inviting you to participate in the research because you have found yourself in a place where you have sought support, feel well and are no longer committing acts that may see you entangled in criminal justice processes.

Pēhea au i whakae i tēnei rangahau? | How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You have two weeks to consider this invitation.

If you decide you want to take part, you will be required to sign the enclosed consent form. There are choices to make on this consent form regarding confidentiality and how you would like us to use the story in public presentations and writing. We will discuss these options with you in person when we first meet, and you will have the ability to re-visit your options regarding confidentiality and use of your story at different stages throughout the story creation process. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having your story removed from our collection or allowing it be used in a de-identified format.

Ka aha rā i roto i tēnei rangahau? | What will happen in this research?

The story creation will begin with a kanohi-ki-te-kanohi (face-to-face) meeting with Stella, Dave and sometimes another member of team for a 2–3-hour interview at your home, marae or public space where you are comfortable. We will begin with karakia (prayer) if you desire and whakawhanaungatanga (establishing our relationship), where we ask each other: Ko wai koe, nō hea koe? Who are you, where do you come from? We will then return to the kaupapa of the project, cover consent processes and allow you to describe your journey. You may like to consider your lived experience of mental health, addiction and the legal system in relation to: How and why experiences occurred? What became your turning point? What and how services/people helped you through those experiences? What have you learnt through your experience? With your permission, this part of the interview will be audio-recorded so we can have an accurate record to help with story creation. Should obtain the help of a professional transcriber, they will be required to sign a confidentiality form.

We will close by asking you how you felt about the kōrero (interview discussion), options for follow up with us, and if you like, karakia whakamutunga (closing prayer). About a week later, we will contact you to see how you are and confirm the best way for us to work together to firm up your story for presentation. All stories will be written up in text, but you also have the choice to include artistic representations to help tell your story. It may take a few more hours to review your story drafts, depending on how much to you want to add or retract. Co-creating stories can be a time-consuming process. We estimate 2-3 hours for the initial interview, followed by 2-3 follow-up conversations by phone or email that may be ½ -1 hour long. At the story completion, we will provide you with a written report and digital copy of your story on a USB stick for you and your whānau to keep.

He aha ngā he? | What are the discomforts and risks?

It is possible you and your whānau may experience discomfort or embarrassment during the storytelling process and there is a potential for re-traumatisation from sharing personal stories. There is some risk associated with your choices around privacy and the level of confidentiality you want to maintain, for example, whether you would like to use your real name(s) in your story, have your face shown using photos, include your artwork, or remain de-identified and opt for the use of a pseudonym that you can choose.

Pehea mātou e tautoko i a koe? | How will these discomforts and risks be alleviated?

Guided by tikanga Māori we use a whanaungatanga approach of relationships, building trust and rapport with you and your whānau. It is your choice if you wish to have whānau support or a member of the team that has an existing relationship present during the interview and follow-up discussions. You do not need to answer any questions we ask if you do not feel comfortable and you can withdraw without giving a reason at any time. You can also access free support from the following phone lines:

- [Lifeline](#) – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- [Suicide Crisis Helpline](#) – 0508 828 865 (0508 TAUTOKO)
- [Healthline](#) – 0800 611 116
- [Samaritans](#) – 0800 726 666
- [Depression Helpline](#) – 0800 111 757 or free text 4202

The Mental Health Foundation also lists providers for further support here:

<https://www.mentalhealth.org.nz/get-help/in-crisis/support-groups>. A member of our team will follow-up with you about one week after your interview to see how you are and remind you of this list of providers available for support.

Mā wai hei tautoko i tōku whatumanawa? | How will my privacy be protected?

Making decisions about your privacy and confidentiality is important. We have enclosed a disclosure fact sheet to help you to consider situations where it may be advantageous to de-identify your stories. We will use this as a guide to discuss your options when we first meet with you and your whānau. You will maintain ownership of your story and how we can use it. The consent form enclosed allows you to choose the ways in which we can use your story in any public presentations or publications. We will store the consent forms separately to any information you provide in your interview/discussions in locked filing cabinets or USB sticks/AUT computers that are password protected.

He aha ngā mea nui mō tēnei rangahau? | What are the benefits of participating in the project?

This project is important right now because of the high incidence of mental health and addiction needs amongst people who have criminal justice histories. By participating in this project, you will have the opportunity to use your lived experience to positively impact the future direction of policy, practice and law for whānau who become entangled with the criminal justice system in the future. You may also find the process of telling your story therapeutic by allowing you the opportunity to have your voice heard and reshape the negative representations of previously incarcerated whānau.

Ka aha au ki te raru ai? | What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to project supervisor Katey Thom, katey.thom@aut.ac.nz, +64 21 995 825 or Warren Brookbanks, warren.brookbanks@aut.ac.nz.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, Kate O'Connor, ethics@aut.ac.nz, 921 9999 ext 6038.

Mā wai au hei korero atu? | Whom do I contact for further information about this research?

Please keep this participant information sheet and a copy of the consent form for your future reference. You are also able to contact the **Stella Black, project manager at stella.black@aut.ac.nz or +64 21 994 261 and Dave Burnside, masters student researcher at daveb@odyssey.org.nz or +64 21 993 757.**

Approved by the Auckland University of Technology Ethics Committee on 14th May 2019, AUTEK Reference number 19/016 and 19/105.

Appendix 3: Consent Form

Consent Form – Whānau stories

Project title: *He Ture Kia Tika (Let the Law be Right)*

Project oversight: **Katey Thom and Warren Brookbanks**

Researchers: **Stella Black, Dave Burnside and wider rōpū**

- I have read and understood the information provided about this research project in the participant information sheet dated 4th April 2019.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used in de-identified form.
- I have read and accept the information provided in the disclosure fact sheet.
- I understand that I will be provided with a paper and digital copy of my story.
- I agree to take part in this research
- I would like to use the pseudonym _____ and de-identify other aspects of my story:
Yes No
- I would like to use my name and allow other identifiable features to be in my story:
Yes No
- (If applicable) I permit the researchers to use photographs, drawings or other forms of artistic expression I supply to help tell my story, either complete or in part, in conjunction with any wording: Yes No
- I understand that my story is deemed to be owned by me and my whānau and that the researchers can use my story, provided they abide by privacy and confidentiality choices above, in: (a) Dave Burnside’s master’s thesis; (b) publicly available written reports and journal articles; and (c) public presentations nationally and internationally.
- I agree to the researchers hosting my story on their project website
Yes No

Participant’s signature:

Participant’s name:

Date:

**Approved by the Auckland University of Technology Ethics Committee on 14th May 2019, AUTEC
Reference number 19/016 and 19/105.**

Appendix 4: Risks of Disclosure

He Ture kia Tika: Let the Law be Right

THINKING ABOUT DISCLOSURE FACT SHEET

Thinking about disclosure?

One thing about mental health and addiction is that it is something we have a choice about whether to disclose or not. In relation to experiences of incarceration, there may sometimes be a legal requirement to disclose. It is also seldom that disclosure is a one-off decision. We may choose to tell an employer, but then we have to decide whether or not to tell our colleagues, and which ones. At the same time our families may or may not know. Each time we are faced with the dilemma as to whether to disclose or not, requires a decision, and a consideration of the consequences.

Pros and cons of disclosure (some examples)

You don't have to worry about whether someone may find out ... except you haven't told your whānau/family – but your auntie's next-door neighbour has just taken care of that for you.

People keep telling you how brave you are... so you start feeling paranoid that there's something to be afraid of.

You feel really at ease in your workplace, people treat you the same as everyone else, ... then it comes time to get a new job, and you worry that your current boss (as your referee) may tell your potential employer before it's appropriate.

Ten years ago, you were proud to be in a project highlighting the achievements of people with experience of mental distress and recovery from addiction and offending ... now your girlfriend (who you hadn't told about your experiences, after all it was ages ago) finds the project report in the library.

Positives about disclosure

On an individual basis, the positive benefits of being open about your experience of mental distress, addiction, or experience of incarceration, are a feeling that you are no longer carrying around a secret that other people can use against you – disclosure brings with it a sense of freedom. It means that you can ask for what you need to help you out and some people may even look up to you in response to your openness.

Negatives about disclosure

The negative consequences of disclosure usually relate to two things: discrimination (being treated differently because of your experience of mental distress, addiction or incarceration); and lack of control (once it's out there, it can't be taken back).

Appendix 5: Contact Flyer

He Ture Kia Tika: Let the Law be Right

Want to shape criminal justice, health and social systems to better support whānau?

If you are over 18 years old and have experienced imprisonment, mental distress and/or addiction, we invite you to take part in co-creating a story with us about your journey towards whānau ora (wellness and connectedness) and a life free from criminal offending. We will draw on your story and others nationally to develop recommendations for legal, policy and practice reform.

If you are keen and would like more information, please contact Stella Black (Ngāi Tūhoe), project manager, +64 21 994 261 | stella.black@aut.ac.nz or Dave Burnside, masters student researcher and Odyssey House Consumer Advisor, +64 21 993 757 | daveb@odyssey.org.nz

Alternatively, provide your contact details below and cut/tear this section to give to our research team member/your peer and Stella or Dave will contact you.

This project is funded by the Michael and Suzanne Borrin Foundation and approved by the Auckland University of Technology Ethics Committee on 14th May 2019, AUTEC References 19/105 and 10/106.

STELLA OR DAVE CAN CONTACT ME USING THE FOLLOWING DETAILS:

NAME:

PHONE:

EMAIL:

AUT

Appendix 6: Interview Schedule

Whānau Interview schedule

Demographics (Support interviewer to ensure info is covered in their story)

- Age range: under 25, 25-34, 35-44, 45-54, 55-64, 65-74, 75 and over
- Gender:
- Ethnicity: If Māori: iwi, hapū

Karakia timata

Mihi/whakawhanaungatanga

- Ko wai koe, nō hea koe? Who are you, where do you come from?

He aha te kaupapa? Go through the PIS and CFs

- Please tell us about your journey and experiences of mental health, addiction and the legal system that led to a turning point in your life?

Topic areas may include:

- Tell us about your lived experiences of mental health, addiction and the legal system
- How and why did that happen? Tell me about the process...
- Can you share what became your turning point? Prompt: What impact did it have on you, your whānau, your wider supports?
- Tell me what services/people helped you through those experiences? E.g., whānau member, service provider, counsellor, mentor, etc
- What difference did they make for you and/or others in your life? Describe what they did and how they helped.
- Tell me what you have learnt through your experience? E.g., Self-care strategies, avoiding particular situations, supporters, etc

General question to end

- Is there anything else you would like to add?

Next steps: we'll be doing analysis of these interviews and we'll be looking for some participants to be involved in the digital stories (as noted in the consent form).

How are you feeling about today's kōrero? - Ensure participant is not left feeling upset, cover support options again including that we will call them within the week to check on them.

Karakia whakamutunga