Addiction Recovery & Adult Education

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I dedicate this work to my son Genesis Jordan Rowley without whom I would not be who I am today, you were my beautiful new beginning and also to Victoria, you did not make it, but you were here and you mattered.

I would like to offer my thanks, appreciation and respect to my supervisors, Professor Jean Mangan and Dr Katy Vigurs, they have supported me with a wise and respectful combination of humour, tolerance and insight. My dear friends, Karen, Carmen, Lou & Stephanie who offer laughter, joy & tears every time we meet.

Shelagh Robinson my most wise & dear friend, you are my inspiration and I love you. Mark, thank you, it was golden. You have all, along with my fellow EdD buddies and many others not mentioned here listened to my woes as I journeyed through this process.

The hundreds of students and people in treatment and recovery who have shared some of their lives with me over the years have proved beyond a shadow of a doubt that change is possible and to take a quote from ‘James’ “there is a life after drugs and alcohol and it is a good one”.
Abstract: Addiction Recovery & Adult Education

This study is an in-depth analysis of the stories shared by six men who defined themselves as being in addiction recovery. I asked them what they had to say about entering education and learning as an adult who was also in recovery from addiction. Although the study was not initially set up in that way, these men form part of what has been termed a hidden population, a largely unexplored group of people who have recovered from addiction with little or no intervention from statutory drug services. The study takes a narrative analysis life history approach to the stories of these men, focusing on the development of habitual addiction and their subsequent recovery. Each participant was interviewed twice and asked to describe their route to addiction, how they entered recovery and their experience of learning as an adult. The data generated was first analysed using an emergent coding method which identified a broad spectrum of themes and some commonalties in the men’s stories. Then theories of social capital and communities of practice were used as a lens to explore the two most prominent themes. The first of these was the way the men were introduced to new experiences which enabled them to bridge gaps between their lives as addicts, as learners and as people in recovery. The second theme was how this bridging process led to affiliation to different networks and communities of practice where the men learnt to use skills, knowledge and experiences acquired throughout their lives to further sustain recovery and ultimately help others starting this journey. Recovery is uniquely defined by the individual, however it became evident in this study that some people have similar trajectories both when considering the length of addiction careers and the role of adult education and training as they entered a new stage in life. The participants in this study were not connected in terms of geography, socio-economic status or entry into alcohol or other drug use, but the stories they have shared resonate together in that each of them were supported, sometimes briefly and sometimes over an extended period, by individuals or groups of individuals who made timely suggestions, comments or offered knowledge with the gift of a book. These moments of human connection, often related to learning, seem to have been most profound in aiding these men to sustain recovery and respect for themselves. Throughout this thesis I have worked to make the language and my approach to the writing accessible to readers unfamiliar with academic writing. At the forefront of my mind throughout this process have been the men who shared these stories with me and making accessible the analysis I have undertaken to a wider audience.
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Chapter 1
Introduction to the Thesis

1.1 Introduction and Background to the Research

This chapter provides an introduction to the thesis and to my approach as a researcher in professional practice. This thesis is about the experience of addiction recovery and how people who participated in education throughout this process felt it may have affected them. The word drug in this study refers to any substance that affects the function of the body and those substances that have been used habitually; this includes a wide range of illicit drugs, over the counter and prescribed medications and alcohol.

The aims and objectives of the study are described in section (1.2) followed by a discussion of the background to the research. This starts with the author’s professional experiences and background (1.3.1) and a discussion of the significance of reflexivity in her approach to this study (1.3.2). This is followed by a discussion of the importance of the initial literature review (1.3.3), previously conducted as an earlier assignment in the Doctorate in Education, which is included for reference as appendix 1. The combination of these two aspects of background gave rise the research questions outlined in section 1.5.
Section 1.4 discusses the theoretical and policy context for addiction recovery, concentrating on the recent shift in focus, within which framework this research arguably sits. 1.4. This chapter concludes with an overview of the whole thesis and the role of each chapter.

1.2 Aims & Objectives of this Study

This study is an in-depth narrative analysis of the life stories of six men in relation to their experience of addiction and recovery; it aims to explore their perceptions of education and learning whilst recovering from habitual use of drugs. The objective was to situate this analysis within current theory and provide a stimulus for further discussion about how people may be best supported in recovery through participation in education and learning. This contributes to a gap in the literature that attempts to describe the experiences of people in recovery and what we can learn from these experiences that may support others on their journey into a drug free life. The following section (1.3) provides an overview of the author’s professional background and published literature the influence of which underpins this study.
1.3. Background to Research

1.3.1 Professional Experience

The initiation of this research project is an attempt to formalise my professional experiences and thoroughly investigate the human experience of recovery, and adult education and learning through an in-depth narrative analysis of six life stories. I am currently employed as a part time university lecturer in a medical school and as the Head of Learning & Accreditation for a national charity. These roles have enabled me to draw on my experience as a drugs worker and my experience in adult education and learning where I delivered courses in addiction studies and counselling. Twenty years ago my entry into drugs work was not by design; I began working with homeless teenage parents drawn by my own experiences as a young lone mother. I began by volunteering in the types of services which may have supported me, had I been aware of them. As I started my employed career in hostel accommodation in the early 1990s it became apparent that the issue of drug misuse amongst the residents was often overlooked. This was largely due to lack of resources, training and experience. I decided to learn more about this issue and felt then that I could learn how to support people to resolve their habitual behaviours. Enquiries into adult education demonstrated a lack of available training for anyone other than clinicians, so I started to develop short courses for my colleagues and subsequently staff from other projects to fill this gap. At this time I was of the opinion that people who were misusing drugs would make
excellent drug workers and that this should be encouraged - my experience of the difficulties in being a young lone mother had informed my work in supporting young lone mothers, why should drug use experiences be any different?

This initial position was perhaps naive and having since worked in the drugs field for the past 20 years I have come to the understanding that assuming someone will be suitable for a specific type of employment primarily because of their own experience is a flawed position. There should be no ‘automatic’ referral to a drugs work career trajectory for someone in recovery, something I once considered. I can see now that this was in part due to the cultural attitudes prevalent in the further education college where I was employed. Any potential learner who disclosed their experience of addiction or was perceived to be a ‘drug user’ was referred to my programme area to study drugs work or counselling, without any evidence that it was the appropriate course for that them.

As I reflect I can see that many of my prior students who have had personal experience of habitual drug use hold prominent and responsible positions in drugs work and criminal justice, but I have also met many who would have preferred teaching, construction or some other profession. Some of these past students talked to me about
people around them being so pleased that they were doing something other than drug use that they did not stop to consider looking at other subjects or careers. I began to reflect on their experiences towards the end of my teaching career in further education. It became increasingly apparent to me that the role of education in addiction recovery required exploration. The idea seemed of importance since, of the many factors that may contribute to recovery, participation in adult education could provide someone in recovery with a vast range of possibilities to aid them in changing their life course. In addition, I began to question the extent to which the benefits people in recovery gain from education mainly are derived from the subject they study or rather come more generally from upon their participation in any learning.

Reflection on my experience in Further Education and working with people in drug treatment and recovery drew me to consider ways to study the processes involved in adult education and explore ways to relate this to the recovery from addiction for unique individuals. This reflective process is fundamental to my motivation to undertake this study and explore people’s experiences of adult education during recovery from addiction. The following section (1.3.2) introduces the idea of personal reflexivity and how this impacts on the research process in a professional doctorate.
1.3.2 Reflexivity in a Professional Doctorate

As a practitioner embarking on a research study it is useful to consider the way prior experiences may impact on the process, as these experiences can affect the interpretation of data and the way studies are designed at the outset. In a professional doctorate the practitioner is encouraged to consider how their research and the research of others affects their practice and theories of reflexivity provide a means to do this. Personal reflexivity requires a researcher to reflect on the way their own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities shape their research (Willig, 2001). Additionally epistemological reflexivity requires a researcher to engage with questions around how the research questions have defined and limited what can be found; how the data is constructed. Epistemological reflectivity also requires a researcher to reflect on assumptions that may be made during the research and how these assumptions affect the research and its findings.

In terms of this study I have explored my personal reflectivity by examining my background and professional experience and explored any prior assumptions that may have arisen from my own experience and frame of reference. This frame of reference may have implications in terms of my interpretation and analysis of the interviews, a topic I have considered throughout this work. I come to this work following 20 years of professional practice working with people experiencing
addiction in a range of settings; this brings with it a frame of reference enmeshed with anecdotes and experiences shared with people in active addiction and recovery.

The term addiction career refers to the time a person is in active addiction, with studies discussing 10 to 20 year addiction careers being average (Best 2007). My career as a drugs worker and lecturer has been of a similar duration and has brought me to a place of reflection on recovery that represents the motivation for this study. I have worked to overcome a sense that in training drug workers for many years I have contributed to a system of treatment that seems to enmesh people in a culture. A culture which often takes personal responsibility from the individual and offers institutionalisation, medication and management rather than options for change, moving forward and recovery. This is a personal reflection and is shared with the knowledge that the recovery movement in the UK is developing at a rapid pace but, at the time of my practice, the extent to which people gave over personal responsibility and the extent to which workers accepted this as part of a drug working role was a source of grave concern to me.

In constructing the study and analysing the data I worked to question any assumptions I could be making about what a participant meant in
response to any particular question and used the doctoral supervision process to explore this regularly. As this thesis nears completion I still find myself questioning the way my practice may have been changed as a result of this work and have come to a place where I am comfortable with this as a process, as being reflexive is for me an ethical and personal reaction to my professional world. The following section (1.3.3) explores important aspects of the literature review which I completed for module 5 of the Doctorate in Education and provided the empirical evidence that combined with my personal experience gave rise to the key themes of this study which are discussed in section (1.3.4).

1.3.3 Literature Review

There are two constructs of addiction that inform policy and intervention. One is based on a medical model and the other is based on a behavioural sociological model. In the former, the evidence base for biological models is based in disease theory established by developments in neuroscience that identified the reward pathways in the Meso-limbic system of the brain (Kelley & Berridge 2002). This demonstrated the way in which addictive drugs act on this system to prioritise drug taking behaviours above other behaviours linked to survival such as eating, drinking and seeking security. This was underpinned by the knowledge base derived from investigating the withdrawal experiences of individuals engaged in habitual drug taking using illicit drugs such as Heroin and Cocaine.
Addiction studies have also considered people who were physically dependent on alcohol (Leshner 1997). I discuss the way addiction and problematic drug use in defined in my literature review (appendix 1, pg 3 – 5).

The behavioural and sociological model has derived its evidence base from research into the social impact of habitual drug use. This research has demonstrated the way in which an individual’s social situation affects their drug using behaviour and aligns with the research and literature on motivation (Saunders & Wilkinson 1990). This represents a holistic approach to treatment and in considering this approach there are three areas that provide an assessment framework when looking at someone’s life and the support that may assist them. These areas are also called domains for assessment, and are described as biological, psychological and sociological (Checinski 2002). This approach demonstrates that there are a range of factors and processes which influence drug using and most recently the development of an evidence base around the nature of recovery from habitual drug use has indicated factors that seem to impact on recovery which need further investigation (Chiauzzi & Liljegren 1993). I have discussed these points further in my literature review (appendix 1, pgs 5 – 16).
In 2009 the UK Drug policy commission consensus group (UKDPC) published a vision for recovery which may be summarised as recovery requiring the accrual of positive benefits, not just reducing or removing the harms around drug use (UKDPC 2009). Although adult education has been noted as one potential factor influencing the recovery process this has not been explored in any depth outside the work of the criminal justice system. McIntosh & McKeogany (2002) in a study of 70 people in self-defined recovery referred to two individuals who felt that entry into further education would support their sustained recovery and aid the development of a new drug free identity. The UKDPC (2009) consensus on recovery signifies a move towards policy that supports recovery. This move needs to provide interventions derived from a body of empirical knowledge which requires investigation into the whole population of people in recovery.

There is a hidden population of adults in the UK who have recovered without interaction with drug services. Given that these persons are generally unrepresented in the data, there is no baseline for people in natural recovery (Laudet 2011). The six participants in this study will contribute to this emerging knowledge base, although there is no absolute consensus on defining addiction and addiction recovery. Recovery is perhaps best described as a philosophy that encompasses all elements of a person’s life and improvement in quality of life, health and wellbeing. I have outlined the defining factors of recovery in my
literature review (appendix 1, pg 17 – 21). The following section (1.4) is a summary of the important aspects included in that literature review and an extension. This considers the current theoretical and policy context of addiction recovery, the routes out of addiction offered by drug services and other means of accessing treatment and support.

1.4 Theoretical and Policy Context of Addiction Recovery

The current UK drug strategy acknowledges the centrality of a recovery philosophy which encompasses all areas of an individual’s life. In the UK drug treatment approaches are predominately drawn from models situated in the disease paradigm and historically this is the primary area of research due to the ease of access to the population in drug treatment programmes. This evidence base has extensively explored the biological impact of drug use, especially drug use which may be deemed problematic. I have discussed the move towards a recovery model in addiction treatment in my literature review (appendix 1, pgs 17 – 32). The next sub-section (1.4.1.) discusses the potential trajectories for people who are aiming to cease habitual drug use as described in the literature.
1.4.1 Routes out of addiction

The trajectory for an individual in recovery is as unique as the individual themselves but there are similarities in the process that people may experience during recovery. A sustained recovery is defined in the literature as being achieved 5 – 7 years after cessation of street drugs and alcohol (Best, Rome, Hanning, White, Gossop, Taylor, and Perkins 2010). Individuals may define themselves as sustaining their recovery after much shorter time spans and this should be respected if a collaborative relationship is to inform developing practice around addiction recovery. The evidence base defining the routes out of addiction for those who have experienced a natural recovery is then by definition limiting, natural recovery would generally not involve intervention or treatment through the routes of criminal justice systems or drug services in the National Health Service. This evidence base can be situated in the work of Waldorf (1983, 1986) who explored the notions of maturing out, reaching rock bottom and situational change as factors in cessation of habitual drug or alcohol use. I discuss this and the routes out of addiction further in my literature review (appendix 1, pgs 21 – 32).

In the UK the National Treatment Agency (NTA) currently collects data on problematic drug users through a national drug monitoring system (NDTMS). They reported that between April 1st 2010 and March 31st 2011 there were 306,150 people in the UK using opiates and crack
cocaine with 204,473 of these in contact with drug treatment services (NTA 2012). The most common source of referral into services for treatment were self-referrals (38%) with the second most common source of referrals being criminal justice services (30%). General practitioners made 7% of referrals in this period. These referrals consisted of opiate users (81%), cocaine users (7%) and crack cocaine users (3%). The average age of new presentations to drug services was 35 years old, with 73% of these being men and 81% being white British. In this group 49% were engaged with substitute prescribing services, predominately methadone programmes, and the remainder a combination of drug testing with some form of psychosocial or psychological support, for example, counselling or structured day programmes. One percent of referrals were involved in residential rehabilitation.

People presenting to drug services are reported by an NDTMS defined treatment journey of 12 weeks. However, once this period is completed this person may enter another treatment journey and subsequently show as another statistic on a new treatment journey. The NDTMS record 75% of these people as having substitute prescribing. This presents a confused picture of the success of these treatment journeys with 19% being in treatment for 5 years or more and 36% having being in treatment for less than 12 months. Best (2008) described treatment in the UK as ‘a house with no back door’, people may enter but they
rarely leave and it is this idea that evolved into the current consensus which provides the impetus to look at recovery and the evidence for recovery. The aim of the NTA in 2001 was to increase availability of treatment, but this has now been acknowledged as the start of a much longer journey for those deemed problematic drug users (NTA 2011). Currently the NTA are promoting recovery orientated integrated systems in the UK but what does this mean?

The literature provides an insight into the difficulties inherent in defining recovery. There remains poor consensus on what recovery is in the UK not least because, aside from a general consensus in the literature that addiction recovery is self-defining (Yates & Malloch 2010), the literature does not provide consensus on whether someone needs to be abstinent from all substances or whether they can be considered in recovery when in receipt of substitute or prescribed medications. The interest in what constitutes recovery and how people can best be supported is increasing, with some literature suggesting that the process of recovery may be not be helped by some treatment and interventions (Winick 1962; Yates 1992). I am not alone then in taking the position that each individual defines the parameters of their own recovery and recovery is indeed self-defining and it relates to an individual’s quality of life and how they perceive this to be improved or otherwise through changing drug using habits (Best 2008).
There is an established body of literature in America which refers to abstinence, quality of life and wellness (Laudet 2012) and this is situated quite firmly within the disease theory of addiction: a person is unwell, they are habitually addicted, and this has its roots in biology and genetics. In the UK literature, theories of addiction are situated both in the disease theory, the medical model of addiction, or the biological, and psychological and sociological (Bio-Psycho-Socio) theories of addiction, with the two constructs overlapping, though on occasion standing separately. Those individuals reported as problematic drug users in the literature are joined anecdotally by those individuals who may form a large proportion of people who recover without treatment. This is where the difficulty lies with evidence in the literature for recovery. There is a dearth of research about recovery, particularly natural recovery; there is no true baseline (Laudet 2012). For anyone who is having problems with addictive drug use there are specific options for treatment and I discuss this in the next sub-section section.

### 1.4.2 Options for Drug Treatment

The options for drug treatment are currently dominated by substitute prescribing for heroin addiction, generally Methadone and counselling which could include person centred counselling, cognitive behavioural therapy and motivational interviewing. There is often a combination of several therapies, structured day programmes which may include workshops in life skills, basic skills (literacy and numeracy), support
groups and residential rehabilitation. Symptomatic prescribing may be available for substances other than heroin. Alcohol detoxification may be supported by Librium or Valium and medication to aid sleep or reduce vomiting may be provided. The term key-working is used to describe a worker who develops a care plan with an individual and this may address psychosocial issues faced by the individual, housing and finances for example. People may be able to access an in-patient detoxification programme within the NHS, although these are limited, with 712 people in 2010 – 2011 having had this intervention (NTA 2012). In summary, prescribing, counselling, group work and residential rehabilitation are the current options. The move towards accessing and developing more mutual aid groups and recovery advocacy groups, integrating recovery into treatment, is the next challenge for UK drug treatment and drug strategy. As we will see later in Chapter 4 the notion of accessing drug treatment was rarely a factor in the participant’s decisions in this study to cease habitual drug use. Other challenges are: the role of drug workers in responding to people who wish to pursue addiction recovery in terms of prevalent attitudes about substitute prescribing; the criminalisation of drug users who may find they can access services more easily if they are engaged by the criminal justice system; and the historically low investment in training for drug workers (Hayes 2004). The next sub-sections (1.4.3 & 1.4.5) explore these issues.
1.4.3 Interventions & Staff Development

The evidence base is inconsistent in terms of reported effectiveness of interventions. However, the evidence does demonstrate that interventions such as methadone are most effective when it is provided with psycho-social support and holistic or ‘wraparound’ care (Best 2010).

The nature of psycho-social interventions is such that they may take more time than a prescribing approach and requires tailoring to individual needs and specialised skills from the workers. This represents a fundamental shift in paradigm for those delivering and receiving drug service treatment and interventions. The time required to influence such a profound change may not be available in pressurised outcome focused service environments. These environments have historically suffered from low investment in staff training (Hayes 2004).

1.4.4 Training for drug and alcohol workers

The introduction of drugs and alcohol national occupational standards (DANOS) in 2002 provided a guideline level of qualification which was not sustainable for the sector. These standards required a cultural shift in drug treatment services to invest in training. This was recognised by the National Treatment Agency with a human resources strategy (Hayes 2004). However there was a flaw in this plan since it was possible to ‘accredit’ training through an online facility and the term DANOS rapidly lost value since it relied on the ethical standards of everyone involved in
delivering training. This ability to gain a form of accreditation, however flawed gained the attention of the commercial sector this coupled with the availability of DANOS trained staff, itself a misnomer affecting commissioning gave rise to many courses which were labelled DANOS accredited but were not quality monitored. 

A wide variety of courses were in demand for a relatively short period between 2002 and 2008 when DANOS was withdrawn and re-packaged as guidelines for services rather than a commissioning issue. This under-investment in evidence based training across the sector will impact on the translation of key organising ideas, underpinned by evidence around recovery into practice. This will require further investment and a re-organisation of services which have been in upheaval for the past ten years.

The organising authority which has been responsible for re-structuring drug treatment in the UK, the National Treatment Agency (NTA), was absorbed into the Public Health Service in 2012. The NTA was abolished and its responsibilities moved into the new Public Health Service in April 2012 following a government review. The NTA was tasked with increasing the availability and access to drug treatment in 2001 but the focus has changed to a

‘focus on the challenge of enabling people to make a full recovery from addiction, addressing the entire range of issues they face in their reintegration back into society.’

(NTA 2010 pg 1)
This shift in focus from treatment to sustained recovery represents an opportunity to integrate recovery into mainstream services where the medicalisation of drug users has been the dominant model (McKegany 2007). This change should serve to aid the development of the research base by an increased interest in all aspects of sustained recovery and situates this study in a current and developing policy framework. The research questions are discussed below.

1.5 The Research Questions

The combination of reflection on my professional experience and the literature review conducted in module 5 indicated a gap in the literature around adult education and learning. There was literature around the impact of education in the criminal justice system (OLASS 2009) and there is a body of literature about the way people may gain from participation in education and learning as an adult, through personal development, increasing awareness of opportunities and employability skills, but no literature about how people in addiction recovery in particular may gain from participation in education and learning as an adult. In 2010 Keane presented a paper about a project called Soilese in Ireland which developed education courses as part of a drug treatment programme and Bamber (2010) suggested education was an unexplored aspect of recovery research, but aside from this there are no larger studies of the often hidden population of people who have
successfully become free of habitual addiction or indeed those in
treatment who are participating in education or learning as an adult.

The questions developed for this study were aimed at exploring the
process and factors involved with recovery and participation in
education during this part of an individual’s life; I wanted to know if
there were specific factors that may help or hinder people in recovery, if
it mattered what types of education or learning they were involved in
how people decided what to do with their time in recovery from
addiction, and what led them to education. The following four questions
were devised to underpin this study;

1. In what ways might adult education have an impact on the
   recovery process?
2. Does it matter what type of learning people are engaged with?
3. How do such individuals decide what type of education to engage
   with?
4. How can individuals in recovery from addiction be supported
   through education?

The final section in this chapter describes the organisation of the thesis
as it aims to provide evidence on the four research questions and make
a contribution to the gap in the literature with an in depth study of six
people who have shared their stories to contribute to this research in
the hope of providing information to others who may have similar life experiences and wish to make a change.

1.6 Organisation of the Thesis

This thesis consists of six chapters, this, the first, provided an introduction which situates the work into the policy and theory around addiction recovery. Chapter 2 is the methodology chapter and is concerned with: why I chose to use a life history method for this study; how the study was designed; the ontological and epistemological position I took to the research; how I recruited the participants and decided on the sample, in this case all men; the differences between men and women accessing drug services; and the interview structure. The next chapter provides pen portraits of each participant and some background in terms of their drugs of choice, the length of their addiction careers and their path to recovery. The nature of this research is a consultative and participatory one, and introducing the participants early in the thesis provides an insight into the approach taken to this work and places the participants centrally in the research. Chapter 4 provides an analysis of the data using an emergent coding method, designed to place emphasis on the processes and factors the participants found to be significant as they moved through their recovery and participated in a range of learning and educational activities. The next chapter 5 situates the data in two core theories,
social capital and communities of practice with a discussion about how I came to use these theories for analysis and how they became evident in the data. The final chapter, 6 provides a summary of the thesis and how it provides evidence on the initial research questions along with recommendations for future practice and plans for dissemination of the outcomes of this study. Since this is a professional doctorate I have also explored the impact this process and my learning has had, and is having, on my current professional practice.
Chapter 2
Methodology

Introduction
This chapter discusses the methodology which underpins this study. The study will adopt a qualitative methodology using life history interviews to develop a narrative enquiry into individual experiences of adult education when in recovery from addiction. I begin by discussing my epistemological and ontological standpoint (section 2.1). The next section (2.2) critiques the range of approaches available within the life history methodology and how these methods can provide a multi-faceted, nuanced view of an individual’s experience of addiction recovery and adult education which will allow me to place their subjective experiences into socio-cultural context. The research design will be discussed and the process used to decide upon and justify the study design (section 2.3). The choice of the specific approach within the life history methodology will be discussed: that of using semi-structured interviews to access participants’ accounts of their experience conducting a narrative analysis of these stories. The coding process is described in section 2.4 and the final section (2.5) will discuss the ethical issues and implications that may arise in such a study.
There is research available that focuses on what people who have recovered from addictive drug use can tell us about their experiences. Cloud and Granfield (2001) used data from 46 in depth interviews from people who were previously addicted to drugs and alcohol to explore the role of social capital in resolving addictive behaviours. They were interested in natural recovery when people ‘mature out’ or recover spontaneously without treatment. Waldorf (1983) studied 106 cocaine users and found that 71% of them had stopped using spontaneously as a response to life events such as relationship changes, employment status and what is termed ‘hitting rock bottom’. These experiences were also explored more recently by McIntosh and McKeeganey (2002-2001) who interviewed 70 people several of whom cited natural recoveries, although 60 of the participants had been involved with drug treatment at some stage.

Stall and Biernacki (1986) proposed a three stage model of recovery which commenced with people finding the resolve to change their addictive behaviours which was pre-determined by employment, medical and financial problems in addition to ‘hitting rock bottom’. The second stage involved a public declaration of their resolve and a third stage refers to gaining social support, new relationships, increasing self-confidence and increased involvement in institutions such as family networks, religious beliefs and education. However this work is focused
on the cessation of addictive behaviours and work that explores the broader social context of recovery is limited.

Notable exceptions in terms of the drug user voice is work from McIntosh & Mckegany (2002) which charts the recovery trajectories of individuals from their own perspective and Masters (2005) work that focuses on a man called Stuart. This study about Stuart was a narrative enquiry using unstructured interviews and presented as a retrospective biography following a request from the subject of the interviews to remove the academic references and tell his story in retrospect. The methodology chosen for this study aims to provide an analysis of narrative that will contribute to this gap in the literature by exploring individual experiences of adult education following recovery from addictive drug use and ascertaining what processes may arise from participation in adult education that may support sustained recovery.

2.1 Ontology and Epistemology

I approach this study from an interpretive epistemological stance which means that I place emphasis on understanding an individual’s perspective within their own life context, that is the meaning people attach to their experience (Myers 1997). The knowledge gained through talking with people about their lives is interpreted by using social constructions such as language, shared meanings or artefacts such as
documents (Walsham 1993). I have chosen a life history approach as these methods are considered highly revealing due to the interpretation of people’s stories and their roles as social actors (Denzin 2001). I believe that we have much to learn from people’s perceptions of their life experiences but also that this learning relates solely to their own experience and may not be transferable to another person’s perception, so while knowledge of another person’s experience may be helpful it is not sufficient to transpose this as the sole model for another person’s recovery.

I do not subscribe to the concept that there is one real truth or reality, rather that the life experiences of individuals are interconnected and situated in multifaceted complex socio-cultural structures. This a position is also taken by Wagner (1995) who uses the theory of social representation to describe a broad range of social structures for example the use of specific language or what a particular community would describe as common sense. I take a relativist ontological position where the existence of a ‘thing’ for example addiction is usually related to a system of concepts, theories of disease, genetics or behaviour which may represent reality for some people but not be relevant to others. This position means I believe that although reality exists in the sense of things that happen, things people see and experience, there cannot be one universal interpretation of these events or one language
to describe them that would be acceptable to everyone who had witnessed the event or shared the experience (Fish 2003).

Cohen (1990) argues that addiction policy is driven by a flawed social construct of addiction and suggests that one must consider the causal attribution made by individuals and society as a whole when attempting to represent a concept of addiction that is invariably inter-connected and relative to each individual’s experience. This relates to a consideration of relativism that is shaped not by ontology and epistemology but by moral paradigms, political or pragmatist views (Cromby & Nightingale 1999). Social representation theory posits that a phenomenon is formed by different kinds of folk theories, common sense and everyday knowledge, hence giving us social representations (Wagner 1995). He further describes the qualitative method of social representation where instead of applying a scientific theory to understand social phenomenon we capture concepts in terms of process and causal order.

This view promotes an understanding of the multi-faceted nature of our understanding of the social world. Social representation arises from discourse and communication but is also present in empirical work where social representations are seen as individual attributes or structures of knowledge shared by groups of people. Combinations of phenomenological and hermeneutic methods are applied in the interpretation of the narratives derived from this study. Phenomenology
is an inductive research method that describes the systematic structure of lived experience and the meanings that these experiences have for the individual who participates in them (Hagemaster 1992, Bockman & Rieman 1987). Hermeneutics is the process of understanding phenomena by bridging the gap between the researcher’s personal context of understanding and that of the subject (Hagemaster 1992, Watson 1976, Drew 1989).

In relating this stance to recovery from addictive drug misuse I take the position that recovery is self-defining. It is not possible to easily demarcate each individual’s experience of recovery within any one specific framework of shared experience; this point in particular is discussed in section 2.5. This study uses the current constructions of addiction recovery using the developing evidence base in research on recovery and relates this to the descriptions and definitions provided by each individual. In 2010 the United Kingdom Drug Policy Commission (UKDPC) published a definition of recovery which stated that an individual would begin to participate in the rights, roles and responsibilities of society and this would be an indicator of sustained recovery (UKPDC 2009). This participation includes the re-entry or reintegration into society through a productive and meaningful role which will include work, either paid or voluntary, along with a productive family and social life (UKDPC, 2009). This definition provides a framework for the social context when interpreting the
The following section (2.2) explores the life story approach in more detail.

**2.2 Life History Approach**

The life history approach is a qualitative method. It allows a researcher to explore an individual’s experiences within their social context. Qualitative research allows a naturalistic approach to interpreting phenomena in terms of the meanings people attribute to them (Denzin and Lincoln 1994). The perspective taken in this study is that recovery from addiction is self-defined and so the individuals that participate will have interpreted their recovery in terms of the factors that have impacted on their lives, social contexts, relationships, employment status and education for example. In addition Goodson and Sikes (2001) propose that the life history methods lend themselves to research around education particularly because researchers are attempting to make sense of how individuals and groups talk about their stories and their perceptions of the social world they inhabit.

A life history approach allows a researcher to focus on an aspect of an individual’s lived experience whilst bearing in mind that these stories are reconstructions. The retrospective recall of life events will be influenced by situational factors. This allows an opportunity to
reconstruct personal meanings and one’s model of reality can be changed during the constructive and interactive dimensions.

Mackeracher (2004) described her personal map of reality as not an accumulation of everything that she has learned over her lifetime but a ‘retrospective reconstruction that has brought previous meanings into congruence with my current meanings’

(Mackeracher 2004 pg 7)

She uses the example of her perception of herself as a ‘bad mother’ and although the past cannot be altered, behaviour she once considered as negative was re-interpreted by her as giving her children opportunities to develop and mature and she reconstructed her perception to being a ‘good mother’. Sikes (2005) also describes the way people reframe memories because life history research is retrospective.

Life History research is interested in the journey someone has taken to get to a specific point in their lives but it is also interested in the future actions the individual may take and how previous decisions and experiences will affect this. The context will affect the nature of the story and which information the individual may disclose. The life story is the narrative as told by the participant. Sikes (2001) describes this as the initial unit of data. This data is interpreted first by the participant and then the researcher and placed into social cultural context. Life history work also values the transformation at an individual level (McCormack, 2004). Etherington (2006) and Frank (1995) approach this work from the perspective that life stories are knowledge
constructions in their own right rather than stories to be approached as a ‘knowable’ reality to be deconstructed and interpreted by expert. I agree that the constructions of addiction and the perception of individuals in terms of what it is to be ‘recovered’ are subjective and relative to the individual’s construction of themselves. One role of the researcher in this study was then perhaps to place the stories shared by the participants into a social and cultural context that may lend us to understand what external influences have impacted on the process for an individual and ascertain if there is any common thread within people’s descriptions of their experience. This is in line with the position taken by Etherington (2006) explores childhood experiences of people who later experienced addictive habitual drug misuse from a life story approach. She discusses how an individual’s subjective experiences can show how social environments and the wider social/cultural resources help people make sense and meaning of their lives.

However in her work Etherington (2006) does not look for causal explanations or make generalisations and I hope to demonstrate any possible links between participation in adult education and a sustained recovery from addiction. I do not envisage being able to derive any generalisations but aim to ascertain any commonalities of experience that may lead to an understanding of how the process of engaging in adult education could support sustained recovery and social reintegration. This thesis has its focus on the stories of six men and the
descriptions they gave of their experiences of recovery from addictive drug use and their participation in adult education. Life history research recognises that individuals may bring forward differing aspects of their personality in relation to the role they are undertaking at any given time. It recognises that people are not hermetically compartmentalized (Goodson and Sikes 2001). It also acknowledges that the interactive relationship between individual’s lives, the way they perceive and experience life and the social context of those experiences is a vital part of understanding the way in which that individual has developed their current identity (Goodson and Sikes 2001).

In beginning to work with an individual’s narrative a researcher will first elicit a life story and then begin with the participant constructing the history often using themed interviews. The story about addiction, recovery and adult education elicited from initial interviews provided a foundation for developing themes for deeper exploration in my study. The participants related their individual experience, revealing a commonality to a number of experiences, for example studying part time and recalling a specific day when they made a decision to change their behaviour. The life story becomes a life history as each layer of interpretation is applied by the participant and the researcher. Masters, (2005) describes an interview with Stuart where he explains that

‘all the good education is in the sex offenders’ wings, we can only do industrial cleaning – not everyone wants ex-cons with big fuck off sized Hoovers in their offices’
Masters (2005) suggests that demographically ‘sex offenders’ tend to be older, more educated and easier to pacify than the general prison population so are provided with more educational opportunities. This was certainly the interpretation of the participant Stuart which would impact on how he constructed his narrative about the experience of education in prison. Similar to the approach used by Masters (2005) the participants in this study had a central role in deriving themes from the initial exploratory interviews. These themes influenced the second interview as they provided a frame of reference for the researcher to develop a contextual understanding of the participant’s experience. This also aided the researcher in placing the information into a social and cultural context of the individual and not the researcher. This was an important distinction as I endeavoured not to colonise the story with my own interpretation when placing the story into its historical context (Goodson 1992).

For instance in this study the changing paradigms surrounding what constitutes problematic drug use may influence the processes by which an individual entered adult education. Drug policy and treatment is situated within two moral paradigms that of prohibition, relating to control and punishment and secondly public health, relating to the harms from problematic substance misuse to the individual and wider society (Berridge 1999). If we treat addiction as a disease then the symptoms of this disease may evidence themselves as drug use, this
drug use is criminalised and the diseased individual becomes a criminal by default. In 2010 the coalition government published a new strategy on drugs (Home Office 2010). This specifically rejects the focus on harm reduction, for example the provision of needle exchange schemes, safer injecting advice and maintenance prescribing of Methadone, for an approach based on recovery and breaking the cycle of dependence (NTA 2011) This may have affected participants in the study in who had recently left treatment as opposed to those who had been in recovery for ten years or more. As it was, none of the participants were in treatment at the time of the interviews and all considered themselves to have been in recovery for several years and all of the participants considered their recovery to be natural, with the exception of one who did complete a residential rehabilitation programme.

Atkinson (1998) suggests that there is very little difference between a life story and a life history. The difference he states is in emphasis and scope. In terms of this study I focused on one aspect of an individual’s life, that of recovery from addictive drug misuse and how this has interacted with their experience of adult education. My emphasis was on a specific time frame in an individual’s life. This time frame was defined by the participant not the researcher and included exploration of initial experiences of education which interconnect with experiences in education as an adult. The way that an individual has interpreted prior experiences of education provided some of the participants with a framework to interpret their approach to education as an adult. This
application of a framework became evident when collecting an oral history from two participants in particular who referred back to early school experiences throughout both interviews. Atkinson (1998) would define an oral history as when a researcher is collaborating with the participant as an open ended story unfolds. I worked with the participants to listen as their story was disclosed and as they told it in the way they wish to. I wanted to understand the story from the subjective point of view of the participant and the life story methodology provided this opportunity. However this does not mean that analysis and coding could not be applied.

‘Life stories follow a natural tendency of arranging the events and circumstances of a life in a way that gives them coherent order’

(Cohler 1988)

In providing a participant with an environment conducive to speaking freely about their lives, a researcher must be able to establish a rapport quickly and this approach may not lend itself to all personalities. Having worked with people therapeutically around their addictive process and having worked as a teacher in adult education with people in recovery, my character is perhaps suited to this methodology more than a positivist approach to obtaining data and statistical analysis.

I used a process of emergent coding to code the narratives and derived some meaning ultimately producing common themes which were applied to experiences of recovery. It was not my intention to gain any rigorous statistical data to analyse although the ultimate aim was to
establish any commonalties in the participant’s experiences which might inform further research questions. Atkinson (1998) states that life history work is carried out as an art that can be approached scientifically or perhaps systematically, obtaining data, undertaking analysis and providing evidence that may be applied to people in similar situation. However I was mindful of monitoring the subjective perspective I may have brought to this study which could have affected not only the collecting of the data, in this case individual narratives, but also in the process of analysis. This brings into question validity and reliability which brings the researcher a challenge that may be more easily resolved in quantitative research which often deals with much greater numbers of people and provides a statistical approach to analysis which allows some generalisations to be made.

The life history research method based on flexibility, subjectivity and requires judgement (Atkinson 1998). The researcher who uses a life history methodology is working from a humanist tradition where a subjective perception of the story is foundational and requires a constant awareness of one’s own role in the process (Plummer 2001). It is more often concerned with questions of ‘why’ rather than ‘how’ and my questions are concerned with why an individual participated in adult education? If people think participation in adult education contributes to sustained recovery and why they chose a particular course or type of study. I wanted to know by what processes they made these decisions
and aim to position this in relation to their socio-cultural context.

Placing these stories into social and cultural contexts may aid a shift from descriptive accounts to theory.

Ritchie & Lewis (2003) describe this as a framework method of analysis – a process of moving from descriptive to explanatory accounts and as such moving from life story to life history. Although the evidence base around recovery and adult education has yet to be developed the use of narrative and life history methods is most evident in the literature around recovery from addiction either naturalistic or with interventions. It is clear from the literature review (appendix 1) that to explore an individual’s subjective experience a researcher needed to provide a framework that allows both unstructured interviews to initiate dialogue and then a semi-structured approach where the interpretations become more objective when placed into socio cultural contexts. The research design was an attempt to support this process and is discussed in the next section (2.3).

2.3 Research design

2.3.1 Summary

The main data collection of this study consisted of one unstructured interview of thirty minutes and one semi structured interview of one hour with each participant. It in deciding the time length it was felt to
be important to try and balance the time required for depth need for a life history approach and the need not to impinge too much on participants’ time, which may have affected recruitment. The choice of two interviews was deliberate to allow time for reflection and focus in the second interview.

The participants were recruited through the distribution of letters and emails (a copy of which is given in appendix 4) within my professional network (detailed in appendix 5) and I was responsive to chain referral from those participants who replied. A short initial enquiry form (given in appendix 3) was provided to each person and this established the key parameters of the study. The individuals should be adults, not currently in drug treatment or drug using. They needed to have a 10 year or more drug using career and be in self defined recovery. They also needed to have been engaged with some form of adult education or be participating at the time of the study. I provided each participant with an information sheet giving an outline of the study, its aims, method and planned dissemination (appendix 9) and a consent form (appendix 10). I selected the sample as the first replies that met the initial criteria and invited them by email and phone to participate in a short interview, lasting around thirty minutes.
Following each of these first interviews I wrote to each participant and thanked them for their input. I asked them to think about the content of the interview and consider anything else they might like to discuss around the themes they had raised, in particular about education as an adult and recovery. Using an emergent coding method I derived themes for further exploration (detailed in appendix 8) and arranged a further interview lasting an hour. I transcribed both interviews into a coding spread sheet I devised. I provided copies of the transcripts for all participants who wanted them before any coding took place. The following sections describe this research design and process in more detail.

2.3.1. Professional Network
The sample was recruited through a number of existing mechanisms within my professional network. I approached the Recovery Academy which was formed in Scotland in 2009. This is a group of researchers, drug treatment professionals and service users who advocate a holistic approach to working with people in addiction who wish to become drug or alcohol free. I also approached the Wired-In Community; an online forum for people involved in any capacity with addiction and recovery and contacted colleagues in my network by phone and email asking them to circulate the information. I also recruited participants through my work in the Community Interest Company I established which offers training and support in the community to people who have been
unemployed for an extended period, in drug treatment and recovery and employed or volunteering in the Third Sector. This approach provided chain referrals to other potential participants and allowed the participants to be drawn nationally.

This breadth of potential participants was important to me since I did not want to draw participants solely from my own extensive network of people in recovery. If I had prior knowledge of them or their stories, or they had prior knowledge of me, this may have adversely skewed the analysis. I also wanted to investigate the perspective of the few academics who have an interest in developing recovery and education work and who are based in Texas, USA where they have established a network of recovery colleges within Universities. These ‘Recovery Colleges’ support people in recovery through a credit based programme whilst they study for their degrees using a blended curriculum that is responsive to the additional difficulties an individual in recovery may face in university.

The age of participants was also considered across the sample as experiencing differing paradigms of addiction could have provided some key contextual differences when relaying experiences, for instance a 50 year old person who started using Heroin in the 1980s, when drug treatment was just beginning to consider the harm reduction paradigm with the rise of HIV, may have experienced a very different response to that of a 30 year old who starting attending drug treatment
services in the late 1990s when needle exchange schemes were at their height.

The participants ages ranged from 39 to 59 at the time of the interviews and they described very similar experiences in terms of starting drug or alcohol use whilst still of compulsory school age and had minimal or more often no involvement with drug services so sharing experiences related to employment and maintaining family networks rather than being solely enmeshed in an addiction sub-culture. The next section (2.3.3) describes the interview process, how I developed this and how it worked in practice.

2.3.3 The Interview Process

In developing the interview process for this study I first revisited some of my earlier investigations into working with narratives. I explored work that had used a life history approach with people involved in drug and alcohol misuse and discuss this in the literature review (appendix 1). The examples I found during this investigation were often rich in descriptions of researcher motivations and the desire of the researchers to represent voices that are not often heard but not so helpful in describing the route to recruitment the researchers had taken and their motivations for doing so.
The life history approach is a relatively new and emerging methodology and specifically life history work with people in addiction recovery is limited. The evidence on recruitment methods demonstrated that research that included ‘hidden’ populations, such as people in natural addiction recovery, was often reliant on the professional networks of the researcher and often depended on the professional judgement of the researcher to select participants. In her work using life history methodology Etherington (2006) talked with people who had experienced addiction and trauma, in particular but not exclusively sexual abuse. She recruited participants through posters in drug services and in venues where counselling courses were held. Etherington used her experience as a lecturer and trainer to suggest to her the optimum venue for recruitment; she used her experience in drug services and counselling to judge the best setting. Participants contacted her to express an interest, and either on the phone or in person she explored with each participant the nature of the research and negotiated her decisions to interview the participant on an individual basis, expressing any concerns she had about participation.

This is similar to the way I approached this research study but it is flawed since it relies on the experience of the researcher in the field and since part of the population may often be hidden it represents a challenge in terms of access in any other way. This cannot be addressed in a study as small as mine but larger studies may benefit from people
with expertise from other sectors being involved in both data collection and analysis.

The work of Hanninen and Koski-Jannes (1999) looked at 51 autobiographical stories from people in recovery. The participants were recruited from a cohort of participants from recovery support groups, the construction of which were not defined, who had completed questionnaires and were asked to write a ‘third-person’ narrative of their recovery. It is not clear from the literature how this recruitment was undertaken. This work is notable because it develops themes of both addiction recovery and the ways in which people construct their narrative to most usefully describe the changes they have experienced. This is similar to the approach I have taken in wanting the participants to identify significant incidents in their recovery and then develop any links to education as an adult. The work of Hanninen and Koski-Jannes (1999) considered first the logic of each narrative which was then coded, constructed and analysed with a focus on emotional, causal, moral and ethical meanings. I was interested to consider how to narrow the initial stage of my enquiry to make the process manageable without suggesting specific recovery trajectories to potential participants.

It is unclear in the literature how researchers dealt with any participants who misinterpreted the nature of the research. I chose to simplify the
title which had previously been laden with value judgements about marginalisation of people in addiction recovery and changed this to adult education and addiction recovery.

The title of the study clearly indicates the subjects I want to explore but offers no definition of adult education or addiction recovery - rather is aimed at eliciting participants’ own definitions. There is an inherent danger here of recruiting participants who had very broad definitions which included some element of recreational drug use and I planned to clarify this with each participant. I first considered an initial enquiry with a table categorising the key themes from the recovery literature about the routes out of addiction. I thought this would enable me to choose a broad sample of participants from the outset. However, on reflection this was considered to be too suggestive and could have led the participants in their narrative constructions, particularly if they had not explored the story of their recovery for some time.

The participants could then identify themselves significant points in their story to link to recovery and education. I envisaged many of the potential participants to be several years into recovery since my experience as a practitioner in drugs work suggested that it could take several years for an individual to feel ready to reflect on the path they have taken. This process would require an element of emotional
maturity. That is not to say all my participants would be in this position but this seemed a likely outcome at the outset. All the participants were over forty at the time of interview with extensive careers in drug and alcohol use and were several years into recovery (appendix 11).

Another key study directly linked to recovery from addiction and narratives is McIntosh and McKeeganey (2002). The participants in this work identified significant factors in their lives that had impacted on their recovery and the researchers then categorised these into themes inherent in recovery from addiction. The participants were recruited first through drug services and then through the networks of social connections brought into the study by the initial participants commonly termed ‘snowballing’ or respondent driven sampling (Jupp 2006). This work has gone on to inform the emerging field of addiction recovery research in the UK. This process of revisiting literature brought me to the conclusion that I should make initial enquires through my professional network and then work towards ‘respondent driven sampling’. I designed a brief initial enquiry form to ask the participants if they were drug free, and not currently in treatment or therapy, as these were key indicators of recovery. Having piloted this by asking six potential participants to use the form so that I could identify any problems, I amended it. The references to education seemed leading and I changed the title, removing the word marginalised, as my pilot group said some people may feel marginalised and others may not. This
was a fair point and related to my own value judgement as discussed earlier. I produced the final draft having removed the references to marginalisation and then I circulated first via email and then by post with a covering letter (appendix 4).

The professional network of practitioners and researchers I have developed consists predominately of people I knew to have a link to people in recovery, these are detailed in appendix 5 and include key researchers, academics, drug workers and people active in the drug recovery advocacy networks that have developed in the UK and overseas. The majority of these relationships had been developed while I was working in residential services, in hostels for homeless people, in education and as a convenor of conferences to raise money for families affected by addiction. This network provides a source of support and a community of practice that I find beneficial in what can often be isolating work in the voluntary sector and in research into recovery from addiction, which is in its infancy in the UK. I circulated the initial enquiry form, the information sheet (appendix 6) and the consent form (appendix 7) by email and post. This network then advised me of the people they would circulate the information to and I began to get replies and consent forms returned. I decided to wait for a short time to monitor responses and after a period of two weeks the responses ceased. As each response arrived via email I replied and thanked each individual for their interest, responding to any queries as appropriate. I
had six participants who met the criteria on the initial enquiry form completely and three people who were in earlier stages of recovery but wanted to contribute. I thanked these three people but stated that people still in treatment were not within the parameters of this study. I also informed them that if they were happy for me to keep their details I would contact them about the outcome of the work. I also sent out the details by post at the request of six people. I had three replies using this approach.
The most notable feature of the replies was that all the potential participants were men. I had no responses or enquiries from women. This was interesting to me since I had latterly worked in mixed, male and female services, where men dominate as service users. However, I had at the start of my career predominantly worked with women who were parenting and drug using. Anecdotally I was aware of large numbers of women engaged in drug and alcohol misuse.

I decided it was not problematic to work with an all-male sample in this small study. Gender may be an important contextual background to the explorations in this thesis and this needs to be borne in mind in considering my findings. Some of the possible reasons for a lack of women respondents are explored in the following section (2.3.4).

### 2.3.4 Women and Addiction

There are significant situational and social barriers attached to women who misuse drugs and alcohol. Copeland (1997) considered these barriers such as concerns about childcare, residential treatment and its impact on family, the social stigma of being an addicted woman and suggested that more women recover without formal treatment than men. In my practice I encountered many women who were engaged in drug use who were unwilling to enter the treatment system because of fears about the impact on their role as a parent and the lack of residential services catering to parenting women. However, the NTA suggest that although fears around children being removed from
parent’s care are prevalent, the fact that people have children may be a driver for change and aid a person’s engagement into treatment (NTA 2010).

The NTA identified a stable population of women in drug treatment in 2009 in the UK. The amount of women in treatment had remained at 25% of those in adult treatment services for the previous five years. They minimally engaged in a debate about women drug users being a ‘hidden’ population but did not concede to this argument and state that women in drug treatment are proportionally represented (NTA 2010).

The literature suggests that the most likely explanation for the male dominance in drug treatment, and by suggestion drug use, is that men are more drawn to risky behaviour (NTA 2010). The barriers discussed by Copeland (1997) are not discussed in this paper. Additionally drug using women tend to present to services at an earlier age than men, with a difference of around 2 years, at age 30. Treatment outcomes are generally slighter better for women who seem to stay in services longer. The figures presented by the NTA state that by 2009 the number of women entering treatment dropped by 4% and the number of men had risen by 4%. This is reported in the same document that discusses the stability of the population (NTA, 2010). The next section (2.3.5) describes the first interview and how conducting these interviews influenced the developing study.
2.3.5 The first interview

A model of recovery that has been influential in my practice relates to working with narratives – people’s stories and is representative of the way in which I wanted to approach the life story methodology. I first encountered the Tidal Model of Recovery at a drug treatment conference in 2006, in a presentation about the progress of the model.

Dr Barker urged researchers not to

‘colonise the language of others, but to use their own language’

(Barker 2006)

Barker and Buchanan-Barker (2009) developed a model for recovery in mental health which has become a leading theory in the mental health nursing (Brookes 2009). The model asserts that ‘all’ a person ever can be is a story and the work focuses on ‘self-management’ rather than intervention. This links to the process of natural recovery where individuals have developed their own process, perhaps unconsciously, to sustain abstinence from their drug of choice. Dr Barker also urged researchers to reconsider the narrative process as a frame of reference a person would use to relate their story. I am mindful that it is with these ideas resonating I approached the interviews. Thomas Szasz said that Addiction is an abstract noun

‘that cannot literally imprison a person, they can escape with or without the aid of others’

Szasz (2004 pg 23)

Szasz (2004) asserts that people are moral agents making choices about their addictive behaviours, saying that addiction is a condition brought about by free will and so a condition that can be resolved by
free will. I come to this work from a position that people have competence, they have the capacity to make decisions, but these decisions may not be ones that wider society recognises in a positive way and they may not be decisions that will enhance their life chances. In order to support someone in making the decision to move into recovery we cannot presume incompetence has led to their current condition.

It is with this in mind that I wanted people to define their own recovery and not necessarily identify treatment approaches or theory in this first enquiry. I asked each participant if I could conduct two interviews with a possibility of one more if appropriate. The first was to be no more than 30 minutes and would be a way to develop themes in a longer one hour interview. This second interview would be held 4 – 6 weeks after the first to allow time for reflection by both researcher and participant. I developed a list of four points to aid discussion (appendix 8) but found that this was not needed in four out of six first interviews as the men were very vocal and open and discussed their experiences freely. I carried out four interviews over the phone as the participants lived significant distances away from me and each other. One participant worked nights and wanted to conduct the interviews during their break in the early evening. I conducted two interviews in person as these people preferred to talk face to face in my office. I gained permission to record them all to aid my analysis. The men were happy for me to record the interviews and I explained that these would be destroyed.
after the completion of the thesis. None of the men wanted copies of
the recordings although one man did ask for copies of the final
transcripts which I supplied.

I applied pseudonyms chosen by the participants to aid anonymity. I
explained to each participant that I would prepare a transcript of each
interview and they could have a copy of this. Two participants asked for
copies and one wanted some minor amendments which I completed. I
explained that I wanted to develop themes for the next interviews,
perhaps identify common features across the group.

2.3.6 Reflections on the first interview

On listening to the first interview I was immediately struck by my varied
intonation in responses to participants statements. I reflected on my
responses and I noticed that I was far too expressive in my interest
when the participant discussed things that were of particular interest to
me personally. This could focus the narrative on my areas of enquiry
and interest but this may not correlate with the participants own
experience and not allow them to identify significance or to reflect and
come to their own story.

I made a concerted effort to be more neutral in future interviews. I was
struck by the generous manner in which each participant offered their
story and how very different the stories were on first hearing them, particularly the different socio-economic backgrounds of the men, from seemingly very affluent to dire poverty. One participant emailed me with their thoughts and reflections which I integrated into the themes I developed. The key difference at this stage was the way people defined education, this was sometimes formal accredited qualifications, but included workshops in treatment and things they had learnt as children and ‘re-learnt’ as adults. The participant Marcus discussed his father teaching him some gardening skills and how when in the early stages of recovery he set out to teach himself such skills again. Another pertinent point at this stage that interested me is the value placed on accredited qualifications that produced a certificate; this was a recurrent theme with many participants. I was left with the impression that obtaining a certificate in any topic would somehow validate them, not only when looking for employment, but as an adult who has successfully chartered a path through addictive habitual drug use.

This valuing of certificates was contrasted by a recognition that they often used their life experience to great effect both to cope with life as a drug free adult and in employment and this had more ‘actual’ value or capital than the certification, an issue of validity and currency which was explored further in the second interviews and in the literature.
2.3.7 Developing themes for the second interview

The work of Barker (2000), Clough (2002), Denzin & Lincoln (2005) and Richardson (1994) and have been instrumental in assisting me to think about the interviews in a broader more analytical manner. Research methodology in educational settings was described by Clough (2002) as an emerging field and using narratives as a process that requires researchers to

‘develop enquiries which not only throw a light on their objects but also simultaneously transform the means by which they do this’

(Clough 2002 pg 8)

Denzin & Lincoln (2005) suggest qualitative researchers must develop a response to three crises: a crisis of representation because of the challenges in capturing a ‘lived experience’ and representing this authentically: the crisis of legitimization where we must consider the validity and reliability of any claims we might make; and finally the crisis of praxis, how are qualitative researchers studies to be evaluated in the contemporary world. Denzin (1994) spoke of using a process of self-reflexivity. This reflexivity informs my work as I remain mindful of the positions I take as I approach the work and how this awareness will be vital to the analytical process. Richardson (1994) talks of methodology that unmask political ideological agendas which are

‘hidden in our writing, claims are less easily validated, our desire to speak for others suspect’

(Richardson, 1994 pg 523)
It was only when listening to the first interview with James that I became conscious of the way my increased interest in specific comment could ‘steer’ the conversation and made me aware of the need to be present and mindful in further interviews. The story of ‘Nick’ a teacher, discussed in Clough (1995) resonated with me. Clough (1995) told of the difficulties of getting Nick ‘on the page’ and how he relied on his experience of Nick rather than the data. Clough (1995) was also weaving narrative and fiction relating to the micro world of the individual to the macro world of institutional meanings and he describes this challenge well

‘Here I was presuming to tease apart the threads which made up the cultural patterns of personal and institutional life without so much as a glance at those which organise my own way of seeing and without which those other lives would be invisible to me, I found ‘Nick’ in my imagination’

(Clough 2002 pg17)

I am conscious that I have constructed personalities for my participants from the first interviews with them and when developing themes for the longer interviews I was mindful not to impose these ideas of who they may be onto the narrative and checked this by asking them for clarification at the outset of the second interviews and throughout.

Figure 5 illustrates the first draft of the themes I developed after the first interviews.

<table>
<thead>
<tr>
<th><strong>Table 1 Themes for second interviews - First draft</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Capital</td>
</tr>
<tr>
<td>Pre-existing skills</td>
</tr>
</tbody>
</table>
This initial draft provided some ideas for reflection and I developed this into a more comprehensive series of questions and prompts that I would be able to use in the interviews to formulate questions if the participants were unclear about what they wanted to discuss. As it was I used the second draft as a matrix to check throughout the interview as the participants naturally covered the themes I had isolated and those which would support me to answer my initial research questions detailed in section 1.5.

Table 2 illustrates the final draft question matrix used to support the interview process which was not issued to the participants.

Table 2 Themes for second interviews – final draft question matrix.

<table>
<thead>
<tr>
<th>At what stage in the process did you attend – were you medicated/ drug free when you entered example/ education/ learning</th>
<th>How do you think attending XXX affected your recovery process?</th>
<th>Was there a subject you would have liked to study but could not access?</th>
<th>What got you to the first class/ session/ workshop – did you go alone, with a friend, worker?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long was the course, programme, learning stage –</td>
<td>Did you have to take exams, write</td>
<td>Was it work related?</td>
<td>Do you have plans to undertake any</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Envisaged skills</th>
<th>Transferability of skills gained during life span</th>
<th>Social Inclusion</th>
<th>Informal Learning prior to addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets Relationships Family links Income potential</td>
<td>Recognition of benefits of problematic drug use experience – challenging</td>
<td>Social / Family Networks</td>
<td>Workshops Return to work schemes Mindfulness OLASS</td>
</tr>
<tr>
<td>feeling of competency</td>
<td>assignments, submit any work – would this encourage you or deter you?</td>
<td>further education or learning?</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>What did you find most helpful?</td>
<td>What would have made it better?</td>
<td>What would have put you off?</td>
<td>Was it about relaxation?</td>
</tr>
</tbody>
</table>

The second interviews were arrange approximately four – six weeks after the first providing both participant and researcher sufficient time to reflect but not so much time that the content of the first interview cannot be easily brought to mind. The next section describes the coding process in more detail.

### 2.3.8 The Coding Process

The interviews were transcribed and analysed using an emergent coding process which allows the researcher to compress large amounts of text into more manageable data (Krippendorff, 1980 and Weber, 1990). The data was entered into a spread sheet allocated to each participant and I began working through each one, applying and recording codes. This process ultimately gave rise to 68 different codes for analysis (appendix 11). This initial coding of the data, applying codes to the data as they arose, then compiling these into a list of 68 final emergent codes, allowed me to explore the issues that were both identified as significant to each participant and issues that seemed significant to the researcher. This process was done without referring to the literature and allowed an opportunity to immerse myself into the data and
separate the issues that I was finding significant and recognise more fully the issues the participant found significant.

This was important to me as I wanted to work to try and ensure the participants’ voices were the loudest in this part of the process. The aim of this stage of the coding was not colonising the data with only my interpretations and aided a process of discovering a set of eleven shared themes (figure 1). These themes were discussed by all participants as being significant in their journey to recovery and influential in their engagement with education as they perceived it.

**Figure 1 Eleven Shared Themes**

These 11 codes were further explored in the data to identify those codes that were most prominent in each transcript resulting in the following demarcation of 7 codes which were of particular significance to each participant. I then returned to the data looking for common themes throughout all the transcripts. The following figure 8 illustrates this demarcation. The codes illustrated in black are the 7 key codes identified most prominently by the participants.

**Figure 2 Demarcation of emergent codes**
2.5 Ethical Issues

The study was given ethical approval in December 2010. One concern raised during this process was the lack of consensus in defining recovery, the split between this meaning total abstinence or maintenance on a substitute or other medication. I took the position that the participants in this study should have sufficient distance from
treatment that they had had time to reflect on the experience and move forward into a life free of habitual drug or alcohol misuse. The notion of being in recovery or being recovered was for them to define and not for me to judge, however being in a positive place emotionally and able to discuss their experiences without distress was important to attempt to ascertain. There were moments through the interviews when the recollection of a specific time, place or experience gave rise to some emotions. This is natural and I would take these moments to give the participant time and if appropriate ask the participant if they wished to take a break or stop the interview.

Perhaps it is experience on the part of practitioner researchers that aids them in these types of judgements. Somers & Gibson (1995) discuss the way that narratives that we use to tell our personal stories are linked to broader social narratives. This means that when hearing the narratives of others we may as researchers find ourselves connecting with these stories and relating them to our own experiences. This represents an ethical issue in terms of the emotional impact of research on the researcher, particularly in qualitative social research where we may be drawn to subjects that resonate with our personal experiences. Haynes (2006) explored the impact of research on researchers and illustrates this with an account of a research project she worked on and the impact on her own development. The process of developing and undertaking these studies has impacted on me professionally in my
view of evidence and the construction of research and its accompanying literature, but it has also impacted on me personally. These two aspects of my identity do not exist in isolation and ensuring my own emotional safety during this process was also an ethical practice. I did this through my work supervision and through occasionally taking time out from the work to step back and reflect, just as I was asking the participants to do. The following chapter 3 provides an introduction to each of the participants individually before moving in chapter 4 to an analysis of the stories they shared.
Chapter 3
The Participants

In this chapter descriptive case studies of each participant are presented to introduce the background and key details of their individual stories. In describing the stories the men discussed, the aim is to establish a contextual background, placing each story in a socio-cultural setting which provides the reader with a sense of what history the men have brought to the study. I particularly considered the differences between them in terms of early experiences and entry in addiction as well as the similarities.

In accordance with ethical practice the names of each participant have been changed and, in recognition of the participative nature of this study, I asked each participant to provide a preferred pseudonym. Thus this chapter provides the introduction to Carl, Marcus, James, Big Al, Sam and Nigel which follows.
3.1 Carl

Carl is 48 year old single man who first described the way he entered recovery following the departure of his wife and children from the family home a few days prior to Christmas 8 years ago. Carl could not recall the exact time his drug use and drink became problematic. He expressed his use of drink and drugs as so commonplace in his environment that it was more unusual not to use whatever drug or alcohol available. He described the estate he grew up in as

“The usual run down council place, full of misery and skint families trying their best.”

His first use of drugs was with glue and other solvents when he was around nine years old, moving onto amphetamines and occasional use of hallucinogens through high school.

He described a low point as sniffing petrol at nine years old and the kudos of having the finances to purchase cocaine as a particular poignant memory

“I felt like I had made it.”

Carl further described himself as a fitness fanatic since entering into the gym and training environment was a key factor in his own recovery process. Following the departure of his family he was supported by a friend, himself in recovery from heroin addiction, who had found regular attendance at a gym an aid his own recovery. Carl was a regular user of
stimulant drugs predominately amphetamine, cocaine and ecstasy with 
his alcohol use also a regular feature, getting drunk once or twice a 
week. He said he was engaged fully with the clubbing and rave scene in 
the late 1980s and early 1990s and this was where he met his wife, 
who left when the drug use became a dominant feature in their lives. 
Carl did not want to include details of his children in the interview. 

Carl described his early school years as non-eventful but his parent’s 
lack of interest in his progress was de-motivating for Carl who 
completed a small number of CSEs before leaving high school. Carl 
found this part of our discussion particularly emotive. He was inspired 
to complete these exams by a charismatic teacher who took a special 
interest in his progress. Carl now works with young offenders and 
troubled youth in a number of inner city venues. He feels his early 
experiences allow him to connect with the lives of the young people he 
meets. Carl started a degree in Youth Work in 2010 and describes 
himself as very dyslexic. He felt his entry into higher education was 
facilitated by a few individuals but particularly a lecturer in further 
education who welcomed him to his first course by ensuring he had a 
mentor to guide him through the systems of the large institution. He 
feels certain this was done for him specifically although at the time it 
seemed coincidental that the mentor arrived when he was meeting his 
first tutor and they went for coffee before the class. Carl credits some of 
the teachers and lecturers he has encountered as 

"getting him through”
My impression of Carl was a self-effacing man who had not found a way to congratulate himself on his achievements which he felt did not outweigh the disservice he felt he had done to his family.

3.2 Marcus

Marcus is a 49 year old single man who first described himself as becoming estranged from his family following a chaotic period of heroin addiction three years prior to his recovery in 2009. It was at this time that he travelled to Thamkrabok Monastery in Thailand for a two week detoxification programme where he participated in the consumption of a herbal medicine that functions as an emetic. I did not explore this programme with Marcus since I did not want the focus of the interview to focus on this treatment approach. It was a positive factor in establishing rapport with Marcus that I am familiar with the approach having visited and stayed at this Monastery on two occasions.

The ease in which we developed a rapport seemed to aid Marcus in moving into the wider story of his addiction and route to recovery. Marcus was initially quite jovial in his descriptions of his drug using history. He began to smoke cannabis following a visit to his village pub as a 15 year old. He was quick to point out that he did not believe in theories about one drug leading to another because he felt he had
deliberately sought out a range of drugs in quick succession in order to fit in socially and it was not an easy process for Marcus to access drugs at this time (around 1977 in a small rural village on the outskirts of Stoke on Trent). Marcus sought the company of older friends and left home at 17 to live in the city.

He was introduced to heroin in 1979 by a friend he was living with in a large shared property. At this time he was working for a building contractor and had access to a substantial income which he used almost exclusively to purchase alcohol and drugs. He said he was not fussy about which drugs he purchased and this included large quantities of alcohol. During this period he remembered losing a lot of weight and returning to his family home for occasional meals. Ultimately he felt his first addiction to heroin began in the early 80s when he was using on a daily basis and injecting. He contracted Hepatitis C along with a group of friends and said this was a normal experience, being jaundiced, and he could not remember anyone being overly concerned about this. Marcus successfully received treatment for Hepatitis in 2009 following his detoxification.

When I asked Marcus about his experiences of education he said that he enjoyed primary school but was identified as needing remedial help with reading in high school and when this was not forthcoming rapidly lost
interest. Marcus felt that his parents ‘did their best’ but he had no recollections of being asked about homework and he was saddened by their lack of interest. Marcus has two children and was clearly proud as he described their school and college achievements stating that he was not present during their high school years but had spent a lot of time encouraging them as youngsters. This was affected by his difficulties with literacy; he describes himself as self-taught and said that using texts on his mobile phone had really helped his spelling. This wry comment was typical of Marcus’s humour since he said most of texts related to drug purchase or sale in the past. Marcus described three periods of chaotic heroin use, initially as an injector but on subsequent occasions as a smoker. He explained that this was not an informed choice, but as he become increasingly solitary in his heroin use he lost access to people who could inject him and he could not do his himself as he disliked needles. Marcus began voluntary work on his return from Thailand, working with young offenders in an activity project. He is now employed as a trainer in gardening and construction stating he has put over 30 years of drug use firmly behind him.

3.3 James

James is a 59 year old married man who described himself as 15 years in recovery, having recognised in retrospect that he was an alcoholic by the age of 17. James employed a natural approach to recovery by
taking a vow in his kitchen that the drink he held was to be his last. He maintained this and developed an interest in Buddhism, also visiting Thamkrabok Monastery and spending a period of time ordained as a Monk. Having a second participant with a connection to Thamkrabok Monastery was coincidental and these participants came from different ends of the country. I did not discuss this coincidence with either participant and they did not acknowledge any awareness of another participant being connected to this detoxification.

Unlike Marcus, James became interested in Thamkrabok following his own recovery from addiction and following visits to the Monastery provides advice and guidance to others who may wish to undertake the detoxification programme. The awareness I had from my own experience with this programme aided initial rapport with James. James described himself as coming from an Irish family where drinking was embedded in all occasions. Anything was reason for a drink and as he approached his late teens being in the pub was not questioned but normal. It was to be many years of drinking to excess before a comment from someone else about not being happy led James to question his own happiness and find that he wished to change. He describes with some pleasure the ‘survival’ of his marriage through this period. James works to introduce the benefits of mindfulness practice to people in recovery through workshops and meditation sitting groups. He also runs an organisation that facilitates treatment overseas for addicts.
who want to achieve abstinence and supports people over the phone and through the internet. He initially described some frustrations at not having specific qualifications in addiction work.

Having reflected between our interviews these frustrations were defused by his moving into semi-retirement and not needing to establish credibility in a drugs work place with certificates, although he is to continue offering his services to people in distress utilising his personal experiences and 15 years of helping others as a knowledge base.

I found James to be a thoughtful and considered participant. He had spent time in between our interviews considering the impact education had on his recovery process and reflected on the way alcohol had affected both his school life and early working career. He was a most articulate man offering his story freely in the hope of it being of use to others. This theme was prevalent with all the participants I talked with during this study.

3.4 Sam
Sam is a 47 year old man who described himself as ‘courting’ with his partner. Sam is 12 years into recovery from alcohol and describes himself as an alcoholic. Sam entered recovery following an intervention from his family who coerced him into a residential rehabilitation unit where he stayed for 9 months. Sam was raised in a family of publicans and continues to run and manage public houses to date. Following his treatment for alcoholism Sam entered a period of chaotic drug use, primarily with cocaine. Towards the end of this phase of his life, which lasted for approximately three years, he began taking part time courses at his local further education college which culminated in a degree in addiction counselling in 2006. He works as a publican and operates within a discrete network of counsellors on a voluntary basis who intervene offering addiction treatment when referred by concerned family members.

Sam describes the 12 step programme he was supported with as brainwashing and the support groups as dangerous places where people are ‘preying on newcomers’, having become addicted to the programme themselves and ‘hanging about for years’ instead of moving on. In spite of his concerns over the nature of 12 step programmes this intervention worked for him as nine months out of circulation enabled him to make the best use of the therapy and group work offered to him in rehabilitation.
At this point in the interview I struggled a little with Sam since I was tempted to engage in a debate about the 12 step programme but I managed to divert myself by identifying this with Sam and moving on to discuss his experience more broadly. He was similar to Carl in that he credited a charismatic lecturer with his success. He described the way they challenged him and he spent considerable time thinking that she “Hated me and wanted me to fail.”

Only to recognise months later that the lecturer was aiming to enable him to reflect on his views, which had been forged in rehabilitation, and consider if the position he took was his own or the position of others. Sam was also dyslexic and initially felt it unfair he was asked to write essays in University and describes himself as;

“storming out of a support session in temper”

Following this he began recognising that the support that was available could be of use and using 12 step meetings to stabilise himself when he felt his sobriety was compromised despite having reduced faith in the approach.

3.5 Nigel

Nigel is a 47 year old married man who lives apart from his wife and has two adult daughters and two grandchildren. Nigel is a musician and
has had a sustaining career in the indie music industry most recently releasing an album in 2010 to critical success. Nigel described his entry into habitual drug use through his involvement in the music industry and his recovery followed a period of depression he felt was initiated by his use of a range of illicit drugs, most commonly heroin and alcohol. He ceased drug use whilst on tour in Germany aged 43 and experienced a great deal of discomfort that he described as emotional rather than physical. He sought no intervention from medical or treatment practitioners and felt this was unnecessary saying

“You know what to do, you just have to do it, anything else is delaying tactics.”

Nigel continues to record music but decided following his detoxification to study theology and ultimately become more fully involved with religious practice. Nigel enrols via distance learning courses, both to remain anonymous and because this method of study is adaptable to the demands of travel. Nigel also described himself as a prolific reader who opted out of mandatory education during the second year of high school and was for a short period allocated a tutor aged 13. However his behaviour with “leanings towards self-harm and general anarchy” did not lend itself to home schooling. He channelled his energies into music, learning a range of instruments to what he describes as a mediocre standard, and finally recognising his talent was as a lyricist.
Nigel wanted to detoxify as quickly as possible following a recognition that his lyrics were deteriorating and so purchased a range of prescription medications illegally and spent several poorly remembered days in a hotel, on a coach and finally at home. He explained that his wife, who he loved dearly, was not in agreement either with his methods or his intentions and so took the decision to live apart and continue her own drug use.

He began buying books on theology after a visit from an old friend who had become a minister of religion after his own detoxification. Nigel was inspired to see if this course of study could provide him with some peace of mind. He stated that it had not, but despite this he continues his pursuit of information as the subject caught his interest. Nigel described himself as dyslexic and said that he had a chronic grasp of spelling and this was overcome by supportive people such as his wife and band mates who would ‘translate’ his work. Nigel was interested in being interviewed as he was of the belief that another subject had to become

“more interesting that self and that was the key to recovery”

A topic he wanted to explore more fully through his own reflections.

3.6 Big Al
Big Al is a 55 year old married man having just celebrated 25 years of marriage by renewing his vows. Big Al was a jocular character and one of two participants I interviewed in person. He stated he did not like talking on phones. Big Al said he was an alcoholic, in recovery for 17 years. In his early life he had been a disc jockey (DJ) and it was this culture that was a factor in him developing an alcohol dependency by working through the night in clubs and pubs where alcohol was freely available to him.

Big Al was working an engineer. However his drinking, which had commenced at age 17, had gradually increased from evenings whilst working as a DJ to drinking during the afternoon and eventually drinking in the mornings. He was at work one day when he felt violently sick and began to vomit profusely; the words of his recently deceased mother came to mind, as she had told him if she had one wish it was for him to stop drinking. He went home and recalled his wife asking him to give his daughter some medication, he recalled his daughter laughing at aged two and a half because his hands were shaking as he realised he was withdrawing. He slept on the sofa and commenced withdrawal, continuing to vomit and feel very unwell, ultimately attending his Doctor’s surgery a few days later, where he was provided with some medication. He took this for two or three days and felt this was only masking the problem so ceased. He described
attending some 12 step Alcoholics Anonymous meetings but felt this structure was not for him.

He said some members of the group visited him at home and they were very supportive. He set a target of three weeks to detoxify and was reading a book called 'feel the fear and do it anyway' which further inspired him. He had a DJ contract starting which required him to stay in a hotel for 22 nights. He described his detoxification at home in some detail experiencing further vomiting, hallucinations and distress. However he persevered and commenced his contract as planned. Big Al stated that he felt the work as a DJ would be good therapy- an aversion therapy as he monitored the gradual intoxication of people at the hotel where he was DJ. He described feelings of embarrassment and discomfort as he saw people’s behaviour under the influence.

He described being generally unhappy at school but when a friend suggested he train to be a counsellor to help people in his position he went to college and enrolled. This initial course was the start of several years of adult education with mixed experiences. Big Al was determined to learn and pursue more knowledge in order that he could help people in a similar position. Ultimately he has a senior role in Criminal Justice, managing a team involved in specialist interventions for young offenders in a custodial facility. He continues to undertake training and
education, recently deciding to train as a plumber 'for something completely different'. He aspires to share his story with other people in recovery to demonstrate that a good life is there for the taking after the distress of detoxification. Big Al was a jovial character with a very straightforward approach and an openness that aided the establishment of rapport from the initial interview. As with all the participants it was a privilege to share in their stories.

Having introduced the reader to each of the participants the next chapter (4) provides an analysis of the men’s life stories using the themes derived from the coding process and provides interpretations of their experiences when applied to the study questions.
Chapter 4
Life Stories

This chapter thematically analyses the life stories of all the participants. Key themes include their early experiences of education, how they entered and experienced their addiction careers, began their recovery and where different types of learning fitted into this process for each individual. These themes were developed through an emergent coding process which identified aspects of the data that seemed significant from the perspective of each participant and were significant to the researcher. This approach provided an opportunity to explore the combined experiences of individuals who have moved from habitual addiction into a life of recovery, all of whom felt that education as an adult had formed part of this journey. The aim of this study was to explore what role learning and participation in adult education may have in sustaining a life which is free of habitual drug use. It is illustrated with the words of all participants using the codes derived from the emergent coding process described in chapter 2.3.8. This chapter concludes with a brief discussion on the shared experiences of the participants and how this relates to the analysis based on theoretical models in the next chapter.
4.1 Early Learning

4.1.1 ‘Dad never asked me about homework’ – family & home influence on attitudes to learning

Each participant discussed their reflections or realisations that during childhood their parents were either minimally involved in their school experience or in some cases showed no interest in their progress at school. The participants had experienced different socio-economic backgrounds and a discussion of these backgrounds provides a range of different reasons for a lack of parental involvement or interest in early education.

Carl described extreme poverty and a large group of siblings. He had four younger sisters and was required to take part in their care from the age of three when his first sister was born, having already become accustomed to caring for himself. He describes a vivid childhood memory

“From when I was little, I was on my own, I needed to eat, it sounds terrible but it was normal, I would pull the bottom two drawers out of the kitchen cupboard and climb up till I reached the side and got to the crusts my mum would bring back from the café in the pot-bank, I must have been about three.”

Carl

Whilst experiencing both financial and perhaps emotional poverty, Carl recollects that his parents did not appear interested in his school progress

“Well I finished school and left home the day I left school, not that they noticed I had left school, cause they never
came to anything, no open evening, parents nights or nothing....”

Carl

In contrast, James describes a relatively comfortable background but one where his parents had a general disinterest in his education. This disinterest was driven by both their involvement in a heavy drinking culture and a lack of interest in supporting him financially, should he stay on at school to complete A levels. James chose to leave school and go to work, which was seen by his parents as a more acceptable option. This was coupled with the accepted practice of going to the pub with his family rather than revising:

"Yes I was doing very well,...[laughs]....I was doing ok in my studies, it was a very low standard school and I revised for my O levels generally down the pub when I was 14 or 15, I would go down the pub with my parents.”

James

James did achieve some qualifications at high school and seemed pleased with this:

"I would spend an hour revising in the morning then I would go down the pub with parents, bearing in mind how old I was, but I did get a few O levels, despite that ...” [laughs]

James

He also talked about the educational success of extended family members by way of explaining that his uncles, in particular, had gone to university and gained employment of a perceived high social standing.

However in relation to his own parents he commented
“And themselves they could not see the value of further education, they had never experienced it, although on my father’s side of the family there were some highly educated siblings and relations….. several you know highly qualified siblings members of the Irish parliament, Solicitors, Doctors.”

James

He explained that his father had taken a different route to his siblings:

“So there was a history of academia, but my father was very much the black sheep of the family, having run away from home at 15 or 16, he had to go to sea…..but then that’s all his history, he had been sent to boarding school what have you.”

James

Marcus also described a general lack of family interest in his education with no academic history in his close or extended family who were predominantly employed in the local steel industry

“You know when I think about that time growing up one thing that bothers me is that no-one ever asked me about school, my Mum when she was alive, my Dad, my brothers or sister. I was always asking after my kids.”

Marcus

Marcus later described the pressures on his widowed father and his father’s advanced age as influencing reasons why his father did not enquire about his school life, homework or progress bringing him to the realisation that he was not going to achieve at school

“Well, I feel like I was being a bit unfair on my Dad [earlier in interview], he worked really hard and had to fight to keep me, a bloke on his own then, but he did and he kept the house immaculate, it was just he did not ask about school or anything and with this being about education it made me think of that.”
Marcus

This was an important point that Marcus reiterated again when reflecting on how he differed in his approach to his daughter’s education.

“Yeah – I don’t want you to think he was not interested in me, he was just older, my brothers and sisters are much older – the next ones 10 years older than me so they had all left when I was little.”

Marcus

Nigel who intimated a quite affluent background stated

“Mmm, I opted out of high school when I was 13.”

Nigel

He was given a home tutor for a short time although this was felt by Nigel to be ineffective and his parents did not pursue this with him. He described why this was the case. This period of his early family life was one of some turmoil within his family. He discovered during an argument that he was in fact being raised by his grandparents, his birth mother being his sister, stating that he played on this to gain the freedom to pursue his own interests.

“Well I had not long discovered they were actually my Grandparents and my sister was my mother, so they were pretty compliant with me, I played on it a lot but it was not such an issue for me as I made out.”

Nigel

For Nigel the lack of attention on his education was affected by the turmoil in his family over his parentage and his behavioural difficulties, which differed from the situation Marcus experienced, but the outcome was similar in that scant attention was paid to his school experience.
Sam perceived his parents absence during their sporting career as one reason why they were not involved in his education. He was raised in a number of pubs and bars. For the majority of his adolescence his parents were public figures due to their successful involvement in sport, which led them having long absences from home and minimal monitoring of his school work:

“*I stayed with my grandparents, they did not have a clue really, what I was up to at school, except once my Granddad was called in and I got the cane – this did not go down well.*”

Sam

Big Al referred to his parents very briefly through both interviews, but he did reflect on the way he was bullied at school as having affected his involvement, and then referred in passing to lack of parental concern with his schooling

“*I never liked it, I think I was bullied, I came from the rough end of town, they did not push it [parents].*”

Big Al

Also describing how this affected his confidence and ability to join in at school

“*I am a bit of a loner..... It affected me, a lot of big lads....[pause]*”

Big Al

The different socio economic settings described by each participant range from affluent to extreme poverty but are similar in the detachment they perceived in their parents when considering school which led to a lack of enthusiasm about continuing to study after compulsory education. This lack of interest was compounded for some
participants by difficulties with learning and this is the focus of the next section.

4.1.2 'I was a bit thick' - Identity as a learner – Learning difficulties

Several participants described themselves as having difficulties at school particularly with spelling and reading – for Sam and Marcus this was clearly attached to early school experiences and for Carl and Nigel an awareness that they had learned to cope with their difficulties with reading and writing. This section briefly discusses their comments about dyslexia. Sam and Carl had been formally assessed as being dyslexic as adults, Sam on entering college and Carl after he had completed his college studies and progressed to University. Marcus and Nigel both felt they had managed learning difficulties that could be dyslexia with the aid of other people. Nigel spoke of his wife and band-mates revising his lyrics and correcting his spellings. Marcus managed to gain support with his application forms from his wife and from his manager in a voluntary project he was involved with. The manager was dyslexic and Marcus felt this gave her an understanding of his difficulties. Nigel describes how he developed an interest in music at 13 and this distracted him from school which he did not enjoy.

"At 13 I was displaying leanings towards self harm and general anarchy! I did not enjoy school, had a chronic grasp of spelling so I did not write and most significantly I had discovered sex, I was really most interested in that and
music, I started to learn instrument and found I could do it.”

Nigel

Carl expressed his frustration at University when he had completed a learning needs assessment

“Well yeah, if you ask me it’s pretty stupid, assessing someone for dyslexia, telling them how bad they are and then sending a massive report and loads of forms.”

Carl

This statement was indicative of the increased confidence Carl expressed in himself, feeling more able to comment on his experiences at University. Following his formal assessment Carl developed strategies for accessing the support he needs to continue his studies. He commented on the young age of his support worker, but clearly valued their help in completing his studies, describing with pleasure passing his first exam

“I have a lot of equipment and I am getting some training on it and getting 60 hours support, [it helps] Yeah it really does, I passed [laughing].”

Carl

Marcus expressed his sadness that he left school unable to read. He described his move to secondary school and referral to the remedial class as a profound moment when he became frustrated and began to search for other ways to make friends, describing this as the end of high school in his eyes

“By the time I got to high school I still could hardly read or spell anything – they put me down in the special class –
remedial, Yeah I felt really thick then and still no help, that was the end.” [of interest in school]

Marcus

Marcus felt the primary school staff had not pressured him due to the loss of his mother but that this did him “no favours, being nice [did not help]”

Marcus

Each of these participants had found ways to manage their difficulties with reading and writing in their adult life and had reached some level of acceptance. For Marcus he felt it was too late to go into education formally but was gaining great satisfaction out of passing on his gardening and landscaping skills to young people. Carl was using the support provided in higher education and Nigel learning at his own pace and in private. Sam had a more tumultuous time getting to grips with his learning and his dyslexia. He describes difficulties with managing his temper in college and not clearly understanding what his tutors were delivering. Learning to manage anger is further discussed in section 4.4.2 as this was a common theme for several participants.

4.1.3 ‘I did not go much’ - School Experiences

The extent to which each participant attended school was affected by the interest their parents took and their early experiences of being with other young people in groups. Some did complete compulsory secondary schools. James and Carl both left high school with some formal qualifications and James had enrolled for A levels but felt the
environment he was in at the time both with his parents and his peer group aided his decision to leave school and start working

“My friends decided they all wanted to go to Spain during the following summer and the only way I could go to Spain with them was not to go to school, I just stopped going to school and got a job and my parents were more supportive of me going to work and paying rent.”

James

Big Al moved into training as an apprentice engineer from school explaining that at this time it was very straightforward to gain an apprenticeship and move from one job to another easily.

For others lack of attendance was an early feature of their secondary school years. Marcus rarely attended high school after the first year. This was the same for Carl initially - he missed most of the first two years of high school returning when social services became involved with his family despite this his attendance reduced again in the final year

“Well I didn’t like it much at the end, I wasn’t much good at it really and I got away with not going.”

Carl

Nigel left at 13 and had brief input from a tutor for a matter of weeks and then no further formal education at all. Sam’s school attendance was infrequent and he left with a certificate in woodwork which he felt should be credited to his teacher’s perseverance rather than his efforts
“Then when I left with one qualification I felt ok ‘cause I had a job to go to in the pub, I thought I did not need anything else, I would be in the trade.”

Sam

This attitude was typical of the self-depreciating manner with which the men communicated their stories with me. The exchanges we had were candid and were revealing of thoughtful inner lives the men were willing to share.

### 4.2 Addiction Career

The length of time an individual is involved with habitual alcohol or other drug use (AOD) is referred to as an addiction career and the length of these phases in someone’s life is determined by the circumstances of each individual. Stall & Biernacki (1986 pg71) challenged the view of dependence as a permanent state, arguing instead that it should be viewed as a “temporary phase in the life course.”

Table 3 illustrates the time spans for each participant for important markers in their addiction career.
Table 3 Time span of addiction, recovery & education.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sam</th>
<th>Nigel</th>
<th>Carl</th>
<th>James</th>
<th>Big Al</th>
<th>Marcus</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD Starts (Age)</td>
<td>12</td>
<td>12</td>
<td>9</td>
<td>14</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Time Lapse between initial &amp; habitual (Years)</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Addiction Career (Years)</td>
<td>17</td>
<td>29</td>
<td>20</td>
<td>23</td>
<td>17</td>
<td>27</td>
</tr>
<tr>
<td>Gap between beginning recovery &amp; entering education (months)</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The introduction to alcohol or other drug use (AOD) was between the ages of 9 and 17 when all participants were still resident in the family home. All participants started habitual use in their middle/late teens (between 15 and 19 years) and had extensive addiction careers of at least 17 years (to a maximum of 29 years) from their initial experimentation with AOD and the transformational moments that led to their sustained recovery. This represents an extended period of habitual use which in itself may have limited the opportunities for the development of coping strategies, health and wellbeing, successful relationships and quality of life. However despite this possibility some participants maintained relationships; James and Big Al remain happily married for example and the remaining participants all became fathers.
during their addictive period and have resumed or continued contact with their children following relationship breakdowns.

There was a gap of no more than 2 years from recovery to participation in adult education, while in 2 cases entry into education was simultaneous with recovery. The next sections explore the participants’ experiences of starting and continuing to use drugs or alcohol.

4.2.1 ‘It was in the house’ - introduction to drug and alcohol use

All of the participants in this study first began experimenting with drugs and alcohol before they were 18 years old. Carl was the youngest at 9 years old when he began using drugs and alcohol he found at home

“Mmm, drink mainly, cherry brandy….laughs, jubilee stout and then my Mums tranqs, stuff my Dad got when he was at xx xxxxxxx. [Psychiatric Hospital]”

Carl

Carl began sniffing glue when he was 13 having already developed a taste for prescription drugs that were in his home

“So I had a go [sniffing glue] but I was not much for that, think I had a taste for prescription drugs by then, and there was some trouble over us not going to school.”

Carl

Carl describes how his parents were told by the authorities to ensure more regular school attendance but how increased attendance at
secondary school led to opportunities for his peers to introduce more substances for abuse since they were experimenting with illicit drugs.
Three of the participants were young teenagers when they began try out drugs or alcohol: Nigel was 13 when he began to experiment with drugs; James was 14 when he began to regularly attend the pub with his parents; while Sam was around 13 years old when he began to take drinks from behind his parent’s bar. The others were in their late teens: Big Al was 17 when he had his first alcoholic drink; Marcus was 16 when he first smoked Cannabis and this was soon followed by his first use of Heroin at 17.

4.2.2 ‘So I did what an alcoholic would do and thought I need a drink’ - addiction identity

One aspect of identity derives from the social groups we are involved with, our friends, colleagues and the situations we encounter through these friends, through employment and socialising (Postmes, Haslam & Swabb 2005). The idea that habitual addiction could have benefits for an individual is counter-intuitive to many people (Peele 2011).

However becoming part of a culture that provides a group of people with shared aims is something more universal. Unlike the other participants James and Big Al did not refer to any other drugs of misuse when discussing their alcohol use. There was a sense that by using only alcohol, a legal drug that this addiction was slightly more socially acceptable. This enabled them to continue being integrated into the
communities they still live in. Throughout their alcohol use they continued their employment, living in the same areas with their wives and families. In fact use of alcohol seemed at times to be an integral part of their employment, with both men drinking either during or immediately after work with colleagues. Sam’s primary drug was alcohol but he also began to use cocaine towards the end of his habit. His role as a publican gave him constant access to alcohol.

In the case of those participants who used illicit drugs (Sam, Marcus, Carl & Nigel) they also drank alcohol but the culture they became enmeshed in required access to drugs that were not legal or constantly available. Nigel intimated that his involvement in the music industry gave him access to a more regular supply of drugs as a matter of course. When he decided to cease his habitual use of heroin and alcohol it was seen by some, most significantly his wife, as an odd way to behave. His wife decided to leave him and continue her own use of illicit drugs and alcohol following his detoxification.

He first describes her reaction to his detoxification plan in terms of her desire at wanting to find his location so that she could arrange for his band mates to provide him with some drugs saying she was not exactly supportive of his plan.
“Ha not exactly, I think she just wanted to know where I was so she could tell the guys in the band to come and sort me out, yeah (so she could) give me a bit of gear and get me back on track!”

Nigel

The other participants also seemed to gravitate to cultures that are associated with drug use. For Carl this was working in nightclubs and bars and for Marcus this was employment as a roadie in the music industry and working at music festivals as a market trader, enabling access to networks of people with shared aims. These environments would allow people to be intoxicated without the same challenge they may encounter in other employment settings such as an office, for example. Marcus was very clear that he had chosen to pursue drug use with the aim of becoming a hippie, his perception driven by an encounter with one book Tomorrow’s People which described a drug-using lifestyle

“Yeah now I think about it Jane, I just wanted to fit in with the other kids but at the time I thought it was cool, I had this book called Tomorrow’s People about these hippies, I have never read a book all the way through in my life apart from that one, it was my brothers and it was full of pictures of the Henge and Glasto [festivals].”

Marcus

Marcus perhaps also had aspirations to follow in his brothers footsteps

“Yeah, my brother was older than me and he had this big Afghan coat – god I wanted it!” Laughs.

Marcus
Marcus describes looking for new friends as he began to experiment with drug use and described his initial heroin use as a pleasurable experience despite some vomiting immediately afterwards.

“Yeah, and it was bloody amazing [heroin], threw my guts up but after that bloody hell.”

Marcus

In his recovery Marcus has retained his identity as a hippie, but a hippie who is no longer involved with drugs. Big Al identified himself as an alcoholic at the start of our first interview and James said he had been an alcoholic but this was not immediately discussed in our interview, it was description of his identity that that firmly situated in the past.

4.2.3 ‘I could afford it’ - Employment & financial independence during active addiction

The notion of people addicted to drugs and alcohol generating the majority of benefits claims in the UK is often reported in the press. Headlines about addicts who claim welfare benefits are commonplace in the UK, fuelling a perception that people with habitual addiction to drugs and alcohol do not seek or maintain employment.

‘Addicts on sick benefits for decade - More than 21,000 drug addicts and alcoholics have been claiming sickness benefits for longer than 10 years, it has been disclosed.’

(Telegraph April 21st 2011)

Articles referring to incapacity claimants as either being addicts or obese are widely available further encouraging a perception that
addiction necessarily equates to unemployment and limits the capacity for understanding that some individuals experiencing addiction do indeed seek and maintain employment. There is a dearth of articles or literature that describes the experiences of people who are addicted and who are also in the workforce, an area that would benefit from exploration (Sack 2012) This perception is contrary to the experience of all six participants in this study and the sample in this thesis is therefore a subsection of the population of addicts that lack consideration in the literature, as well as in the popular media. It should be noted that this study did not set out to select the participants on this basis, but the outcome reveals a hidden population. The sample here is small – whether this is a common experience requires a much wider study with a large number of participants.

All six participants in this study maintained regular or sporadic employment throughout their addiction careers, with only one individual Marcus claiming benefits at some points. For three participants this was regular, consistent, full-time work. The other three persons had a range of part-time, seasonal and manual roles. James worked consistently from the age of 17 and at the time of the interviews was a full-time support worker. Although he was actively planning his retirement he was also involved in voluntary work helping people access treatment and detoxification in Thailand.
Nigel had been self-employed as a musician since his late teens and in his later years gained success with his own band as a professional musician, something he was still involved with at the time of writing.

Big Al was employed both as an engineer and disc jockey (DJ) throughout his active addiction to alcohol.

The remaining three participants worked in a range of roles, as labourers, gardeners, bouncers, roadies and on market stalls. Sam was employed in the pub industry throughout his drinking and continues to work in the alcohol industry:

“I deliver alcohol 24 hours, like a mobile shop, it’s ironic I know but it’s a good living and it not bothers me.”

Sam

Carl was a bouncer working door security at a nightclub and labourer in a range of roles he described as manual

“Well let’s think, I would be doing all sorts of work, cash in hand, bits of labouring, gardening, quite good at fixing things and then I got into security.” [as a bouncer]

Carl

At the time of writing Carl was a youth worker and studying for his degree in Youth Work at university. Marcus worked as a labourer and gardener also picking up part-time jobs on market stalls at music festivals; in part this was fulfilling his adolescent hopes of becoming a hippie inspired by the only book he recalls reading as discussed in 4.2.2.
Marcus was working as a volunteer gardening instructor with young offenders when we talked. He wanted to develop this role into paid employment.

"I want to get paid for this in the end and there is some paid sessions in the week, I just do it at weekends at the minute."

Marcus

The maintenance of employment in some form also gave the participants a financial independence that enabled them to extend their addiction careers. The notion of addicts paying for their addictions from employment is not recognised in common press and literature: however this was true for all the men in this study.

Sustaining of employment provided each participant with the means to pay for their drugs and alcohol without resorting to further criminality in the case of illicit drug use. There is evidence that gaining or sustaining employment when an individual has a criminal record is difficult although since Marcus was the only participant who divulged a drug related arrest, this is addressed in the data (Anderson, Metcalf & Rolfe 2001). His one arrest was for possession of heroin and led to his accessing a drugs service with the sole aim of gaining a report for the court. He needed this to indicate that he was undertaking methadone treatment, in order to gain a lighter sentence and was the beginning of a significant relationship with a probation officer who he remained in contact with following the discharge of his community service and probation.
All the participants talked about the way their access to funds from employment enabled them to continue drinking or drug-using for a period of years. They also talked about the way this financial independence enabled them to conceal their addiction habit from their employers, although as Big Al discussed the habit was perhaps more visible to his workmates than he thought.

“Then when I stopped the people I used to work with said to me, you used to stink of booze they would say you used to reek of booze all day. I didn’t realise how pungent it could be until I worked with someone who was going down the same road, I could see cause I had stopped by this time.”

Big Al

Carl describes his pleasure at being able to purchase more expensive drugs such as cocaine with his wages he felt this gave him status as a person from an impoverished background:

“Yes I thought I had made it then, I was a bit of a prick! Yeah affording coke, throwing my money about a bit after where I came from.”

Carl

Big Al talked about the fact that he was able to both support his family and his habit this enabled him to maintain his habit without challenge for several years. Since he always went to work it seemed to diminish the opportunities for reproach

“Mmm we used to argue and still do, but I was working, good money, kept working and she was going out buying things for the kids or herself.”

Big Al
This recognition of his work ethic was further reinforced as Big Al describes a conversation with an ex-girlfriend when he was no longer drinking. He had wanted to apologise for his drinking whilst they were in a relationship

“She [ex-girlfriend] said I know you drank it used to amaze me and you went out to work DJing till 2 in the morning out of your head, and drink at home to unwind and you still got up and went to work.”

Big Al

Big Al describes himself as having an automatic system, a work ethic which enabled him to get up each day and start work again regardless of how much he had drunk. It was this work ethic that provided Big Al with the means to continue drinking, while maintaining his home and family.

Marcus explained with some pride that he had never resorted to acquisitive crime to fund his habit. Marcus worked sporadically and claimed income support when he could not obtain employment but was adamant in expressing that he had worked to pay for his drugs

“Yes, I was not a criminal, I got busted once which was pretty good going for the best part of 25 years, but I never stole from people, shops or anything like that, I just lent money here and there, did odd jobs, whatever I could, had some gear on tick and paid late, always scamming people but not a criminal.”

Marcus

Marcus described the way he managed his addiction with loans and odd jobs but reinforced his lack of engagement in any criminal activity
“Well I am pleased about it [working], it is all a bit late and I know I have wasted a lot of time with my life but I never stole, or mugged or did anything illegal except for the drugs themselves that’s what got me arrested, I paid my way and did without.” [drugs]

Marcus

James was clear that his employment facilitated his drinking from day he commenced his first job aged 17, commuting into London and at the end of the first week going to the pub with his colleagues

“And that first week at my job in London, I remember on that Friday I got taken to the pub at lunchtime and never went back to work after lunch, all afternoon drinking, it was a lock in.”

James

James had left school to work and was motivated by a trip to Spain his friends had planned which he wanted to save for. It was at this time he started to realise that his drinking was becoming problematic but he had the funds to pay for this:

“My first week, at a proper job in London, having left school the week before and on the Friday got absolutely legless, don’t know how I got home from London and it was at that point that erm,... it really started to hit home, as much as I was ignoring it, my drinking just continued and then I had money in my pocket.”

James

All the participants were able to extend their drug taking or drinking behaviour through various types of employment and there was also a lack of involvement with drug services during recovery.
The availability of drug services differed in the UK 15 years ago when James chose to detoxify although he makes no reference to considering using a drug service, perhaps due to the very minimal alcohol specific services available, the exception being Alcoholics Anonymous meetings. Alcoholics Anonymous meetings are funded through the donations of participants; this makes them accessible to anyone. Carl, Nigel and Big Al all developed their own approach to detoxification whilst Sam was initially coerced into a privately funded rehabilitation project by his family. Marcus was offered an opportunity for a detoxification programme in Thailand funded by his ex-wife. However, he was also the only participant who accessed drug treatment services over an extended period, his involvement with methadone programmes spanned 17 years of his 28 year addiction career, precipitated by a criminal conviction for possession of heroin.

The participants in this study represent a group of people who have self funded their addiction through employment rather than belonging to the cohort of problematic drug users represented in the media and literature who are involved in acquisitive crime and in receipt of benefits. It also represents a group that has primarily self-funded their recovery journey with the support of their families in the case of Sam and Marcus, but not with the support of the services that are in place to provide support to people in their situation.

The participants in this study then also belong to the largely unexplored cohort of people who may be described as in natural recovery, funded
where necessary by themselves or their families rather than the state. This is interesting when one considers the current move towards a recovery and payment by results agenda in UK policy. This would require policy makers to acknowledge that addiction has:

‘powerful behavioural and environmental components, substance-use disorders are deeply influenced by life context

(Moos & Finney 1983)

These contexts may not be addressed in the current treatment through substitution medication programmes that dominate drug services.

4.3 Transformation and Recovery

4.3.1 ‘October 21st, 1996 – 15 Years today’ – Transformational Dates

One particularly strong experience was shared by all the participants and that was the memory of the exact date they chose to make changes to their addictive behaviours. Each one of the participants recalled the date and several celebrated this date in each passing year as others might celebrate a birthday or any other anniversary. Knowing precisely when they had decided to cease their current habitual drug taking or drinking was a shared experience. These dates were moments of transformation for the men in this study.

James recalls the day he decided to cease drinking and make a promise to himself that he would make the change
“October 21st, 1996 – I took my vow, I sat in my kitchen and said no this is enough and poured out a glass of beer and said this is the last one, and that was it.”

James

The second interview with James was mutually arranged and fell on the 15th anniversary of his vow to recover. James described his celebration of this with obvious pleasure

“Before you rang this morning, I was sitting in the garden, a beautiful day today and lit 15 incense sticks, and because today its 15 years anniversary today that I took my personal sajja [vow] to stop drinking alcohol.”

James

Marcus described both the moment his ex-wife presented him with a plane ticket and his departure to Thailand. This ticket was to enable him to enter a monastic detoxification programme she had seen on a television documentary saying that it was his ‘last chance’

“Yes it was Feb 12th 2009 when I went and I have not used since, bought a bit once about three months after I came back, but gave it away in the end.”

Marcus

Nigel made his decision without prompting from his wife, perhaps contrary to her wishes. He describes how whilst on a music tour in Germany he decided with finality to detoxify from all his drugs of abuse, using illicit prescribed drugs to manage his initial symptoms

“So I decided it had to stop, I needed to take control, May 15th 2006.”

Nigel
Carl experienced his moment of transformation whilst devastated on returning home to find his wife and children and moved out, just prior to Christmas. It was a turning point for him.

“Yeah, I sat in a chair in the living room and thought time to get hammered and I’m telling you Jane I don’t know where it came from but I just thought, fuck it that’s enough, no more.”

Carl

Carl was supported by a friend to recognise he had an opportunity to change. He explained how his wife felt about his drug and alcohol use.

“Well ex-wife she says, I didn’t have a clue it was a natural to me as breathing, having a line or getting hammered, anyway that is history and at least we are speaking.”

Carl

The moment he chose to change was with the arrival of his friend and he agreed for the first time that he had a problem.

“Yeah, I [recognised] I had a problem with drugs and drink but I haven’t touched anything since December 19th 2003.”

Carl

In Big Al’s case he recalled a day at work when he became violently ill as his transformational moment when he returned home and ceased drinking, undertaking to detoxify whilst lying on his living room sofa with the support of his wife.

“And then it was November 10th 1994, I remember it well, I was at work, I had had my drink in the morning, a few cans at dinner, and then it would be about 2 o-clock, I felt violently sick and I thought there is something wrong here, I was just bringing up liquid I was not eating a lot you don’t eat so much just substitute it with drinking.”

Big Al
The way Sam experienced his moment of transformational arose from a family intervention in his life. They gave him an ultimatum to go into a residential rehabilitation programme that they had organised and booked for him.

“It was the 8th December 2002, I came home and everyone was there, my mum, both brothers and they said this is your last chance, you have to go today and we will take you, or you leave and we disown you.”

Sam

These dates signalled the beginnings of transformation for each participant, the day they decided to cease habitual drug taking behaviour as they faced a proverbial fork in the road - it is significant they all remember it so clearly.

4.3.2 ‘She said I could do it’ – Connectors to learning

Each participant referred to at least one person who encouraged them in their recovery. Both Big Al and James referred to their wives throughout the interview, neither of whom shared their addictions, but continued to support and encourage them when they made moves towards recovery and most specifically expressed an interest in something other than their addiction. It was these very significant relationships that provided both Big Al and James with encouragement to pursue other interests. James describes the first book he read on Buddhism as a gift from his wife as further igniting his interest in Buddhism which has become his life’s work. Big Al described the moment he found a note in his folder at college saying he could do it.
“So when I got back to college, I was nervous but when I got there what swung it first was when I opened my briefcase, there was a card in there from my wife about never giving up, lovely card and then the tutor was different.”

Big Al

Big Al described a previous negative experience with a tutor who had embarrassed him in class when he responded to a question. The influence of his wife’s encouragement to stay at college after this experience gave Big Al the opportunity to meet another tutor. This tutor’s approach to him and his history around alcohol use was a defining factor in Big Al’s life and his new career in criminal justice, which developed from his college education and contacts.

Big Al describes meeting different types of tutors and how he managed to get back on track with his education

“I remember thinking what a shitty world this is, I go to college meet a great tutor on my first counselling course, then two tutors ruin it by being so crap but then I meet another good tutor and get back on track.”

Big Al

The influence of significant people at any point in recovery was pivotal for all the participants. Although Nigel’s wife was not in agreement with him about detoxification, wishing to continue her own drug use, she left the family home giving him the opportunity to continue his detoxification and pursue a different lifestyle. At the same time a friend who was also in recovery visited him and talked of the way his own life had changed. This ignited an interest in Nigel around theology, his friend having joined the clergy.
Nigel was already interested in religious symbolism but this conversation with his friend gave him a slightly different perspective and was to be the start of his self-directed home study into theology which has continued as he sustains his own recovery

“Well he made me think, symbols can be powerful things, music too, we had this conversation about imagery and how it affects people, how our perception of our situations can change through music, how it affects mood for example. He said I should maybe consider where this imagery was coming from and what it was about, make a study of it, since I was obviously drawn to it all.”

Nigel

In Sam’s case his family intervention was to signify the start of his recovery and he began to learn in his residential rehabilitation the benefits of some routine to his days. He reacted negatively to this at first, but describes the persistence of his family, the patience of his worker in the rehabilitation centre and later a particular tutor at college as very both impressive and significant to his recovery

“Yes, I was later [impressed], they had come together, discussed the best way to approach me and stuck together, they agreed they would follow through and disown me and I know that was hard for my Mum.”

Sam

A tutor at college challenged his negative aggressive outbursts very calmly and welcomed him back into the class the following week as someone who was learning to learn.
“Thought they [drug workers] hated me and wanted me to fail [in rehabilitation], I was the same when I got to college, acted it all out again, but she [tutor] spoke to me and encouraged me to come back.”

Sam

Carl describes the moment his recovery started when a friend who came to offer support when his wife left firmly challenged him that it was time to change, but listened to what he had to say

“Yeah he came over and straight john bull, he said mate – no more, fuck...I dunno Jane he saved me, all that time with my wife, what a twat I was and xxxx comes and I listened, I stayed with him and got into training, felt rough for a bit but it seems so long ago my life is so different – I’m sorry – all the swearing.”

Carl

Carl also described looking for a person at a college enrolment who would not be scared of his appearance: this followed a negative experience at a similar event when he was dissuaded from enrolling on a course by a less than encouraging tutor

“I went to another college, in the next town, was a bit smarter about it, I went to the open evening, looked around a bit until I saw someone who did not look as posh!”

Carl

Marcus referred to a link with his ex-probation officer who continued to encourage him to pursue his interests in gardening as a key feature of his recovery journey after he was no longer involved with probation

“Oh no, no [I am not on probation now] I got busted in 96 and she did my reports, she was sound and I wanted to tell
her I had turned things around and she knew I liked gardening and told me about the project.”

Marcus

The significance of these individual relationships, some fleeting and some enduring was clear in each participant’s story with even very brief moments of acceptance being valued by each individual. Big Al and Sam both felt that Alcoholics Anonymous (AA) 12 step meetings were not suited to them, but they both had attended some meetings and both described the way that being accepted and not judged by their peers as being very helpful and positively affecting their choice to continue in recovery. Big Al articulated his feelings about AA meetings

“Yeah I feel like when you are in recovery, when you start out you are in the wilderness, I made friends at AA 12 steps, I did not like the structure of the meetings, but they were real, they accepted you, anybody and that was important to me.”

Big Al

Sam went through a period of first rejecting, then accepting and then rejecting AA but demonstrates how he began to learn about his own discovery through this structure and although ultimately rejecting the approach for himself he saw how it could be helpful to other people

“No, I mean it worked [AA] at the start but you have to take responsibility for yourself, not some other power, not get addicted to meetings and steps.......It [AA] can be the way for some people and I am open to that, its whatever works, for the individual.”

Sam
Connectors were thus viewed as important by all participants. However, although in several cases these were family members this was by no means universal. It was quite often the case that the encouragement was towards some form of formal or informal learning.

### 4.4 Adult Education & Addiction Recovery

This section discusses what the participants said about their experiences of learning as they started their recovery process and how they began to develop identities as learners and move away from their lives as people who were habitually using alcohol and other drugs. The men were involved in a broad range of experiences. Some of these were organised by education providers, such as further education colleges and universities, some by third sector projects working to re-train people or increase their confidence, such as YMCA, and other opportunities came about by people volunteering in youth work.

The participants also undertook their own research into topics that interested them through libraries and the internet. There was also evidence in the data of learning happening whilst in drug treatment (for Sam) and in the early stages of recovery, when the men in this study began to think about their lives and previous behaviours and wondered how to move forward with their new identities including that of a learner.
4.4.1 ‘We did a drugs project at college – I could talk about that’

- New identity as learner

Each participant who engaged in organised learning activities had moments when they were able to use their experiences to inform their developing identities as learners and as people who had something to contribute. Carl started his journey into education in a community college class where the tutor encouraged everyone to cut out articles of interest from newspapers and bring them in for discussion. Carl was drawn at first to articles about drug use. It was an area he was familiar with and he described how he began to enjoy talking to people on his access to further education course that had different experiences to him. Carl described how he began to contribute to his study group and how he started to recognise himself as having an identity other than an addict - someone who had a right to be at university

“Yeah because I suppose I feel more comfortable with it, I feel like I have a right to be there and when I started college I didn’t.”

Carl

Carl had a wry humour and whilst he was laughing about this new phase in his life there was a clear sense of pride on whom he had become

“How clever I sound with my transferrable skills, if you could see the state of me, a great hulking tattooed old bloke, you would laugh at me reading the Guardian and Jules Verne!”
Carl

The way Carl laughed when saying this seemed to be inviting a response that would reassure him I would not laugh and that people saw him in a different way. I assured him I would not laugh, but perhaps without acknowledging until I reflected on this interview just how important this was for Carl. There was also a recognition that appearances could be deceptive as he met more people in different settings notably describing some of the people he had met at university as being "...like a posh cake". Carl explained this statement by saying that some people look good on the outside but that inside they might be "... but inside they are full crap!" This statement was important in Carl’s story given how he had referred to his appearance and it seemed to be important to him to be recognised as someone other than the stereotype of a bouncer or drug addict he felt he had been seen as.

Marcus was clear that his entry into addiction was motivated by a desire to fit in with a group of people and move away from the image he had of himself at school as a remedial pupil. In entering adolescence in the early 1970s he aspired to be a hippie like his older brother and smoking cannabis was a requirement, as he saw it. On beginning his recovery and starting to work as a volunteer he began to recognise another way of being himself, as a role model for the young people he encountered. He referred to the reaction of the young people should he relapse into heroin use
“Yeah, well the lads I work with on the gardens would know instantly if I was using, like I would with them, most of the volunteers have been around a bit so they would know and I would feel a right twat Jane.”

Marcus

The reactions of other volunteers and young people were clearly an incentive not to relapse for Marcus and while he held on to his identity as a hippie he had moved away from an addict identity by acknowledging the personal benefits of being in recovery

“Yeah but not just that, my girls come to my flat and my ex is talking to me again, I feel like I can walk down the street and people don’t see a junkie, they see an old hippie but not a junkie!”

Marcus

On returning from residential rehab Sam took back what was to him a natural role as a publican, only this time he was abstinent from alcohol

“Well it’s the industry I know, everyone in my family makes a living somehow from alcohol, my brothers a copper!”

Sam

Sam explained that his difficulties with alcohol and his entering rehab was common knowledge in his community and with his return to the family business. He started to receive calls for help and advice from other people enduring alcohol problems and this was what had motivated him to go to college and gain some qualifications to further enhance his credibility as someone who could help
“I respected my counsellor, I wanted to do that job and be that kind of person who helps, so I went to college.”

Sam

This was not an easy path for Sam as he became easily frustrated with written work and reading but in college he was formally assessed for dyslexia and began receiving learning support. Sam is an accredited addiction counsellor after seven years of study and is proud of his achievements and the way he is able to support people on a voluntary basis.

“I do it whenever I can, I take people to play golf, the gym, just listen.”

Sam

Nigel also continued in his previous occupation following detoxification and the start of his recovery journey. He continues to work as a professional musician and has managed to assert his drug free status with other band members by being open about his desire and this seems to be aided by his forthright and strong character: perhaps also as he has a pivotal role as the lead musician and vocalist.

James has developed his Buddhist practice in the 15 years he has been on his recovery journey. James has translated this knowledge into work with others who seek advice and guidance on a voluntary basis by
phone, email and in person by facilitating retreats and Buddhist sitting
groups for anyone in recovery.

Big Al’s new career in criminal justice brings with it an identity of
manager and he reflected on his initial response to being summoned by
other managers as being connected with his previous persona of an
alcoholic

“So at work when senior managers say can I have a word,
my first thought is what have I done.”
Big Al

He then described how he has learned to value people who listen.
Reflecting on how people listened and talked through situations with
him in the early stages of recovery and during his adult education
courses. In the following quote talks about how he models this in his
new life,

“But usually they want to talk through a situation because
they know I will listen and be real.”
Big Al

As in Lave & Wenger’s (1999) model of situated learning and the roles
of ‘master and apprentice’, Big Al describes his reflection that he has
learned to listen and he is asked for advice, perhaps this could indicate
his transition from the role of apprentice to master in his employment
setting.
4.4.2 ‘I am not saying I don’t want to twat people... but I have something to lose’ – Managing anger

The development of a new identity for many of the participants was enmeshed in a need to learn how to manage their anger. This had been an issue of some concern for Carl and Sam. To a lesser extent, Marcus and Big Al also referred to their difficulties managing anger and how they had resolved this during recovery. Marcus felt that his negative feelings about high school and his difficulty reading contributed to his increasing anger as a young person which was evident in his becoming violent towards his peers. Marcus felt smoking cannabis and being introduced to a drug taking culture stopped his violence becoming out of control as a young man

“Yeah getting stoned sorted me out and I stopped fighting.”

Marcus

However as an adult he has learnt to manage his feelings without any substances, as he learnt to reflect on his reactions to different situations, notably influenced by his time in the Buddhist Monastery where he learned to laugh at things that may have made him furious in the past. Marcus most articulately expressed the lesson on managing anger and frustration which he learnt whilst undertaking detoxification in Thailand, this was a defining moment for him - when he felt his recovery really began

“When I was in Thamkrabok it did not matter how loud you got, how much you swore the monks would all be calm and ask you to stop and try to be calmer – eventually it worked,
you could see it with people., It worked with me, I was having a shower, it was a cold shower and someone turned the pipe off I was soaking and covered in soap and I started shouting and shouting, no one heard me, I was getting really furious, slamming the wall and shouting and a monk came and turned into the shower room, they saw me and just started laughing, I mean totally pissing themselves, a real belly laugh I was so surprised I just stopped and laughed as well, it was a lesson – all the screaming and shouting just got me more wound up but did not change the fact that no-one could hear me from there and so the water was not coming back on anytime soon! Well that was a fact – it changed my attitude.”

Marcus

Carl explained that he still had similar reactions to people to what he had when he was drug using, but that he chose now not to act on these feelings of aggression

“I am not saying I don’t want to Twat people sometimes, at uni and at work I meet some idiots and do-gooders but I have something to lose.”

Carl

Carl’s notion of having something to lose seemed to refer to his new career and his education - both key contributors to his recovery process. He had also developed new relationships with his ex-wife and children which were aided by his being in recovery.

Sam talked about the difficulties he had with becoming agitated and frustrated when he did not understand what was being asked of him
both during his residential rehabilitation and when he began his studies in further education. He describes himself as taking things too personally before learning to respond differently

"I used to storm off from rows and even at college used to just get up and leave the room in temper, now I step back a bit and try to think about what is happening, it’s not always personal."

Sam

This process of learning new ways to respond to frustration and anger seems to have been important in contributing to sustain recovery for these men. The capacity of some of these participants to engage in a social learning process, where a range of experiences teach individuals how to cope in different situations, seems to be reduced when their experiences become limited by addiction habits and their social culture is enmeshed in the use of intoxicants. Marcus was an exception to this as he was the only participant who discussed how helpful becoming intoxicated was for him as a young man struggling to manage his anger.

The following section explores the different types of learning the participants participated in and how they felt these experiences had influenced their individual recovery journeys and aided ongoing reflection.
4.5 Adult Education & Addiction Recovery

4.5.1 ‘I read a book, a newspaper, did a course’ – informal and formal learning

When the participants in this study entered recovery a short time, a maximum of two years, elapsed before they engaged in some type of learning.

An overview of the participant’s involvement in formal education, training or informal education since the day they made their decision to recover and cease drug or alcohol addiction is given in Table 4.

Table 4 Involvement in education

<table>
<thead>
<tr>
<th>Name</th>
<th>Voluntary Work</th>
<th>Informal Education</th>
<th>Further Education</th>
<th>Higher Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcus</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carl</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sam</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nigel</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Big Al</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>James</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

All but one of the participants had taken part in further and/or higher education. In addition to formal learning provided by Further & Higher
Education institutions all of the participants engaged in other types of learning. These are illustrated in Table 5 which demonstrates how the participants used the internet to research topics of interest, undertook training as a volunteer or worker and/or returned to and developed skills they had learnt prior to addiction.

For example Marcus has returned to garden design, a skill initially taught by his father that has enabled him to gain regular employment throughout his adult life. Nigel is reliant upon the internet and library facilities for all his learning resources: he undertakes course modules with the Open University, buys books of interest and has the funds to do this as he continues to have a successful career.

<table>
<thead>
<tr>
<th>Name</th>
<th>Work based training</th>
<th>Returning &amp; developing previous skills</th>
<th>Reading &amp; Internet Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcus</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Carl</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sam</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nigel</td>
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<tr>
<td>James</td>
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<td>X</td>
</tr>
<tr>
<td>Big Al</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
For five out of the six participants accessed voluntary work of some kind and this provided them with a means of using and developing their knowledge, skills or experience. It enabled them to regain entry into employment and/or as a means of using their experience in childhood and of addiction to support others. Nigel’s view about becoming focused on something other than your own issues as a key to recovery makes sense in this context.

4.5.2 'I am not just a junkie, I am someone else’ - Volunteering

Volunteering provides an opportunity to engage in manageable activities, to set the time you feel able to work and gradually re-integrate into groups of people who are not focused on habitually using drugs or alcohol, if this was your previous social setting. Volunteering may also offer an opportunity to explore different roles before deciding on retraining and is a chance to increase self-confidence. Marcus talked about the way he had felt others knew he was a drug user by his appearance, but that he no longer felt this way. Volunteering offered Marcus an opportunity to test his own hypotheses about his appearance and the response of others. He gained confidence when he approached his manager with a concern about a staff member and was supported. This seems to have supported his decision to ask for paid work:

"I have told XXX [manager] and she said I can apply and when a session comes free I will be in line, a lot of the paid workers are qualified."

Marcus
Marcus was beginning to realise that despite his lack of formal qualifications he had skills to offer the people he worked with that were valuable.

“But they might not have the practical side and they have taken some allotments in XXX, I could sort them out.”

Marcus

Big Al’s experience as a volunteer alcohol counsellor was positive in a different way since he found confidence to say no to the role when he felt the supervision was inappropriate. This is an important stage in a recovery when the person may have previously felt unable to take a stance because of a difference in opinion, feeling hindered by their prior behaviour. I have worked with many people who felt unable to speak out early in their recovery as others around them were more accustomed to taking the moral high ground in response to their drug using behaviours and I got this sense from Big Al, whose experience as a volunteer helped him find his voice and return to college for further study.

James has been volunteering his time in supporting people to travel to Thailand and undertake detoxification and in running meditation groups for people in recovery, as and when his paid work commitments allowed. He was beginning to accept that he had some valuable knowledge and skills to impart to others and in line with his Buddhist
beliefs he was working out ways to do this and to accept donations for his work as people felt appropriate. Volunteering in this way helped James make meaning of his experiences and share them for the benefit of others.

4.5.3 Trying things out - informal education

Further education in community venues, as an aid to returning people to learning in more formal settings or to exploring new ideas, was accessed by two participants, Carl and James.

James first attended a Qigong class and later a short general drug awareness course which represented his only formal study that was not directly related to his employment. Carl’s trajectory into Higher Education was affected by his experience in community college. His first attempt to enrol in further education had been thwarted by the staff he encountered, but this only seemed to strengthen his resilience. He visited a different college and spoke to a member of staff which he had taken the time to observe and select. This member of staff encouraged him to gain study skills through a community venue. This class laid the foundations for his university research skills. Carl’s experience resonated with my own experience of adult learners coming to a class and confiding they had attempted to start the course two or three times before making it through the classroom door. This demonstrates that
the barriers to learning begin before an adult is in the classroom. Carl’s determination to learn helped him to overcome the experience of when a member of staff, who was unsure where to place him, stopped him on his first attempt to enrol in a course at college.

Three participants studied in colleges of further education on accredited courses, gaining nationally recognised qualifications. Carl’s experience in the community college led him to become more determined to go to university and gain a degree. He went to college to study an access course and gain entrance to higher education. Big Al describes developing a thirst for knowledge, influenced first by his own experiences, then his wish to be a counsellor and support others, his role as a parent and his move into a new career in the prison service.

Sam studied at FE to gain formal recognition as an addiction counsellor eventually moving to university to gain a degree. He describes his initial frustrations at college but demonstrates, like Carl, a sheer determination to complete his studies and change his life. Big Al describes feeling like ‘a bottle of pop’ since attending college

“Well I was fizzing with all this new information and you want someone to take of the lid for that bit of pleasure!”

Big Al

He wants to share his learning and spread his enthusiasm for learning. Big Al was planning to enrol on a plumbing course which was not work
related. He valued the opportunity to meet people and expand his skills saying it had taught him to look at life

“It’s how you choose to react to the people you meet and knowing how to get your point across.”

Big Al

4.5.4 Finding out for myself - self-directed study and remembering my skills

To some extent all the participants have applied previous skills or searched independently for information about topics that interest them. In Nigel’s case he has researched his topic, theology, through self-directed study. This was important to Nigel so that he could preserve his anonymity, but access to the internet has allowed him to pursue his interests, purchase books and more recently study courses provided for distance learners. Nigel also had the financial means to this as he had become independently wealthy during his music career.

James too has explored his studies independently, first applying the teachings of Buddhism to his own personal recovery journey and gradually learning through Buddhist orientated retreats and visits to Buddhist monasteries. James also attended residential courses which allowed him to further apply Buddhist teachings to his life and subsequently to aid him in informing others about the way Buddhist practices may support them in their own personal recovery journeys.
Sam and Carl were both very clear on the subjects they wished to study and had accessed a progression of drug awareness and counselling courses. These courses also afforded an opportunity for them to gain skills in working with different groups of people and confidence in interacting in new ways with people who had different life experiences.

In Big Al’s case he began as a volunteer working with people who had alcohol problems, initially studying counselling to aid his understanding. He then continued his studies in general drug awareness and started his progression into criminal justice where his work was focused on addressing drug issues in a young offender institution. He subsequently developed work around alcohol use which was innovative in this setting therefore applying his knowledge, skills and experience to his new role.

Marcus did not undertake any formal training or education: indeed he described consciously avoiding these opportunities. He relied on the skills, knowledge and experience he gained from his father who was a keen gardener. This previous childhood learning allowed him to develop practical skills which he has applied to his recovery. This knowledge coupled with his experiences as a volunteer has given him the confidence to show the young people he works with how to do this practical work. It seemed to have been a natural process for Marcus to
look for activities that he has previously enjoyed and those which he feels confident in to support him in developing a new life

“Yeah, my Dad grew everything and he showed me how to set up an allotment and a bit of landscaping and that.”
Marcus

4.5.5 ‘I have learnt to look at my day and think’ – sustaining recovery by applying learning to self

All the men in this study have taken some time to consider what they would like to do with their lives instead of habitually using drugs or alcohol. Some of participants, Sam, Carl and Big Al have undertaken training which has specifically aimed to teach them the skills of reflection on self and their practice with other people in health or social care settings. James has adopted Buddhism, the practices of which support individuals to live simply in the world and withdraw from attachments and to naturally reflect.

Nigel has studied theology and developed an increased awareness of the symbols he was already familiar with through his use in his publicity materials as a musician. Marcus has recognised in himself the need to pursue his gardening, without the added pressures of training courses, which for him feels most comfortable. He also seems to have acknowledged that, despite his father’s apparent lack of interest in his
education, he did in fact teach him many skills and give him valuable knowledge.

Big Al explained that he continued to feel sensitive to other people’s reactions and he masked this sensitivity by using humour but that he is also able to step back and think more rationally about his experiences than he did when drinking

“But what I realised is that I have learnt to look at my day and think what has happened to make me feel a certain way, or react.”

Big Al

In a similar way Sam described becoming more reflective and beginning to understand that his tutors’ questions were meant to stimulate debate not challenge his belief systems aggressively

“I came round to seeing that there was other ways to disagree and ways to debate other than storming off!”

Sam

The participants have experienced a progression on their recovery journeys which has presented opportunities for them to apply what they have learnt from their addiction careers and their recovery journey to date. With the exception of Nigel, who has continued his pre-recovery career as a musician, all of the participants are supporting people with similar experiences: young people experiencing poverty; young people who have offended or become involved with drug use; people in the
criminal justice setting; and people who wish to cease habitual drug use. The next section discusses their comments about applying their learning to others.

4.5.6 ‘There is a life after addiction and it is a very good life, which is what I want to share’ – sustaining recovery by applying learning to others

The desire to use their experience to help others, if only by sharing their stories, was common to all the participants and passionately articulated by James, who made the title comment about sharing a good life after addiction. All of the participants expressed their desire to share their story so that they may help other people who had similar experiences and thereby encourage aspirations to enter recovery. Big Al had reflected on the needs of people and the importance of support through education to people experiencing drug and alcohol difficulties.

“There has to be someone at college who understands you might have missed some schooling, you might meet someone who could not write a sentence but they could put up a steel building, fly up and down it like a bloody wasp, but struggle to write about it.”

Big Al

Big Al reflected on his own experiences and what may have helped him make a smoother transition into education.

“There needs to be people who understand how to help, sit with them, give them time, help them understand where they want to go, you know a bloke might say I worked in a pot bank and put tiles on a rack.”
Big Al
He expressed his approach at work, which was to listen to what young people had to say to him, and said this was what needed to happen in education and employment support.

“And so they are good with their hands maybe, ask them what they are looking for, don’t put them in a box, don’t think well we only have four in that group, stick them in there, take time to listen to people in recovery and find where they might want to go.”

Big Al
Finally Big Al expressed his frustration that many jobs that supported people were driven by statistics and outcomes.

*Let’s not funnel people into things. They don’t want to do for the stats, get rid of the stats, any job its figure driven.*

Big Al
Sam, Carl, Marcus and James were all engaged in volunteering and employment that provided support to people who were experiencing difficulties with addiction or those who were at risk of doing so such as young people involved with youth offending and the criminal justice system. These participants had new identities as people in recovery and as advocates for change being possible. They were united in their hope of sharing their experiences and demonstrating through their actions that recovery was possible.

**4.6 Commonalities**
The experiences of the six men are of course, individual to them. However it is interesting that they have had so many common experiences despite being separated by geography, financial background (from affluent to very poor), activities and skills, from manual labour to management professionals.

These men cannot provide a generalised picture of the community of people who identify with being recovered from habitual addiction. Indeed, the similar experiences they have shared throughout their lives may be coincidental. Despite this caveat, it would seem appropriate to consider these likenesses since the men were unconnected; they came from different cultural, socio-economic and family backgrounds. However, they all experienced limited parental and family input into their early education. They were all introduced to alcohol and other drug use whilst living in the parental home. Four of the men had no involvement with any drug treatment provision and did not consider themselves as having been potential candidates for drug services, notably because of their consistent employment. One man (Marcus) had a long 17 year association with substitute methadone prescribing, but described this as a means to access funds for illicit drugs. One had a privately funded residential rehabilitation, which was a great success for him, despite this being described as a forced intervention from his family. The men who participated in this study then belong to a largely hidden population of people who manage their own recovery, just as
they managed their own addiction, almost entirely financed through employment.

These men have never met and are unlikely to meet, but if they did they would belong to a community of people with shared and similar experiences, a recovery community. They are representatives of a community of people largely unexplored, that do not fit into the stereotypical representation of a drug addict who is unable to manage their own life. The next chapter, explores theory around communities of practice and social capital with the aim of offering a theoretical insight into the ways people may be supported in sustained addiction recovery through access to adult education and training in the ways these men have been supported. I will discuss the applicability of these organising theories of social capital and communities of practice whilst addicted and in recovery, also drawing on the emergent ideology of recovery capital before considering what all of these theories offer in terms of explaining the experiences of the men in this study and their experiences of learning whilst ceasing habitual drug or alcohol use and their self-defined recovery.
Chapter 5
Discussion & Analysis

This chapter uses the theories of communities of practice and social capital to further discuss and analyse the life stories of the six men in this study. Recovery capital is a concept very similar in structure to social capital theory but is used specifically for exploring the resources people need to acquire or strengthen to sustain addiction recovery and this emerging literature is also considered. The data discussed in chapter 4 highlights two prominent themes within the men’s stories about addiction recovery and adult education that suggest that these two theoretical frameworks may be appropriate for analysis. The first of these is the experience of the men of different types of human interactions and relationships which facilitated their connection to learning as an adult and other advancement opportunities, most notably future employment. The existence of trust, feelings of normality – social norms which are shared and access to networks of people with a range of interests is at the heart of social capital theory and was important to all the men when they related their stories. The second prominent theme was the transition from an identity of a person addicted to drugs to an identity as a person in addiction recovery, most particularly learning how to function in new social networks. This process of learning a different identity, together with new habits and interests resonates with the theory of communities of practice.
Sections 5.1 and 5.2 will provide an introduction to the two theoretical frameworks, followed by discussion on how they aid exploration of the data in this study. Section 5.3 provides an analysis of relationships between both social capital and communities of practice particularly how interactions between them seem to have supported these men to sustain addiction recovery through participation in learning.

5.1 Communities of Practice

5.1.1 Overview of theory

The term communities of practice refers to the collective endeavours of a group of people who are learning through practice, either to achieve a shared goal, gain a detailed understanding about a shared interest or they may have come together to find a solution to a shared problem. Wenger (2006) describes three distinct elements that need to be present in a group and provide the definition of community of practice, these are; the domain, the community and the practice. The domain refers to a group of people with a shared domain of interest which gives the community its identity. This may not be a group with recognised expertise but identifying with a particular shared area of interest provides an indication to other people in the group that you have some shared competence or understanding. For example; a heroin user will have an understanding of the experience of heroin use that is not shared by people who do not use heroin.
This shared understanding may not be recognised as competence or knowledge outside of the group. The element of community refers to the process of sharing information on individual experiences of their domain; people begin to connect with each other and by interacting together they gradually build relationships that enable learning. If a group of people who all use heroin begin to interact and share their experiences, for instance learning how to inject the drug safely, this is the beginning of a community of practice, although one that may not be acceptable to wider society unless they have some understanding of the principles of harm reduction. The third element described by Wenger (2006) refers to practice. It is not sufficient to share particular interests and experiences if this information is not applied to learning or addressing specific problems. The process of practice may be implicit: the group of heroin users rely on each other to gain information about safer injecting through conversation and using the drug together. The practice may be explicit: the group of heroin users meet specifically to discuss the safest ways to use heroin. A combination of these three elements constitutes a community of practice.

‘Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.’

(Wenger 2006)

Individuals may belong to several communities of practice or have one specific interest that they wish to learn more about.
Wenger (2006) suggests that communities of practice are such a familiar human experience that we may be unaware of how we are learning from each other in this way. On the other hand we may specifically join a group to aid our understanding and learning about a specific topic. In the example of the group of heroin users, some members may join a group that is established to share ideas about cessation of heroin use and preventing relapse. This is the purpose of the group and has all the elements of a community of practice.

The Alcoholics Anonymous group (AA) has been described as a community of practice and this was explored by Lave and Wenger (1999) when considering ideas about apprenticeship. They considered traditional notions of master – apprentice relationships and posited that an apprentice may not have a specific relationship with a master as may be the case in an employment programme but more that they learnt from observations of more experienced people they associated with which on occasion would develop into a more formal relationship. The apprentice would move towards having legitimate access to participation in learning through a community of practice. Lave & Wenger (1999) related this to people attending Alcoholics Anonymous meetings (AA) because everyone has a formal relationship with a more experienced attendee called a sponsor and that this relationship is sustained throughout their attendance.
Since everyone in an AA meeting has a sponsor this allows people to become participatory members of this community of practice from the outset rather than waiting for a period of time for access to the group. Legitimate access to participation comes through attendance and is understood by participants who provide each other with a shared learning experience by attending meetings regularly. Three of the men in this study (Sam, Big Al and James) attended AA meetings at the beginning of their recovery and all commented on the benefit they felt from being accepted into a group. None of the men continued with AA meetings, but this brief membership of a community of practice seemed to impact positively on them all. The perception of all the men of themselves as addicts was not described favourably by anyone, but some of the men did suggest that they were once in a community where they knew the rules, the values and what was acceptable behaviour. I describe this as the addict community of practice and discuss this in the next section.

5.1.2 Addict CoP – This is where I was

The men in this study had belonged in one sense to an addict community of practice, ‘in one sense’ because they did not all enter the community specifically to learn to be an addict. Some of them were looking for shared experiences and acceptance by peers, for example, Marcus and Carl but for the others their addiction evolved in dual
networks where they mixed with people who drank or used drugs but they were also married to people who did not.

However as their addiction continued they seemed to develop an identity, of which one element was of being an addict. In the case of Marcus he actively sought peers who could teach him about drug use, different drugs and ways to use them. The other men did not explicitly indicate this but Carl, Nigel and Sam were all at some point working in industries that are closely associated with drugs or alcohol, that is pubs, bands and nightclub security and would provide easier access to drugs. As already discussed, Wenger (2006) suggests we may be so familiar with learning in this way that is from others with similar interests or experiences, we may not even be aware we are doing it or gravitating towards people who can support us in our goals, in this case of obtaining illicit drugs or drinking to excess.

The men described the way they gradually developed as habitual drug or alcohol users. They evolved from having access to drugs or alcohol as a young person in the family home through relationships with family or peers that were connected to using drugs or alcohol. These relationships established while the men were of school age and so linked to their recollections of education and learning.

In applying Wenger’s (2006) elements of domain, community and practice to the men in this study it is evident that the men were
members of groups which can be defined as an addict community of practice. They all had an interest in either drinking to excess (James, Big Al & Sam) or experimenting with illicit drugs (Marcus, Carl & Nigel). The men that drank to excess were attending pubs and clubs whilst underage and later legitimately with family and friends.

Three men (James, Big Al & Sam) reported regular school attendance, the other three men (Marcus, Carl & Nigel) reported very sporadic school attendance but when they were attending this provided access to peers with the shared interest of illicit drug use. This represents both shared domains and communities where they could practice and so learn about habitual alcohol or drug use. The fact that they were all of compulsory school age when these addiction habits were embedded is important since the experience of education is interwoven with being involved in an addict community of practice. A community with behaviours such as being intoxicated on a daily basis do not readily prepare someone for participation in a formal learning environment.

The men all completed compulsory education, aside from Nigel who left at 13. When they left school they continued membership of an addict community of practice and worked in an environment where drug and alcohol use was seen as legitimate behaviour: James joined a workforce which encouraged pub attendance and drinking to excess which fitted
with his developing habit; Carl worked as door security in the nightclub industry; Marcus was a roadie for rock bands; Nigel formed a rock band; Sam worked in the pub industry; and although Big Al trained as an engineer he also worked as a disc jockey in clubs and pubs.

As the men detoxified and moved into recovery they began to seek other experiences which involved discovering or learning about new topics, as discussed in section 4.4. Learning may lead to involvement in an education-based community of practice. However, four of them (Marcus, Sam, Carl, Nigel) cited very poor school experiences and felt this would be replicated if they entered education as an adult. Thus at the outset of their recovery the men felt that formal education was not a community of practice they could easily enter. However, despite their misgivings both Carl and Sam did enter formal education early in their recovery, demonstrating a level of motivation commensurate with their determination to detoxify. The world of adult education as a community of practice is discussed in the next section.

5.1.3 Education & CoP – This is not my world

There was a distinction in the data between formal courses delivered by further or higher education institutions and other forms of education such as reading books of interest or researching topics on the internet. These activities were viewed as learning but not labelled education and this will be discussed further in the next section. The three participants
in this study that entered formal higher education. Carl, Sam and Big Al had very specific aims to work with people who had experienced addiction.

These men wanted to train as counsellors or youth workers and were determined to complete formal training to do this. However the move into further and subsequently higher education was not smooth for any of these participants. They described experienced tutors who were negative about their potential, unable to communicate with them and in Carl’s case a tutor who discouraged him from enrolling on any course. The extent to which these subjective experiences influenced the men is impossible to measure at this stage since they all moved past these experiences and continued with formal education as an adult. Carl did describe the way he drew on his experiences as a drug user to inform discussions in his first access course. Carl’s prior knowledge of drug use provided an opportunity to access learning and a new community of practice by using articles from the newspapers to complete a reflective journal.

The use of reflective writing tasks to support people to make meaning or sense of experiences comes from the work of Schon (1988) and is applied throughout education as a teaching strategy (Osterman 1990). This process supported Carl to feel that perhaps education was a place
he could belong, although he did not continue to draw on his drug awareness specifically since he chose to study youth work and criminology, where drug awareness is only one facet. Carl’s previous identity as a drug user seemed to aid his transition into an education community of practice.

Wenger (1998) described communities of practice as providing ‘homes for identities’ and involve joint enterprise, mutual engagement and a shared repertoire of communal resources. These communal resources include routines, sensibilities, artefacts and vocabulary which are part of the continually renegotiated aims of each community of practice. In considering the varying significant aspects of the communities of practice each man was involved with, familiarity with structure of the shared resources may help moving between CoP. In addition, in some respects they could use particular knowledge and/or application of routines from one CoP to help in establishing themselves in a different CoP, as with the example of Carl above moving from an addict CoP to through an adult learning CoP. In becoming aware of how they learn and the structure of environments having similar elements the men seemed to acknowledge the benefits to being involved in a community and learning from others. Acknowledging similar goals verbally is another example, one of the men describing to another member of a college group the educational route they were planning to take to get to University or to gain the job they wanted would be both sharing
resources and applying knowledge. This sharing of resources in one CoP is not dissimilar to one man telling another how to access a cheaper deal of heroin by going to a different dealer and using the name of a mutual friend to ease passage when in the addict CoP.

The following diagram (5.1) illustrates the presence of the same aspects in each CoP.

**Figure 3: Shared aspects of CoPs**

<table>
<thead>
<tr>
<th>Addict CoP</th>
<th>Adult Learner CoP</th>
<th>Recovery CoP</th>
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<tbody>
<tr>
<td>Routines</td>
<td>Routines</td>
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<td>Artefacts</td>
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<tr>
<td>Sensibilities</td>
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In establishing the presence of the same structure in each community of practice, the question is, how did the men use these to move from one community to another? The routines the men learnt in the addict CoP included what and how they used their primary substance of use, and this incorporated time boundaries. For example, the men spoke about using in the evenings, then the day and ultimately on waking. However, they tried to maintain their relationships and funded their drug use through employment, which meant that is was interposed with
other routines. Taking this learning about routines into the adult learning CoP, then men needed to learn new time boundaries, ways to focus on their subjects and establish new relationships with the people they encountered. The men had a shared vocabulary about addiction and some (Marcus, Carl & Sam) talked about gradually modifying this as they recognised some of the connotations of words like, ‘clean’ and ‘drug free’ associated with a new CoP. An example is Marcus and Carl, who had both described themselves as ‘clean’ when saying they were ‘drug free’, the latter being a more politically correct term.

The sensibilities present in an addict community include rules about which people to talk to and trust, for example other drug users before police and non drug users. When entering an adult learning CoP some of the men had to learn that it was acceptable to speak to people who were drug free, people they would previously avoided. Carl perceived people who were drug free as unable to understand his perspective and Marcus described straight (non-addict) people as hypocritical as they could not understand his perception. As Marcus began to volunteer with young offenders his sensibilities about who he could talk with and the language he would use were changing.

This change of vocabulary was evident with several men as they expressed their increased knowledge about the subjects they were interested in. Nigel’s study of theology had given him increased respect for the symbols and terminology he used in his music. Carl was self-
depreciating about the language he used as his learning continued
describing his choice of newspaper from his first purchase of a tabloid to
broadsheet newspaper. The use of language to identify membership of
a specific community represented one aspect of the artefacts they had
bought into the communities they inhabited. These did include books
and newspapers but some of the men also spoke of physical
representations of themselves, tattoos, piercings (Carl), Hairstyles
(Marcus, Nigel) which had changed as they entered recovery.

Carl and Marcus were conscious of ‘looking like’ an addict in their new
communities and made a conscious decision not to alter their
appearance: it signified their past and present personal identity. The
men’s learning as addicts was integrated into their identities and they
all had learnt to acknowledge themselves as a person in recovery whose
experiences had value, experiences that aided them in developing a
new way of life, making judgements about who to associate with and
how to integrate. The contribution of learning as an adult was the ability
both to reflect and respect their learning as an addict. The ability to
form new relationships, Wenger’s (1998) mutual engagement, binds the
men to communities of practice which enable a sustained recovery,
communities of drug free people who are working to sustain this change
but retain a sense of individual choice.

A sense of being able to reflect, which they carry into their drug free
lives, which provides opportunities to pause for thought before they
react to the circumstances they find themselves in. Although some of the men felt that formal education as an adult was not for them, they did seem to recognise that in their recovery journey that they had developed skills as people who could learn and this allowed them access to other communities of practice. This was of particular importance to Marcus, who had been the most vocal about his reasons for not entering college since his school experience was very negative for him. He felt his teachers had done him a dreadful disservice by not pursing his difficulties with reading and writing, but he did acknowledge that they may have felt concerned for his emotional well-being following the loss of his mother at aged eight. Marcus was adamant about not going to college but gradually through his experiences as a volunteer he began to attend training courses with the young people he supported and began to recognise his ability to digest new information, thus entering a CoP centred on learning. As a man in recovery he began to learn about drugs from other people’s perspectives in raising awareness sessions. This recognition of becoming a person capable of learning is discussed in the next section.

**5.1.4 Learner CoP – This is part of my world**

In the same way as Marcus came to gradually realise he enjoyed learning even though he would not attend college, Big Al found his ability to stop and think about his responses to the world was increased. Although he may have had aggressive thoughts in response to a
situation he would take time to think his response through and he related this as a skill gained in adult education, a routine of the learning community. Both Carl and Sam felt they had also learnt to manage their responses to the world with additional thinking time. Regardless of the topics they studied the men all gained this skill of reflection whilst in a learning community of practice, Sam in a residential group-work setting, Big Al and Carl at college and Marcus in his voluntary work training sessions. James studied Buddhism in a variety of ways both through reading and attending talks but also through visiting Monasteries and at times becoming a monk in Thailand to more fully understand the teachings of Buddhism. Nigel continued to study theology throughout the early months of his recovery predominantly by researching on the internet and later through distance learning courses. The latter can be seen as a move towards joining a CoP, however Nigel did not make it clear the extent to which he participated in an online community (he did make it clear that his anonymity was his chief concern).

All of the men used learning to develop interests outside of their addictions and all of them began to interact with networks of other people who were also learners, in person or remotely through internet discussions. The communities of practice and social networks the men experienced as learners appeared to have eased their transition into
communities of practice where recovery from addiction was the shared domain.

As previously discussed elements of each community of practice the men encountered overlapped and contributed to different social groups or networks. The recovery community of practice was common to all the men in some form. The following section explores the data in relation to recovery as a community of practice.

5.1.5 Recovery CoP – This is where I belong
The addict identity provided access to an addict community of practice which enabled habitual behaviour to continue but on entering recovery people more actively seek others with shared experiences of developing their recovery identity. The most common access to a recovery community for the men in this study was visiting a 12 step fellowship meeting where people seeking abstinence work together to support this process using the 12 step model of alcoholics or narcotics anonymous groups. Although the men that did this, Big Al, Sam and James all chose not to continue they all commented on how being accepted, not judged and supported in a group setting was an important feature of their early recovery. Perhaps this experience of being in a learning community where their experience was valued and their contributions actively sought made a refreshing change to the experience of being labelled an
addict by sections of the community who did not seek to understand their experiences in the context of learning from them.

In applying the theory of Communities of Practice to the men’s stories it is evident that they used experiences from different communities of practice to influence how they both reacted and behaved in the communities of practices they moved into. As they relayed their stories, they began to identify the way their experiences as an addict informed their way they interacted and felt increasingly able to become members of learning and recovery communities of practice. The following section applies social capital theory to the data to demonstrate the resources the men used as they made these transitions.

5.2 Social Capital

5.2.1 Overview of theory

Social capital can be broadly defined as a resource that arises from the nature of the interactions between different groups in society and individual relationships within these groups. The types and levels of social capital that people develop and can draw upon for support are thought to be significant in terms of achieving wellbeing (McKenzie and Harpham, 2006). Putnam (1993) identifies three aspects of social relationships that produce social capital: trust, norms and networks.
Trust develops between people as an expression of confidence in the relationship, often this confidence relates to a mutual agreement not to harm each other or that the information they share will be kept confidential (Axelrod, 1984). Its existence is important in relationships because if individuals are to gain benefits from relationships, for example sharing knowledge and information that is accurate there must be a level of trust (Coleman, 1988). However, developing and sustaining high levels of trust may be easier in certain contexts, for example when people spend extended periods of time developing relationships (Ulsaner, 1981). Similarly, trust may be difficult to develop or sustain in situations where relationships have not had time to develop or in the case of people involved in behaviours with an element of criminality such as the procurement of illicit drugs trust will be more difficult to establish due to the levels of personal risk involved.

Social norms are shared formal and informal behaviours and expectations that people subscribe to in a social setting for example, the workplace norms of adhering to timekeeping rules in a particular office, or the norms in a distinct cultural community such as adhering to a particular dress code.

In the case of illicit drug use people may subscribe to norms that enable them to develop networks for supply and demand, for example they may use specific meeting places, phone numbers or codes when talking to curtail discovery. Such networks can develop into closed communities that are not easily accessed by outsiders, such as the police or people.
who do not habitually use drugs. Existing in these closed communities becomes a way of living that is normal, with a social norm not to trust people outside the group, for example, not to talk to people who do not use drugs or cooperate with the police. In this way, norms can help to build social capital within the closed communities, which means that social capital can be drawn upon when, for example, a member needs to purchase drugs to prevent withdrawal and has not got the funds to do so, the presence of social capital in this closed community may enable access to credit from another individual for a short time.

A social network can be defined as a set of relationships that are linked in some way, perhaps two people standing together in the same room, linked only by proximity or two people who work together in the same room, linked by some common goals and proximity (Kadushin, 2004). They may be formal relationships such as a working relationship or informal connections such as a group of people all working for the same employer but at different sites. Social networks have numerous purposes, in the example of a drug using community the presence of links between groups of people or individuals may enable access to supplies or credit as previously discussed. They are important because they connect people to others, which open up opportunities to draw on others for information, knowledge, ideas, resources, etc. (Mandel, 2000). Social networks work effectively when people have shared aims, using the Alcoholics Anonymous shared aim of continued abstinence as an example, Rynes and Tonigan (2011) considered the way the
continued involvement with a group of people all engaged with the 12 step programme and if having the shared aim of maintaining abstinence might mediate a successful outcome, though this study was inconclusive it also recommended further longitudinal work to more rigorously investigate any perceived benefits from involvement in this network for people in recovery. Putnam (1993) emphasises the role of social networks in building social capital, because they can promote cooperation between individuals and organisations.

The literature identifies different types of social capital, for example, bonding, bridging and linking. Putnam (1995) described bonding social capital as social glue or a strong sense of belonging to a particular network or group. The existence of bonding social capital is said to aid cooperation between people within a group through the development of strong social ties. Being a member of a community or organisation can produce bonding social capital, where similar people join together to achieve shared aims. Thus, if an individual feels sufficiently engaged with a community, feeling accepted and valued, they are more likely to behave in a way which meets the social norms and values of that community (Coleman, 1988). There may be benefits to belonging to a group with strong bonds, such as increased trust, shared norms and values which in turn increase both individual and group confidence in achieving these aims but there may also be difficulties inherent in reduced opportunities for bridging social capital (Bourdieu, 1986).
In the case of people involved with a group of people engaged with illicit behaviours, such as habitual drug use opportunities to meet and interact with people who do not take drugs may be scant and so limit exposure to drug free environments. The nature of linking social capital enables connections to be forged through association with different groups of people, a drug worker for example may refer someone to a different agency for counselling or a college tutor may recommend a future course and since their may be an element of trust in the relationship someone may be encouraged to attend a first class or appointment.

Bridging social capital is described as social ‘WD40’ (a lubricant), (Putnam, 2000). Its existence aids cooperation between groups who have some differences Putnam 2000). Thus people or organisations that aid an individual’s transition into different communities or organisations are seen as providing bridging social capital (Dekker and Uslaner 2001). The opportunity to meet people who are not involved in habitual drug use may represent a new experience for some of the men in this study and may provide an opportunity to see the way other people of a similar age group function in the world without intoxication.

Many outcomes developed through access to social capital may be positive, both for individuals and society, for instance a person entering drug treatment may find out about a support group that enables them to manage relapse into drug using behaviours, this is turn results in
sustained abstinence. If this individual was involved in acquisitive crime and this stops as a result the benefits are evident in a reduction in criminal activity in that community. However, there may be high levels of bonding social capital in particular communities, which do not enhance life for their members or outsiders. For example, the Mafia have high levels of bonding social capital within their group, but the outcomes this group produces often has negative implications for others (Fukuyama, 1999).

Similarly if there are very strong bonds within a group this may exclude others from entering or the people in the group from accessing bridging opportunities or links into other groups. It is important to explore the strength of these bonds, bridges and links as they signify the ties between people and groups which may be strong or weak. The strength of these ties may determine the progression of an individual through training, employment and community integration. These ties aid social interaction and building relationships, as people learn how to interact in different settings (Tsai and Ghoshal 1998).

Adult learning is one way to develop social capital and the contribution made by adult learning has been explored with the Falk and Kirkpatrick (2000) model of building and using social capital. This model explores the interaction between ‘knowledge resources’ (such as networks and communication sites), where information can be found, and ‘identity resources’ (such as self-confidence, norms, values and attitudes). It is
interaction between these two resources that builds social capital as learning occurs within the interactions (Balatti & Falk 2002). Wenger (1998) described the way people in networks may often renegotiate the aims or purpose of the network and that this continuous negotiation develops into a community of practice between groups of individuals linked together through common purpose or interests.

5.2.2 Social Capital, Education and Employability.

Education is intensifying as an instrument of capital (Fitzsimmons 2007); this refers to the use of education as an agenda for employability strategies which support specific types of qualifications and training that aid an individual’s transition into the workplace. The transition into the workplace may provide access to increased resources in the form of social capital, relationships with colleagues and other organisations. The availability of work based training and vocational skills assessments such as National Vocational Qualifications is broad and targeted at people who have been in receipt of benefits for prolonged periods (Benefits Agency, 2012). If an individual does not attend this type of training their benefits may be affected. However, these courses were not targeted at the participants I interviewed in this study who, by and large had maintained their own incomes through employment.
The men I interviewed were representative of a hidden population sought education independently as they entered recovery, providing additional choice in terms of topic to study but reducing the amount of support available to them for guidance. The men in this study who chose to enter formal education settings chose subjects allied with their experiences (counselling, drug awareness and youth work), only later looking at other potential routes into different employment. Big Al, for example, had decided to train as a plumber since he had progressed into management in criminal justice. Bamber (2010) suggested that education was both a route to and method of recovery but that this was underexploited. This is reflected by the men in this study who found their own way to learning during recovery.

The participants seemed to have discovered learning ‘naturally’ without incentives from benefits schemes or back to work initiatives. They used education and learning as an adult as part of the transition from being habitually addicted to being in recovery. A by-product of engagement in learning was the development of social capital with new relationships and interests outside of drug or alcohol addiction, which was then drawn upon to move into different careers. Heyneman (1998) suggested that social capital was a valuable by-product of education giving access to new groups of people, relationships and opportunities. However it can have the reverse effect if people do not value the outcomes of education or understand why they are studying a particular subject, such as people enrolled onto employability and return to work...
courses by the benefits agency when they would benefit from first having basic literacy addressed, stress management or confidence building courses. Providing people in recovery with options to enter education or training of their choice may be one way of promoting a sustained recovery, as it seems from the experiences of the men in this study the topic is less important than the act of agency in choosing to become a learner.

Granfield and Cloud (2001) explored the way that the social capital people had accumulated prior to addiction was maintained through to recovery, they talked to people who had completed college education and maintained employment prior to becoming habitually addicted, the social capital gained through these experiences seemed to make them more able to develop new habits in recovery. This resonates with the work of Biernacki (1986) who proposed that an individual with a successful high school experience which provided an experience of the benefits of education prior to addiction would enable people to reintegrate into education or the workforce after recovery more easily, than someone who had a negative experience of education. They may for example feel more prepared to enter college than someone whose school experience was negative. This indicates that the men in this study whose school experience was not a positive came into recovery with reduced resources for example a negative experience of education and no experience of the social capital resources brought about by
education may have extended their addiction career. The men did not have fond memories of school, they were not eager to return to education but when they did this changed their lives through increased access to networks, increased confidence and options for a different way of life. However, the connectors to learning discussed in sections 4.3.2 and 5.2.4 appeared to help them overcome these reduced resources and lack of social capital. This is a possibility that merits more extensive research.
Granfield and Cloud (2001) explored natural recovery in a sample of 50 men several of whom held degrees and most of whom had attended college. They also cited natural recovery and this was linked to increased social capital gained through education. These participants discussed moving out of addiction gradually as they matured, started new relationships or simply becoming bored with the routine of habitual drugs use. Similarly, in this thesis, the relationships the men had with non-drug or alcohol using friends and partners along with the people they encountered in settings outside habitual drug use were a factor in them gaining increased social capital, they gained access to new networks through bridging and linking social capital provided by relationships that had existed during the addiction, wives and partners and new relationships gained as they recovered. The support the men received was cited by them all as a very significant aid in moving forward with their recovery. This support included words of encouragement, suggestions for courses, reading materials and social interactions that did not include habitual drug use or excessive alcohol consumption. The men explained how the simple act of acceptance from another person, an act of kindness that may not have seemed significant to others was often vital in making them consider not only that they might continue to recover but also that recovery was possible. The people who had faith in the addicted men’s ability to recovery seemed somehow to replace the lack of faith they had in themselves at times until they progressed in their recovery and began to have faith in
their own abilities. Many of these relationships had existed during their addiction, partners, friends, and professionals, they trusted. Others were more fleeting encounters with individuals and professionals who made suggestions to the men about what they might wish to do as they continued in their recovery, for instance the second enrolment officer encountered by Carl. These experiences are considered in the next section.

5.2.3 Trust – New & revived relationships

All of the men were married whilst actively addicted; two of them remain in the same marriage (James & Big Al), both relating a sense of achievement when talking about this. The other men are all separated or divorced but have re-negotiated their relationships with their wives and children following recovery and without exception expressed pleasure about this. These renegotiations required them to gain the trust of their wives and, in the case of Nigel, accept his wife’s decision to leave him and continue with her drug use as a supportive act.

The men also described the challenge of building new relationships with people socially and personally whilst also learning how to function as a person in recovery. This centred on being seen as someone other than an addict, firstly, and perhaps most significantly, by themselves. Marcus described himself as a ‘junkie’ and a ‘hippie’ but in recovery he began to see himself as an ‘old hippie’, removing the junkie label. Carl referred
repeatedly to his appearance, his tattoos and muscular build as being a barrier he had to overcome when meeting new people. However when reviving or building new relationships the men began to acknowledge the changes they had made to their lives and as they took part in education, reading or research and pursued new drug free interests they learnt to reflect and think about their impressions of the world and people they encountered. Big Al, Carl and Sam in particular spoke of learning stopping to think about their reactions to people as an outcome of being an adult learner. The way the men became involved in learning through bridging social capital and involvement in new networks is explored in the next section and a common feature of this experience was that interactions with other people was pivotal in starting to learn as an adult.

5.2.4 Bridging Social Capital and Networks - Connectors to Learning

The men’s access to learning through formal education (college and university courses), independent learning (through reading and researching topics of interest) or informal learning (such as in support groups) has been pivotal as they built resources within themselves to sustain recovery. All the men expressed that they have learned to look at themselves and their identity in a different way. Each participant was connected to learning through relationships with people they already knew or people they encountered as they began their recovery journey.
These people connected them to ideas and opportunities which enabled them to move forward into learning. The men all identified interactions with other people that were maintained over long periods of time, and in some cases also shorter interactions were it was clear contact could be resumed, which provided bridging ties into new networks or relationships. The outcomes of these interactions were affected by the identity resources (as discussed in section 5.2.1.) each individual had when making the transition between addict and recovered person. The men moved between networks that involved interactions between people who habitually used drugs into groups that involved people who had stopped this behaviour, people who had never been involved in habitual drug use, and networks of people involved or interested in learning or education as an adult.

As these new connections evolved the men’s lives began to change, but relationships with non-drug using friends or family often continued. New or renewed relationships, friendships and family interactions were also described by all the men. Marcus and Carl both expressed their pleasure at having renewed contact with their ex-wives and children following recovery. In Marcus’s story he described how, despite being estranged from his wife and children in the final months of his heroin addiction, his wife funded his trip to Thamkrabok Monastery as a final attempt to connect him with a situation that could impact on his behaviour. It was this support which gave him the resources to detoxify and enter a sustained recovery.
Marcus recognised the numerous efforts made by his ex-wife and family to intervene previously. It was very significant to him that this support was delivered as an ultimatum which Marcus believed was final and this aided his motivation to try once more to detoxify. Marcus’s ex-wife did not travel with him to Thailand or have anything further to do with his recovery but he responded to a show of faith in his ability in spite of previous attempts to detoxify causing his ex-wife and family great distress. It seems that the strong ties Marcus maintained with his ex-wife gave weight to the ultimatum and its consequences, which echo with the experience of Sam and his family’s intervention (discussed in section 3.4).

Marcus also referred to the continued yet very infrequent contact he had with his ex-probation officer. Marcus described the way he knew he could contact this person as being supportive and affirming. Although he never made contact when actively addicted, he did call his ex-probation officer when he returned to the UK. It was this one conversation that supported Marcus in his motivation to begin volunteering, this worker who had no statutory requirement to maintain contact with an ex-client recognised perhaps the need for us all to have someone to call who may bridge the gaps in our lives. It was certainly important in Marcus’s recovery to have this connection as he had very few family or friends to share his achievement with.
Carl described a visit from an old friend, also in recovery from addiction, on the day he found his wife and children had moved out. This individual suggested to Carl ways to divert his attention from his addictions and introduced to physical training in a Gym, citing that this had been effective for him when he began his own recovery. This conversation was motivating for Carl who went to the Gym for the first time drug free the day after this visit. Carl has continued to train in a Gym and uses physical activity as a diversionary activity for the young people he works with today because he has learnt how effective this can be from his own experience. When he first attempted to enrol in an adult education class he was stopped by a negative tutor who dissuaded him from attending, and it was through his sheer resilience Carl returned to another college and approached someone else who connected him to a journey in education. This has now brought him to his current undergraduate degree having left school with one qualification in woodwork. It is a testament to Carl that he returned to college but also indicative of the barriers people in recovery encounter when attempting to move forward and connect to new networks such as adult learning.

The need for people to bridge the new connections cannot be underestimated, however fleeting these meetings may be. Nigel’s wife left the family home when he decided to detoxify from drugs, since she was an active drug user was not ready to stop. However, although they remain separated they continue to be in contact. Nigel perceived
her departure as a supportive and generous act which allowed him to define his own recovery while she continued to use drugs. This change of home situation allowed Nigel to briefly resume a friendship with an individual who had recovered from his own addiction and was involved with a way of life that Nigel was drawn to. This renewed relationship led Nigel to question his knowledge about theology and signified the start of his learning journey as an adult. This visit was not repeated, but Nigel was connected to a new idea about what interested him and he perceived this as a pivotal moment in his recovery when his interests became less introverted and he began to move towards new ideas and ways of thinking about theology.

As noted earlier in this section, James and Big Al remained married, and their wives were both helpful in encouraging them into learning. James recalled his wife giving him a Buddhist book which acknowledged his growing interest in Eastern philosophies. After this he was spurred into buying more related books and learning about his subject. Big Al’s wife encouraged him to attend college, maintained his motivation when he was floundering after some negative experiences with tutors he encountered. She reminded him of her unerring faith that he could achieve qualifications in counselling and anything else he chose if he persevered. His wife’s simple act of leaving a supportive note in his case enabled him to stay in college one evening when his confidence was low. Meeting new tutors who were accepting of his history and
encouraging him to find his own way to learn were also crucial actors in bridging the connections between past and present experiences.

The shared experience of encountering people who were interested in motivating them, perhaps to read about a topic they had expressed an interest in or people who made themselves available by indicating an interest in their progress like Marcus’s ex probation officer, provided a bridge the barriers between habitual addiction and learning. When these men were encouraged either briefly, in one interaction or over extended periods, a short course or 25 years of marriage, they used the sense of possibility given to them by another person to fuel their confidence to move away from their previous experiences of norms, trust and behaviour. Marcus described the reassurance of knowing that there was at least one person interested in his life as a glimmer of hope that his life could be different. It is unlikely his ex-probation officer is aware of the crucial role they played when Marcus finally entered recovery. All of the men’s recoveries have involved to a large or lesser extent entry into communities where learning from others in the same or similar communities has supported them as they made changes in their lives.

**5.2.5 Recovery Capital – contribution to knowledge**

Further to theory of social capital, recovery capital is an emergent concept which specifically refers to the resources and strengths individuals in addiction recovery specifically need to acquire (Best 2011). It is closely related to social capital as it explores the resources
people need to make sustained behavioural change but only in terms of addiction recovery and has been explored in the literature review (appendix1) and is now reviewed briefly. Recovery capital is not new, but is embedded in the bio-psycho-social approaches to addiction such as Zinberg (1984), whose model of drug, set and setting have formed the foundation for approaches which combined recognition that the nature of the drug, the person taking it and their environment would have a specific impact on the person’s reaction and ability to cease and maintain recovery. Recovery capital has emerged as an organising concept which describes the elements in a person’s life that provides them with the capacity to achieve and sustain recovery from addiction specifically. It coincides with the shift in principles that underpinned intervention and pathological theories towards a sustained recovery paradigm (White, 2006).

Best et al. (2010) identified three limitations on addiction recovery research in the UK which were: much of the evidence was dated; related to alcohol rather than illicit drugs; and much of it originated in America. Though the recovery capital concept evolved in America from the work of Cloud & Granfield (1999) and White (2010), research in the UK has been championed by Best (2011) who has continued to collaboratively develop the idea to explain the factors prevalent in sustained recovery pertinent to people in the UK, integration with non drug using networks, access to training and education, access to employment and reintegration into communities with the absence of
drug using behaviours. Research into what might constitute recovery capital often studies people who have recovered from addiction without intervention from drug services, those people described as being in natural recovery. Four of the participants in this study (Nigel, Big Al, Sam, Carl) had no intervention from drug services and I have applied this concept to the data from the stories of all the men in the study.

The recovery capital concept describes the breadth of external and internal resources people entering recovery will need to sustain a drug free life. These are the same resources as those required to build social, human and cultural capital for any individual. These include the personal and psychological resources a person has, and the social networks involving trust, norms and values that support a drug free lifestyle. It is the mix of internal and external factors that seem to be particularly important when assessing how an individual may need to be supported when entering recovery. This represents a shift in approach from treatment and intervention to recovery models. It requires us to recognise the complexity of factors that affect an individual’s life and allows us to move away from defining individuals by their drug use, often referred to as their chronic relapsing disease.

This has arisen from recognition that much of the empirical evidence is based on a relatively small population of people, those who have accessed drug services, and is not representative of the indeterminate numbers of people who may be in natural recovery. The hidden
population represented by the small sample in this study and other more comprehensive qualitative research championed by Best, (2010) Laudet, (2011), McIntosh & McKeogany (2002) who have all worked to uncover the experiences of the larger drug using population and the drug user voice. Biernacki (1986) suggested that there was a need for studies which considered the wider social context of recovery

‘How the various reactions of non-addicts either facilitate or stymie the recovery process’

Biernacki (1986)

The use of social capital theory to explore what aspects of social life are supportive of sustained recovery provides an opportunity to do this. In applying the theories of both social capital and communities of practice to the data – the men’s stories - it is important to note how interconnected these theories are.

The men made changes in their lives through making transitions into different communities of practice which may not have happened without the connections they made along the way with different individuals and organisations that provided resources in the form of social capital. They benefited from long term strong, or in other cases continuing but weaker, bonds with partners, friends, wives and professionals. They also benefitted from sometimes brief encounters with social care workers, tutors, probation officers and other adults entering education. The way the men were able to return to these human connections when they were ready for change is indicative of a need to keep lines of communication open, despite someone’s levels of readiness to change.
In the depths of a chaotic period of habitual addiction the men seem to have noticed the benefits of connections with others which, when they were ready for change, they re-instigated. For example Marcus with his ex-probation officer and Nigel whose friend, the vicar reappeared in his life for a short time to offer some guidance. The final chapter of this thesis offers an exploration of the contribution to knowledge this study makes and suggests some recommendations for expanding this research with additional broader studies.
Chapter 6
Conclusion

Introduction

This chapter provides a conclusion to the thesis and considers the contribution to the knowledge gap around the factors and processes that contribute to addiction recovery, in this case the role of education and learning. This contribution has been gained by first listening to people who have defined their own addiction recovery and then applying a theoretical lens to aid analysis of these stories as themes emerged to aid analysis.

The contribution to knowledge made by this small study is first that it supports the evidence that people who are habitually addicted to drugs can and do recover without formal intervention from healthcare or drug services but more pertinently can feel that their recovery is sustained by learning as an adult. It suggests that people entering recovery may benefit from a connector to ease access to services that are provided to the general population, such as adults who are looking for alternative employment options or to expand or develop hobbies. These services, from colleges, universities and voluntary projects can provide support to people in recovery by acknowledging that they, like many adults, have a crisis of confidence, difficulties with concentration, and specific
learning difficulties such as dyslexia. Recognising someone as a recovering addict should not pigeonhole them into certain forms of intervention. That they are individuals who may share certain problems in accessing education available to other groups in the population is important. Access to such mainstream services was significant for Carl, Sam and Marcus in particular in this study (as discussed in chapter 4). People in recovery are unique – just like everybody else.

Habitual addiction does not have to be a chronic recurring disease as is defined in much literature; it can be a phase in someone’s life offering experiences to draw from as they move forward. Isolating one group of individuals as requiring such special attention that they could not integrate into mainstream services may be dangerous. This is not to say that people who are contemplating a cessation of habitual drug and alcohol use do not have specific needs, or that we should not try to understand these needs as they arise, but it is to say that the benefits of wider human connection, including outside any drug subculture, are important in easing our path through life by providing bridging social capital. People looking to change their lives often need support, this support may also require us to challenge notions of incompetence, inability to make decisions or move past addiction. This study has contributed to knowledge by sharing the stories of six men who have made huge changes to their lives; they have been challenged by having to learn new ways to think about their lives and the world generally.
They have learnt to do this through informal and formal education (as considered in chapter 4.5); opportunities which have given them space and time to think, learning how to reflect regardless of the subject matter. They have gravitated towards what interested them and the path they took was made clearer by human connections and social interactions. The benefits and challenges of both social capital and communities of practice combined provide us with lenses to explore this further.

This chapter continues in section 6.1 with a consideration of the limitations of this study. It continues in section 6.2 with the contentious issue of how addiction recovery is defined and whose definition is used to interpret individual outcomes. The following section, 6.3, gives an appraisal of the research questions and how the data analysed in the two empirical chapters 4 and 5 lends itself to responding to these questions. Section 6.4 considers the implications for policy and practice, both wider espoused government policy and how this affects the practice of drug workers when enacted. Section 6.5 suggests some recommendations for future research with broader samples and utilising both qualitative and quantitative methodology. The final section 6.6 provides a discussion about how the learning process throughout this professional doctorate has impacted on my current professional practice and the opportunities for application to practice it has provided.
6.1 Limitations

I start by reviewing the limitations of this study as the following conclusions and policy recommendations need to be considered in this context. This study was initiated because the literature review, undertaken as a separately assessed module in this educational doctorate, identified a gap in the evidence base around addiction recovery and how participation in adult education may affect this. The study was designed to inform a doctoral thesis, unfunded and carried out by one individual, to aid professional practice and as such had to consider the capacity of the author to perform a rigorous but manageable study. The methodology that lent itself to this study was qualitative: the semi structured interview allowing each participant to explore recollections that seemed to be significant. The study design also took into account the approach most accessible to the researcher, whose practice is focused on participation and accessibility for everyone involved.

This approach means that there was no capacity or intention to generate evidence from large samples of people and utilise quantitative methodologies which in turn would provide opportunities to generalise about a specific group of people. Having said this, the study required focus and the decisions taken whilst generating the four questions that form the basis of the study took some time to make. These were
discussed in more detail in section 2.3.7 of chapter 2. Initial concerns about influencing people too much and keeping them on track during the interviews, since these needed to be time limited (as discussed in the chapter 2.3.1), were assuaged by using the questions to focus my interview questions rather than issuing them to the participants as a set format for our discussion. The questions clearly set out the topic but try not to make any assumptions about possible responses.

A further limitation was that the length of the interviews needed to take into account firstly what could be meaningful, but also time limited to allow capacity for transcribing and analysing the data generated. I did not want to impinge too much on the participants’ time and there were no funds available to support a transcribing process. The positive aspect of undertaking all the transcription myself was the immersion in the data that made the analysis process flow as I became more familiar with the participants’ stories. The study has provided an analysis of data that was gained from two interviews with six men who defined themselves as people who were in recovery or had recovered from addiction. Although this is a small sample the data has been analysed in depth to provide a rich contextual source of themes which have then been applied to the study questions.
6.2 Defining Recovery

There is the general lack of consensus on defining addiction recovery which has an impact on the development of an empirical evidence base, which is discussed in chapter 1. For example a person in recovery from habitually using heroin may feel it is acceptable to use alcohol, occasionally to excess, and another person who has experienced difficulty with alcohol may feel they would benefit from abstaining from all drugs. This is a personal decision and may affect the kinds of support the individual can access. I will expand on this point in the policy discussion.

The influence this lack of consensus may have on people who are wishing to recover, or those working to support people in addiction recovery, is an issue that was illustrated by the men in this study. These men had different views about how they relate recovery to their overall identity, two men stating they were alcoholics despite long histories of not drinking and another stating they had realised they were no longer a ‘junkie’ many years after they ceased heroin use. These references to personal identity are explored in chapter 3 and 4, but it is not possible to discern from this data if the identity constructs of the men arise from experiences during their process of recovery, visits to Alcoholics Anonymous groups for example, or as a result of previous experiences. This feels an important point to make since the men may
have held onto views which enabled them to take steps into recovery with a perceived reduction in risk; if they said they were alcoholics they could hold onto this identity construct which could enable them to return to drinking or cease but importantly avoid risky situations and have a clear reason for doing so.

Taking these individual differences in perception and applying this to a broader definition it may be helpful to suggest that addiction recovery may be viewed either as a process which has an end point or a process which may not end. Whilst it may be seen as helpful when developing research, espousing policy and undertaking literature reviews, a fixed definition of addiction recovery may not be helpful in aiding the application of policy to practice or in influencing change in drug services. These services may have been providing support and treatment based on specific models situated in for example, disease theory, which is discussed in chapter 1 and the literature review (appendix 1), and offers one approach to addiction treatment which is often interpreted being based on the view of someone having a biological predisposition to addictive behaviours. Disease theory is supported by an evidence base in neuroscience which clearly demonstrates the impact of specific substances on brain chemistry. Treatment may also be based in a behavioural model where theories of learning through observation are used to inform approaches to treatment which aim to teach people to respond differently to emotions.
and life experiences. This literature is also discussed in chapter 1 and the literature review (appendix 1).

Using any one theory rigidly to respond to human difficulties is unlikely to be effective since people’s addiction problems do not exist in isolation from the other issues they may be facing. Conversely drawing from a large number of models or theories may also be problematic as it may confuse both the practitioner, who has a little knowledge about a wide range of theories, and the person being supported, who is unclear about which approach would best fit his or her personality and situation. The adoption of a particular definition excludes people who do not fit into that specific definition of what addiction recovery is. As the data in this study indicates, there may be a large hidden population of people who recover independently and do not form part of any statistics. These issues are discussed more fully in the literature review (appendix 1) but raised the question of how the men in this study fit into policy? How do they define their recovery?

Some of the men, (Big Al and Sam) seemed to see this as a process, a journey with no defined end and some of them seemed to see it as a stage in their lives, a closed chapter (Nigel and Carl). The remaining men (Marcus & James) seemed at different points in the conversation to see recovery as both these things, a process they experienced or
continue to experience and something that defined a period of their lives,. The parameters of this study did not allow for an exploration of the men’s feelings about medication or if those men who were habitually using illicit drugs felt it was acceptable to drink alcohol, but if they did feel it was acceptable for them, they would not fit into a model of recovery that supported total abstinence. James was alone in this study in being clear that his life rooted in Buddhism negated all intoxicants.

That many people do recover from addiction without intervention is not a new concept. Valiant’s (1995) longitudinal studies of alcoholism demonstrated the range of behaviours and activities that may affect people in both defining themselves as alcoholics and how they may cease to drink habitually; this cessation being part of a natural process as their lives changed and evolved. The sample that participated in this study were recruited on the basis that they defined themselves as being in recovery and they were not currently in treatment, as described in the Methodology chapter. They were not recruited on the basis that they had had no treatment, or that they should be men who had generally maintained employment during habitual drug use, however the latter turned out to be a common factor in their lives, while the former was the case for four out of the six, as discussed in chapter 3. Marcus accessed drug treatment which was prompted by his one encounter with the criminal justice system and this precipitated his 17
year methadone habit. Sam accessed a residential rehabilitation unit through his families private funding.

It is possible that the small sample in this study is representative a considerable ‘hidden population’ of people in the UK who would define themselves as being in addiction recovery or recovered. It is important to discuss what works for them, rather than just what works for the persons currently classed as being in recovery, where statistical data is derived from those in the treatment and criminal justice population. The knowledge generated by listening to people alone cannot be used to inform a blanket policy or definition of recovery which will by its very nature exclude people and further deter them from trying to access support, but it could make a contribution on what works for some that is currently absent from much discourse on policy. The next section (6.2) provides responses to the initial research questions.

**6.3 Research Questions and Method**

This section offers an appraisal of how this study provides evidence on the research questions raised at the outset and how the methodology chosen aided or hindered the process of data collection. The following sub-sections (6.2.1 – 6.2.4) consider each question individually.
6.3.1 In what ways might adult education have an impact on the recovery process?

Table 3 related that there was a relatively short length of time between making a decision to change habitual drug using behaviour and each man’s participation in some form of education and learning: less than 6 months in every case. The type of participation varied: enrolling in college, long distance courses or starting a new hobby to use free time productively. This participation led to involvement with new communities of practice and enabled them to gain social capital through this involvement. It allowed the men to ask questions of themselves and to recognise that their perception of themselves, that came from their life as an addict, was not necessarily shared by the new people they encountered. It also provided experience of reflecting on previous decisions and observing different ways of behaving, a topic explored in chapter 4.

6.3.2 Does it matter what type of learning people are engaged with?

The men were all initially drawn to subjects that resonated with their personal experiences, as discussed in chapter 4, such as drug awareness and counselling, and theology and faith systems. However for some of the men this quickly expanded as they developed interests in topics outside their previous experience. Five of them undertook some sort of volunteering and with this they were provided with learning through inductions and training sessions during their early
recovery. Informal learning, through internet research, reading books and newspapers and in one case undertaking distance learning courses, was also popular with the men. For those that undertook formal learning community venues rather than the main campus of their local college were accessed, at least at first. However, four of the men had gone on to attended college on main campus sites and three of the men had gone on to attend University. What mattered to the men was that they could enter an environment where they could discover topics at their own pace and work within groups of people who shared their interests. Many of the men were concerned about literacy and this is discussed in section 4.1.2. The measurement of dyslexia and other specific learning difficulties in future larger samples of the recovery population could provide an indication of how education and learning providers might develop resources with this in mind.

6.3.3 How do such individuals decide what type of education to engage with?

There is likely to be a multitude of factors that lead someone to a particular form of learning, just as there was for me when I chose to undertake this doctorate - location, attendance and cost being just a few factors I considered. However this study indicates that for this small sample, although the men who went to college experienced concerns similar to my own, their primary concern was about if they could apply, if they were capable and if they would be accepted by other people
undertaking a course. Having been involved in education for much of my adult life I had the advantage of understanding the systems in educational institutions that is I benefited from social capital built through this participation. The men in this study had not shared this experience and their decisions may have been affected by this. For example one of the men said he chose home study in order to ensure his identity was protected, but perhaps he too had some crisis of confidence about his abilities in class having previously left formal education at 13?

All the men had interactions with another person, sometimes people who knew them well, such as wives and friends, but on other occasions people they encountered only briefly. What was common was how the men talked about the way these specific encounters were influential in their decision making about learning and education. They were often connected to learning because another person seemed to believe that they were capable, that they would be accepted and they could apply for a course. When the men’s confidence was at its lowest, other people briefly supported it, perhaps unknowingly, but their statements and encouragement seemed to have a huge effect on the men. It never occurred to me that I could not apply for a master’s degree or a doctorate; I questioned my own ability and wondered if I would be accepted but I never questioned my right to apply. Some of the men in this study seemed at points to question their right to be anyone other than an addict. The data analysis in chapter 4 considers the way the
men saw themselves and what they felt they were able to do. In section 4.3.2 in chapter 4 I have discussed the role of people who function as connectors, the men encountered a number of people in their early recovery who were pivotal to aiding their decision making process.

The role of people as connectors, providing suggestions, gifts of books or experiences, for example workshops in art, music or debate, are it seems of vital importance. An important attribute of such connectors seems to be that they accept others as having been addicts, without judgement, and as a wider human being with potential: these interactions described by the men as being conversation with; ‘people who understood me’, ‘saw me as something other than an addict’ or ‘believed in me more than myself’ seemed pivotal. Often perceived by the men as acts of kindness from one human being to another, these interactions consisting of comments which indicated they could be capable of participating in education or learning. The gift of something as small as a book about a topic that might be of interest gave the men an opportunity to gain access to a new community of practice, to benefit from the social capital of others whilst building their own. In the case of Marcus, knowing he could call his probation officer years after any official connection was, to him, a way to connect to the world outside his drug use. As Big Al described his challenges in becoming comfortable in a learning environment at night school, and how his wife’s notes and messages of support, hidden in his briefcase,
motivated him to continue. It seems simplistic to say that simple acts of kindness such as these could have such an impact on each individual but they were a common experience for all the men in this study. How this may translate into working practice more generally is perhaps, considered in the following question.

6.3.4 How can individuals in recovery from addiction be supported through education?

The men in this study enjoyed studying a range of subjects; they have not all followed the same path despite some shared experiences. They were supported by the connectors discussed in the previous section, who had enough confidence in them whilst the person entering recovery was developing ideas and beginning to feel physically and mentally stronger. They may be one individual such as a wife or partner or a series of people. The concentration span of someone feeling unwell is likely to significantly reduce and this need to be taken into account. One participant in this study, Sam spoke of how he regularly left classes early in either temper or after losing concentration during the first weeks of his college course. This experience may be a common one and may be appropriate for further exploration in a future study and if important a factor that lecturers and college authorities need to be aware of.
The topic of the learning is not, it seems, of vital importance in the initial stages of adult learning. It is the act of learning provides people with the reflection skills to start exploring their own behaviour and allow them to explore the behaviour of others. Taking the time to read newspapers or discuss current affairs may help some, the study of plumbing others. The men in this study learnt how to learn and how to reflect on their previous reactions to the world. They learnt that their reactions were valid but sometimes not appropriate in a certain situation. They learnt to manage their anger and they learnt that people would not always be as quick to judge them as they assumed. Some of the learning the men were involved with had content that was designed to aid reflection, for example the provision of reflective journals, but in other cases a learning environment provided the men with an opportunity to focus on something other than their addiction - a point made by Big Al and Carl which was discussed in section 5.2.4 in chapter 5.

Drug workers and other practitioners have an opportunity to recognise the ways in which they may offer encouragement and support to someone whilst actually believing the outcome can be life changing. In a practice environment swamped with ideas, initiatives and policy that is informed by an equally shifting sea of theory and models, simple acts of kindness that can be provided must be underpinned by the knowledge and understanding that people can and do change. If this
belief is not authentic it will not effectively translate into practice. Drug workers have been beset by paradigms that rigidly specify one or other way of working, of seeing certain numbers of people in a specific length of time and of a system that attempts to standardise the human condition, which is above all else unique. I do not deride these approaches nor the intentions of the many people delivering support but do believe that the data generated by these six men indicates opportunities to explore the role of connectors more in more depth and breadth and look at ways to translate this into practice. The following section (6.3) explores this further in terms of both policy and practice.

6.4 Policy and Practice Implications

Most of the men in this study did not use the drug treatment services available in England. It seems that people recover without the interventions and support currently provided by drug services. The men in this study have on the whole found their own paths to recovery this supports the literature which I explored in chapter 1 which considers that there is such a ‘hidden’ population outside official statistics. The one participant who did access these services was Marcus, who described his methadone programme with disdain and used this as an additional source of income rather than substituting illicit heroin. He later found his own path to recovery; it is not clear from this study
whether his contact with the drug services delayed his eventual recovery.

The men in this study are not representative of other people I have encountered in practice who seem to have recovered in spite of drug service interventions and time limits on their recovery journey, for example the 12 week treatment journeys referred to in chapter 4, and unsupported or untrained staff delivering services. Some of these services seemed to have provided barriers rather than access. However the opposite may also be true, people may, in encountering these barriers have become galvanised into taking action and despite services being informed by policy, which has influenced by an evidence base that has yet to rigorously take into account the experiences of a largely unacknowledged and hidden population of those who independently recover. The sample in this study suggests that people do recover and often without any involvement in drug treatment. Drug workers and others offering support have a possibly influential role to play as connectors to learning as an adult. They can offer support to people to build social capital and enter new communities of practice by drawing on their own experiences of learning and social networks. Drug workers can be encouraged to do this by being supported to understand this approach and embracing a recovery agenda that values individuality, recognising that what works for one person may be less successful for another.
The findings in this study support the recent introduction of the recovery agenda into the discourse on policy in the UK. This policy development was driven by the evidence base generated in America and the work done in Scotland, most notably the Scottish Government’s document, ‘The Road to Recovery’ (2008) which placed individuals at the centre of their own recovery. This has had a central role in driving forward additional work done in the UK, notably the UK drug policy commission which emphasised the range of routes to recovery for individuals. I have discussed this literature both in my review (appendix 1) and throughout chapter 1. The men in this study illustrate the different routes individuals may take and also suggest that there may be many other people who sustain employment throughout their drug using careers who are not prominent in the official data. It supports the research of McIntosh & McKeany (2001) discussed in chapter 1 which demonstrated the way people usefully avoided drug using networks and developed relationships outside these networks.

The research into the recovery pathways of people working in the drugs field undertaken by Best (2008) demonstrated that most people simply got tired of a drug using lifestyle. The men in this study both got tired of the lifestyle and entered new communities of practice, became learners and benefited from strengthening ties with their wives, children and friends who were not drug using. Their approach to recovery and
the use of learning illustrates a multi-faceted and complex route which takes into account different ways of building social capital, through work, outside interests, different types of relationships and the benefits of becoming involved in learning through communities of practice that share some of these varied interests, that may be relevant to a wider population of addicts seeking recovery.

The shift in policy in the UK to focus on people’s recovery is to be applauded since there was a tension in policy entrenched in theories that proposed that people have a chronic relapsing disorder which may be biological or behavioural and as such they must choose from a limited range of options for support and fit a particular category or label, for example unemployed or criminal. The men in this study did not seem to see themselves as having been in situations where the then current drug services would benefit them. The design of services could also present a barrier as the focus is on the criminality associated with addiction and the majority of people in drug services who are unemployed. The men maintained employment and only one of them had had drug related contact with criminal justice, on one occasion. They did not seem to perceive themselves as being solely part of an addict community of practice, rather this was just one aspect of their identities and habitual drug or alcohol use did not define them. However, the paradigm shift into recovery models is not fully informed by an empirical evidence base and it is important that there is an
understanding that more work needs to be done in exploring people’s experiences, including looking at the role of systems and institutions available to the wider population in recovery.

The new policy is likely to be unsuccessful if it continues to alienate the people who are finding their own routes to recovery, such as the men in this study. For most of them, their actions seemed to suggest that they considered drug treatment was not for them, but for a homogenous group of people who fit a stereotype of a drug user. Many habitual drug users may well share characteristics and face similar risk factors due to a criminalised lifestyle or impoverished existence, but like the majority of the men in this study they may also drive to work each day, having dropped their children off at school and use heroin in the staff toilets, or drink alcohol at their desks.

The men in this study have used education as one of many factors that provided a way to build social capital and test ways of behaving without drugs. They became embedded in settings such as college tutorial groups and internet discussion rooms and used these as communities of practice to learn. Assisting access, through positive human interaction to a variety of learning opportunities, is likely to be important to a wider population on more than a superficial level.
6.5 Recommendations for future research.

The men in this study did not benefit from brief structured therapies, medications or attending support groups – although all of these interventions may have a place for some people in recovery. The overwhelming commonality in the case of these men was the presence of people who were kind to them, who offered connection and human relationships. These were not people who excused or ignored poor behaviour, they were people who seemed able to challenge each man’s perception of themselves and offer alternatives. These alternative suggestions about reading a book, attending a course or activity of some kind seemed to be underpinned to a belief that the men had potential to change and lead to engagement with learning and a developing ability to reflect, that further aided them in sustaining recovery.

These people who I have termed connectors used their own social capital to help bridge the gap between a drug using life and one free of drugs for these men. Perhaps for some of the men like Big Al and Carl their friends and wives were confident for them before they had confidence in themselves. They supported them to enter into a learning community and enabled them to make their own new connections.
Gradually this experience embedded confidence into the men who began to see themselves as someone other than a drug user. This is a simple point, often lost in theories, medications and interventions. These men did not need courses set up for ex-drug users, but opportunities to enter existing courses with people who were not labelled was seen by them as important. They did benefit from patient tutors who recognised their difficulties with concentration (although in some cases they gained strength from dealing with less patient tutors).

In terms of future research, use of a broader sample of people to explore if the experience of these men is replicated in the recovery community more generally could explore the nature of personal interactions more fully. Were the people involved naturally kind, performing random acts of kindness for a partner, friend, acquaintance or even a stranger, or did they recognise the need to support someone into new interests or communities? Research into the characteristics and motivations of connectors may illicit evidence on how to apply this in practice. It would also be interesting to explore the ways people develop new identities through recovery and how much of this process is informed by the manner in which they recover. I would be interested to move the recovery research agenda into a broader discussion about what inspires people into recovery, what are the aims of drugs work and who are we hoping will be produced at the end of a treatment programme? Do we expect people to conform to a specific range of
employment opportunities; do we give more of less merit or social capital according to the length of time it takes to recover or which route someone takes?

An exploration of the gap between recovery and learning would also be interesting to see if there is any correlation between a shorter gap and a sustained recovery, and if there is an optimum timescale to introduce learning and what types of learning work best. These kinds of studies could benefit from some neuro-scientific enquiry considering learning and recovery. I would recommend that we take time to explore the ways the research community can gain access to those in recovery who are not part of current samples, to listen to the stories of those people in the developing recovery networks and federations who seem to recognise that the key to supporting people into sustained recovery is to afford them the same respect and rights as any other human being and to have the same expectations of them. The themes arising from this study relate to this famous quote from Martin Luther King;

‘In a real sense all life is inter-related. All persons are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly. I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be. This is the inter-related structure of reality.’

Rev. Martin Luther King, JR (1963)

The final section (6.5) of this thesis will explore the impact of undertaking a professional doctorate on my own practice
6.6 Impact on Professional Practice

The process of undertaking this doctorate and the learning I have experienced has widely impacted on my practice. The outcomes of this study demonstrate to me that human kindness as a response to addiction problems provides connections. This is not only between individuals but to whole communities of people who in turn, provide further links into other communities. In theoretical terms this resource of connection is called social capital and the communities are called communities of practice. This is the formal analysis, but people listening to other human beings, asking what would help them move forward and in turn listening to the answer is a good starting point. Is this then a naive, idealised view of addiction recovery? I do not think so, how can I help you and how can you help yourself seems an excellent place to start. The contribution of adult education, in colleges, in the community or online is the provision of opportunities to observe the world and our responses to it. To learn to reflect on these responses is a function of learning as an adult that can span all topics and types of learning.

I also learnt throughout this doctorate that policy makers are on the whole even more distant from those affected by policy than I had first thought. I have learnt that making decisions based on common sense and gut instinct may often be correct but exploring the literature in
depth will provide different perspectives that can illustrate alternative approaches to solving problems; though this of course depends on the quality of the literature. I had a prior belief that understanding how situations have evolved could provide a foundation on which to build responses to problems. The data collected through interviewing the men in this study demonstrates this. I have also affirmed my belief that people in recovery from addiction have assets and resources that when tapped will positively enhance their journeys and that the process of learning as an adult can become an asset and a clear route to recovery.

At the start of this doctorate four years ago I was working in further education where I had an established career in teaching addiction studies. I taught hundreds of people who went to work in the drugs field and people who aspired to enter drugs work or counselling. Since then my employment has changed several times, firstly taking redundancy from Further Education. Following this I wanted to provide some form of adult education to the people who were in the midst of training and lost access to adult education (at this time of funding was being withdrawn for adult education). I gained an enterprise fellowship which provided me with a small grant over 12 months to develop a community training centre. This was for people who were long-term unemployed, wishing to retrain and people in addiction recovery and I completed this project in 2011. This project enabled me to work with people on gaining skills as community trainers and two cohorts of people studied and
gained the initial teacher training qualification. These were people who could access groups who might be called ‘hard to reach’, particularly men who were not accessing other forms of community education. Since this project provided me with no income, I took a role at the University of Liverpool teaching communication to doctors in training. These two roles merged since my work at Liverpool is related to developing models for doctors to communicate with patients about the options for recovery. This work is informed by my discussions with learners in recovery who relay their experiences of accessing primary care.

I now have another role which further compliments my research. I am working as the Head of Learning for a national charity. Part of my role is supporting staff to develop programmes for women in custody and those experiencing challenges in the community. The charity is affected by funding for outcomes and payments by results. My current piece of work is trying to develop a programme in prisons that is responsive to the needs expressed by the people in prison and provides what are being termed hard outcomes by the national offender management service (NOMS). Unfortunately the funding body and the needs of the women in custody appear to be miles apart. The women in custody wish to explore relationships, confidence, domestic violence and drug / alcohol use. I have been informed in no uncertain terms that these relate to ‘soft’ outcomes and are not funded or to be encouraged; only
'hard’ outcomes such as the development of curriculum vitae, participation in mock job interviews and applications forms are acceptable activities.

Participation in this professional doctorate has enabled me to apply my own learning and research into practice. Despite my study not including any findings related to women specifically, the work I have undertaken has allowed me to develop a rich nuanced view of learning. This has led me to take the position that this cursory differentiation between ‘soft’ and ‘hard’ outcomes demonstrates an alarming lack of foresight.

While it is important for women in custody to have some understanding of the ways to gain employment on release, many of them have arrived in custody through complex social and cultural issues. These are issues that will continue to affect them on release, and not to address these and provide opportunities to develop skills, gain knowledge and information which enables different choices to be made is of concern. I am working to develop a curriculum that reflects both the needs of the women and the funders.

The findings of this study suggest that people benefit from access to different communities of practice and that people can use social capital to aid the development of social capital resources for others. The role of
individuals as connectors to these new communities of practice and the way this underpins the development of social capital has informed my practice in that I have developed a curriculum for staff training that reflects these issues.

I also work on a part time basis supporting male offenders in an attendance centre where I develop learning programmes for the centre which are responsive to specific attendees. The opportunity to develop a research bid has been provided by my access to this university’s community of practice and I have worked on an EU Grundtvig programme adult learning proposal to work with people in addiction recovery in developing learning resources. The end of this thesis provides me with the motivation to undertake further and broader explorations of this topic and to continue to thread my own learning into my practice. The evidence in this study provides support for the view that being ‘connectors’ to people in recovery from addiction into entry to learning and education can be an important factor in aiding sustained recovery.
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