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Trajectories, Transitions and Turning Points: Sports, Substance Misuse and Desistance.

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Declaration

I declare that this is my own work and has not been submitted for the award of a higher degree anywhere else.

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Abstract

Despite well-established health benefits of physical exercise (Department of Health 2004; 2010; Pang et al., 2008), sport has played relatively little part in adult alcohol and drug treatment programmes. Limited research examines the contribution sporting programmes may make to people in their recovery from addiction. However, natural recovery research (overcoming addiction without formal treatment) identifies that meaningful activities are a key part of resolving alcohol and drug problems. At six-month intervals, this study conducted three individual, in-depth interviews with 19 male adults with substance misuse problems. They were engaging regularly on Second Chance, a sports programme for socially excluded groups, as part of their recovery from addiction. The study identified two patterns of behaviour. One group were desisting. In addition to Second Chance they had occupations which provided them with networks of support, and their narratives reflected hope and self-efficacy. The second group had few occupations, low self-efficacy, and high levels of anxiety, and their time was spent with other similarly situated people. Employing a developmental, life course theory of informal social controls (Laub and Sampson 2003), this study prospectively examined desistance from substance misuse in the context of Second Chance. The theory suggests that desistance and persistence from crime can be meaningfully understood by examining individuals' routine activities, informal social controls and agency. Turning points are a key concept in life course theories, defined as change in the long term pathway which was initiated at an earlier point in time (Elder 1998). This study suggested that Second Chance was a "window of opportunity for change" (Groshkova and Best 2011:33), within which a turning point was being experienced by some of the interviewees. The turning point was an identity transformation, and this was facilitated through a confluence of meaningful routine activities, informal social controls, and, personal agency.

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Introduction

1.1   Background and Overview

People with chronic alcohol and other drug use problems are among some of the most marginalised individuals within society. Many face long term disadvantages across a range of areas such as education, accommodation and employment, and can experience stigmatisation as a result of their substance misuse and related criminal behaviour (Home Office 2011). Individually they are often characterised by low self-esteem and poor health (De Leon 2000).

The Positive Futures programme (www.positive-futures.net) has helped to demonstrate the value that sport can have in engaging hard to reach groups such as young offenders, but to date it has played little part in adult alcohol and drug rehabilitation programmes. Calton Athletic Recovery Group (www.caltonathletic.com) has been one of the few UK based programmes to use sport as a change-agent. However, despite this programme's apparent success (Bryce 2005; Malloch 2011) there has remained a reluctance to use sport and physical exercise as an alternative or adjunct to the more established psychological and pharmacological interventions. The appeal of sport and exercise can be seen at different stages within this group. For instance, many prisoners engage in PE whilst in prison and gain sporting qualifications, but few continue with sporting activities, or use their qualifications, on release because of the problems associated with social exclusion. Acknowledging debates around the often assumed benefits of sport, there is, in principle, much which could be gained by supporting substance misusers to do more exercise. The Department of Health (2004; 2010), for example, identified a variety of physical, psychological and social benefits which can be gained through regular exercise. That said, sports based interventions do not always achieve the aims – in particular those

around social exclusion – they precedent themselves on (Coalter 2007). Sport is not a panacea for social problems, and the present study will identify this.

A Short History of Second Chance

The Pilot: 2005

In 2005, the North East Drug Interventions Programme (DIP) developed a pilot project with £2000 to enable Newcastle University, Drug Agencies, the Probation Service and the Northumbria Police to deliver a football project for problematic drug users in treatment in Newcastle. The aim of the project was to engage drug users in coached football sessions for one afternoon per week over a period of eight weeks, culminating in a tournament on the final day. Players were split into teams representing their drug agency, and each team was allocated with a University student as its coach and "sports mentor". The main aim of the project was to help drug users to become involved in physical exercise, making health gains and increasing their self-esteem and self-worth. There was also a benefit to the students as the project allowed them to fulfil the required number of coaching hours to obtain an FA Level 1 football coaching award. One of the unknown factors was how the relationship would develop between two very different groups in society – the "haves" (the students) and the "have-nots" (the drug users), and how this would impact on a third group with a vested interest in the project's success – the community.

Over the course of the eight week project an average of 40 service users from eight drug agencies regularly attended the weekly coaching sessions. Whilst care was taken to anticipate problems arising, there were no significant conflict issues to address over the course of the eight weeks. The support of police, probation and key workers from each drug agency provided added safety and security should anything unexpected have occurred.

An evaluation was carried out by the North East Drug Interventions Programme Team (DIP) (Batchelor et al. 2005) and there was positive feedback identified from the service users, the drug agency co-ordinators and the student coaches. Increased self-esteem, health gains and constructive use

of time were all valuable benefits that the service users described as having experienced from the training. Directly after training, the key workers described their clients as "happier, healthier and tired". The need to use drugs in the time during and after training was reported as having been reduced – one hostel reported that after the training sessions their clients were in bed and asleep by 10 pm! Health awareness and experience of healthy living was also reported - some clients took up sport, whilst others stopped smoking. One of the most important benefits was the opportunity to be involved in a team on a regular basis. This increased their communication skills, personal development and the feeling of having a part to play in an activity being undertaken.

Although keen to participate and to get their coaching badges, the student coaches described that they had experienced some anxieties about the client group they were to coach. It was generally felt by the students that these concerns were based around a lack of knowledge and understanding about what is an essentially stigmatised group of individuals, of whom little aside from media-represented misconceptions are based. These concerns were expected, and continual support was provided by the presence of the police and probation, and key workers of each drug agency. By the second session, the feedback showed that the students had developed a good rapport with their teams, and positive mutual respect had been established. The students expressed feelings of surprise at the ease with which they communicated with their teams. Keeping the same teams with the same mentors allowed this relationship to develop further. As the weeks progressed, the feedback from the students became increasingly positive. They expressed feelings of personal achievement, satisfaction and enjoyment. Without a project like this, it is unlikely that they would have had the inclination or opportunity to work with a hard to reach group such as drug users and they gained far more from the experience than they had initially expected.

Rolling it out: 2007

In 2007 a successful bid was received by Sport Universities North East England (SUNEE) from the Football Foundation to roll out the initiative in partnership with the Universities of Newcastle, Durham, Sunderland, Northumbria and Teesside. The programme developed according to local need,

and was soon delivered on an on-going basis following popular demand by both the players and student coaches. Following feedback from the players, the programme was given the name "Second Chance". The programme largely stayed the same with student coaches carrying out the sessions while undertaking their coaching awards, although many voluntarily opted to do it for the work experience. Players were also given the option to do an FA Level 1 coaching award, with the potential to further this by doing voluntary mentoring within the programme. Regular local and regional football tournaments were also introduced. A second sports session was also added on a different day which players could do if they wanted to, and free sports clothing (including strips, shin pads and suitable trainers) were allocated to players, which the regular attenders could keep. While the first session stayed as football, the second developed into a session called the "multi-sports". This included activities such as gym, climbing, indoor cricket, and circuit training.

Developing: 2009

In 2009 Street League (www.streetleague.co.uk) merged with SUNEE, and Second Chance was renamed "SUNEE Street League". Street League delivers football and education programmes to marginalized groups such as the homeless, offenders, and substance misusers. Founded in 2001, the organization operates in London, Glasgow and the North East. Through its structured football programmes, Street League aims to develop and improve players' health and social skills, and the life skills and qualifications needed for further training and employment. Its 'progressions service' supports individuals in finding sustainable employment, education or training. Over the last ten years, Street League has offered football to more than 22,000 individuals as a holistic solution to their social challenges. While Street League in London and Glasgow deliver their programme to 16-25 year olds, SUNEE Street League continued to offer the programme to all age groups. One of the key changes from Second Chance to SUNEE Street League was the appointment of two 'head coaches', who primarily delivered the sports sessions. One coach was based in the north of the region, and the other ran the sessions in the south of the region. The student coaches continued to be actively involved in the sessions, adding support to both the coach and players.

When the last round of fieldwork interviews were being carried out, Second Chance and Street League were in the initial stages of merging. At this time nineteen respondents were still attending the sports sessions on a regular basis. It is these individuals who form the focus of this study. During their third interview, very few changes had taken place within the programme, the coaches were still the same, and respondents continued to refer to it as "Second Chance". As such the present study uses the name Second Chance consistently throughout, as opposed to SUNEE Street League.

The Researchers Role

My involvement in this field of study began during my first degree in Criminology and Social Research at Northumbria University in 2003. Here I developed a strong interest in criminology, and social research methods, and specifically in the sociology of crime and deviance. During the final year I undertook a four month work placement as a research assistant with the Home Office Research Development and Statistics Directorate, gaining experience and providing analytical support to the Crime and Drugs Teams. Following this I began working full time for the Home Office, this time as a researcher and analyst for the North East Drug Interventions Programme. During my work there I undertook an MSc in social research, also at Northumbria University, for which the main dissertation focussed on drug addiction and off-street prostitution in the North East. The Drug Interventions Programme is a key part of the UK's National Drug Strategy (2010). Developed in 2003 the programme aims to engage drug-misusing offenders in formal treatment and support, and in doing so reduce drug related harms and offending behaviour (www.homeoffice.gov.uk/crime/reducing-reoffending/dip). It was during my work here that Second Chance was established, and my role in relation to the project was to be part of the research team which evaluated it (Batchelor et al., 2005). After four years with the DIP I moved to my current role as a full time PhD student at Durham, studying the role Second Chance in the desistance from alcohol and other drug use problems.

1.2   Organisation of Thesis

This thesis is divided into six further chapters. In the next chapter, three areas are examined independently in order to place the present study in context. First, the wider literature on substance

misuse is reviewed which will include a general background into some of the social and economic issues which face many people with chronic substance use problems. Following this scene-setting section, attention is turned to research which examines how people overcome alcohol and drug use problems. With specific reference to the concept of 'recovery', literature on how people resolve addiction problems in the long-term is drawn upon. This section provides helpful insights into self-strategies employed by individuals, and the meaning they attribute to their daily activities and routines. The alcohol and drug field is increasingly drawing upon models of recovery from the field of mental health, and this area is also touched upon. Attention is drawn to the role of meaningful activities in mental health, and this is particularly relevant to the present study. The second section of chapter two is entitled 'Desistance and Developmental Criminology'. The focus here is on desistance, largely from offending. This field of study has a substantial history in criminology, and a critical examination of key theoretical and empirical writings which have emerged (particularly from the UK and US) is provided. It is from this body of research that the present study adopts its theoretical framework namely, a life course theory of informal social controls (Laub and Sampson 2003). In this chapter the framework is discussed in the context of the wider desistance literature, and also how and why it was used in this study. This explicitly developmental framework is drawn from the life course perspective, which emphasises the need for a prospective approach to understanding desistance. The key point within this framework is that desistance cannot be predicted through background risk factors. Instead, the theory suggests that key predictors of long-term change are structural life events (such as a job), interpersonal skills, life and coping strategies, identity transformation, and ageing. A brief history of the theory, and how it has developed over time, is described. The subject of personal agency is given specific attention, and how it is conceptualized for the purpose of this study. There are also parallels and crossovers in the studies of substance misuse and recovery, and desistance from offending. This section will critically examine this aspect also. Desistance and recovery are concepts which interrelate and are closely connected, and as such both run throughout the body of this research study. The third part of chapter two turns its attention to issues of sport, exercise and wellbeing. Focus is given to both the potential of sport and exercise in improving people's physical and psychological health, and also

the limitations of sports, such as its ability to further exclude some groups in society rather than include them. Sport and exercise as used in the mental health field is also revisited in more detail.

Chapter three outlines the methods employed in this study. The chapter begins by providing an explanation and justification for the overall research design. It explains how and why nineteen respondents have been focused upon in this thesis, and it describes in detail the full research process which was undertaken to access these individuals. This includes the process of tracking respondents, gaining access, ethical and political issues and data analysis. A rational for the sampling strategies used in relation to the 19 respondents is also provided. Finally, a broader judgement on the strengths, weaknesses, limitations and challenges of the research project is then provided and this is carried out in the reflexive tradition.

Chapter four presents the first of three empirically informed chapters. It introduces the nineteen respondents as a group. While the focus of the research is prospective, background factors provide insight into how the participants' substance misuse developed, and some of the challenges they faced in giving up. Education, employment and substance using trajectories are examined. Following these retrospective accounts, Second Chance is then introduced. This part asks the reader to travel forward in time to join the respondents as they started Second Chance. At this point they had been desisting for an average of just less than one year, and the challenges that come with these early stages of recovery are introduced. The chapter concludes by examining the meaning which participants attributed to sports and Second Chance, and why the programme was meaningful to them when they started.

Chapter five and chapter six split the respondents into two groups. Both chapters follow the same format, examining participants' routine activities, informal social controls, and personal agency, as they developed during the fieldwork. Both chapters describe Second Chance across each area independently, and how respondents attached meaning to the programme in the context of their lives day by day. Chapter five examines the eleven successfully desisting individuals. Drawing on other research, emphasis is placed on the importance of meaningful routine activities, of which for these people Second Chance was one. The agency section of this chapter utilizes a number of case studies

both to highlight in detail the cognitive processes which emerged during the follow-up interviews. The case studies also highlight some of the ways in which respondents coped with typical challenges and setbacks they faced in their lives day by day. Chapter six presents the remaining eight individuals, termed in this study as the 'trapped' respondents. Following the same format as the previous chapter, the trapped respondents were blocked, socially and subjectively, from moving forward in their recovery. Emphasis in this chapter is placed on the situated choice of these individuals.

Chapter seven provides a summary and discussion by bringing together the key themes of the previous chapters, to consider the research project as a whole. This involves three strands, first the study's aims and objectives are reviewed. Second, the key themes and gaps which emerged in the literature review are summarised and drawn together, and these are discussed in the context of the research study and findings. Third, the use of the theoretical framework for the purpose of this research project is discussed.

The final chapter eight offers a short conclusion which examines the theoretical contribution which this research study has attempted to make. Emphasis is placed on the concept of agency both in relation to resilience and coping strategies, and also in relation to the duality of agency and structure, rules and resources and informal social controls.

2

Literature Review

This literature review aims to summarise, evaluate, synthesise, critique and interpret research relevant to the present study, in order to place it into context. This study is about Second Chance and desistance from substance misuse. Therefore the following chapter examines research in the fields of substance misuse, desistance from crime, and, sports, exercise and wellbeing. The chapter is divided into three parts. First, 'Addiction and Recovery from Alcohol and Drugs' seeks to provide a context and background into issues surrounding chronic alcohol and other drug use problems, and recovery. Second, 'Desistance and Developmental Criminology' offers a review of criminological literature largely in relation to offending. The section also discusses in detail the theoretical framework employed in this study. Third, 'Sports, Exercise and Wellbeing' examines research on the benefits of physical activity, such as reduced anxiety and improved cardiovascular health. It also describes research in relation to sport and exercise programmes which have helped people recover from addictions and mental health problems. This also includes research related to marginalize groups such as the homeless. There are also limitations to sport based interventions and this area is also reviewed.

2.1   Addiction and Recovery from Alcohol and Drugs

People with chronic substance misuse problems are among some of society's most socially excluded groups (Home Office 2010; RSA 2007). Due to their circumstances and lifestyles many have a range of complex issues to deal with which are usually interrelated, such as substance misuse, homelessness, offending and poor health. Subject to wide discrimination they are routinely excluded from mainstream services and from effective contact with the services they need, and are frequently estranged from their families and friends (Laudet and White 2008). As such they often experience low self-esteem, poor health and a history of under-achievement (De Leon 2000). Actual or

perceived lack of appropriate things to do to fill their time fuel a lack of motivation and stress which are commonly cited reasons for relapse (e.g. Laudet and White 2008). The report, Drug Dependence Treatment: Sustained Recovery Management, by the United Nations Office on Drugs and Crime (The United Nations Office on Drugs and Crime, 2008:22) highlighted barriers this group face commenting that,

> Drug-dependent persons frequently experience crises in the areas of medical, psychological, social, vocational, and legal well-being, partly due to their particular vulnerability related to negative health and social consequences of drug use and often co-occurring disorders. In addition, they face the social [stigmatization] and punitive barriers that often hamper sustained recovery and social reintegration . . . Therefore, a continuum of care approach, addressing a range of areas, is especially necessary for sustainable rehabilitation and social reintegration efforts.

Homelessness is commonly associated with chronic substance misuse. For example, a study based on in-depth interviews and questionnaires involving 967 homeless people at Salvation Army centres within the UK and Ireland between 2006 and 2009 found that 37% of individuals were homeless due to drug or alcohol problems. Of the 967 respondents, 80% screened positive for one or more substance misuse and 59% were positive for anxiety-related symptoms (Hampson 2010; and see McDonagh 2011). Many individuals who have substance use problems also have coexisting mental health problems. Corner (2006:1), for example, cited that around 90% of prisoners in the UK have some form of mental health problem, and that "prisons are bursting at the seams with people who are more sad than bad". Although this is changing, traditionally there have been few services equipped to support this group, leaving many in a 'gap' with little or no support (Social Exclusion Task Force 2006).

Until recently, most treatment programmes and corresponding research has tended to focus on substance use outcomes and cohort studies, largely based on retrospective accounts of people with drug use problems (Groshkova and Best 2011; Laudet and White 2008). This has meant that issues which are often critical to the individual, such as healthy eating, being physically active, and feeling equal members of the community, have been given less attention, if considered at all (Laudet and White 2008). The focus on treatment outcomes has also meant that questions around how people sustain successful changes in the long term have been understudied. A focus on what happens to

people when they are in the height of addiction, and while they are in treatment, is important. However, as addiction can impact across social, psychological and occupational dimensions, de-addiction, therefore, will usually consist of more than just the absence of the drug. Laudet and White (2008) draw attention to individuals' 'global health' as a suitable outcome measure for treatment, defined as "a state of complete physical, mental and social wellbeing" (World Health Organization 1985:34).

The term 'recovery' has become a key political concept in both the US and, more recently, in the UK. The Scottish Government and the English and Welsh Government recently released their Drug Strategies (2008, 2010) which both specifically addressed the issue of recovery. Both laid out in detail the recognition that alcohol and drug problems cannot be alleviated on their own. Rather, overcoming substance misuse problems is an on-going, often lifelong process, and one which takes place in the community as well as in the treatment setting. This reiterates the point that a longer term focus on factors which support peoples' stableness – such as social networks, training and employment, and relationships – is needed (Groshkova and Best 2011). While attention to this area is by no means a new development, its role has formerly been downplayed. There has been some debate in the addictions field around the definition of recovery. The Scottish Government (2008:23) defined recovery as 'a process through which an individual is enabled to move from their problem drug use, towards a drug-free lifestyle as an active and contributing member of society.' The UK drug strategy, entitled *Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-Free Life* states that 'our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency" (Her Majesty's Government 2010:2). Of their three underpinning themes, one was specifically to build recovery in local communities, while the others were in relation to reducing supply and demand.

The Centre for Substance Abuse Treatment (CSAT 2009) proposed that rather than use a specific definition, what may be more helpful is a number of key principles which define recovery:

- There are many pathways to recovery
- Recovery is self-directed and empowering

- Recovery involves a personal recognition of the need for change and transformation
- Recovery is holistic
- Recovery has cultural dimensions
- Recovery exists on a continuum of improved health and wellbeing
- Recovery emerges from hope and gratitude
- Recovery involves a process of healing and self-redefinition
- Recovery involves addressing discrimination and transcending shame and stigma
- Recovery is supported by peers and allies
- Recovery involves rejoining and rebuilding a life in the community
- Recovery is a reality

In this sense, recovery is an individual and personal experience and process which includes empowerment and changes over and beyond substance use. The principles outlined by CSAT, the definition of recovery by the Scottish Government and the key themes of recovery provided by the English and Welsh Government share three things in common. These are: abstinence, some form of active participation in society, well-being and quality of life. These principles, especially those outlined by CSAT, are helpful for this study which identified a variety of complex and individual trajectories among respondents. The points are also meaningful because they highlight the areas which, according to the respondents' narratives, were strongly related to their own desistance from substance misuse.

Groshkova and Best (2011:21) commented that there are several sources of evidence which have prompted the shift in policy and practice. This has been primarily related to research in the fields of alcohol (and in particular to Alcoholics Anonymous), recovery from mental health, recent US recovery-related evidence, and more diverse sources including positive psychology, community development, and developmental criminology. This latter field – developmental criminology – is from where the present study adopts its theoretical framework from.

In the US, one of the leading researchers on recovery is William L. White who has worked, researched and written extensively in field of substance misuse and recovery from addiction since the 1970's. White (2008) argues that in order to more accurately understand and help people resolve substance use problems, the focus should switch from an 'acute-care' model, to a 'chronic' or 'recovery management' care model. What this essentially means is that while shorter term treatment interventions which deal with the immediate needs of substance misusers is important, sustained

support in the community (including for example employment and learning, relationships, social networks), must also be provided (White 2008). Although small by comparison to treatment outcome research, studies in relation to "natural recovery" are still substantial (Klingemann et al. 2009). This source provides particularly useful insight into the role of stabilising factors outlined above. Natural recovery research tends to examine how people recover from addictions without formal treatment. Similarly, research which examines how people use drugs, such as opiates, in a controlled fashion, without harm to themselves or others, also provides useful insights into recovery. While different theoretical frameworks have been used to interpret the results of individual studies, such as symbolic interactionism (for example Biernacki 1986), developmental theories (for example Hser et al. 2001) and psychoanalytical theories (for example Zinberg 1984), they share in common the perspective that psychoactive drugs do not create psychological effects that can be predicted by the chemical properties alone. Rather, the outcome depends on at least three sets of variables, or as Zinberg (1984) described, the 'drug' (the pharmacological properties of the drug), the 'set' (the attitude of the user and their personality at the time of use) and the 'setting' (the influence of the physical of social setting within which the use occurs). Zinberg (ibid) conducted in-depth interviews with 153 individuals who used marijuana, opiates or psychedelics regularly, or, occasionally (termed 'chippers'), and both without problems. This reemphasises the need for a holistic approach to helping people overcome alcohol other drug use problems.

Part of what prompted Zinberg's (ibid) psychoanalytical research followed the work of Robins (1993) who prospectively investigated the drug use of US veterans returning home from Vietnam. In this study 898 veterans were interviewed, of whom almost 50% had used narcotics when they were in Vietnam, and 20% had been addicted to heroin. Follow-up interviews were conducted with 96% of the original sample 8-12 months later when they had returned from Vietnam. The findings showed that only 10% continued to use narcotics and just 1% became re-addicted, Robins (ibid) described this phenomenon as 'spontaneous remission'. The study identified that while in Vietnam the soldiers used heroin predominantly to help alleviate boredom, and partly to deal with the traumatic realities of war. Heroin and opium were also easily accessible, and of a pure quality, which made using

straightforward. In contrast, when the veterans returned home their lives took on a new set of roles and occupations. Heroin was less readily available, and the quality was less pure. The study provided a powerful example of the ways in which changes in social circumstances can affect the way people both think about and use substances. This reinforces the importance of considering the social context of substance misuse and desistance. It also shows that recovery and self-change happens in a variety of settings, and that people with alcohol and other drug use problem can still make informed choices and find ways of coping with their situations. These points are relevant to the present study which is based on the assumption that desistance is related to both the social context and the individuals themselves.

Reviewing the basic concepts found in the natural recovery literature, and the topical and methodological trends and changes in self-change research, Klingemann et al. (2009:1511) suggest that rather than focusing on methodological particularities of treatment status, researchers instead should be concerned with the bigger questions of how change occurs. The authors suggest that regardless of whether an individual is in treatment, the processes involved are likely to be the same. They suggest that the key factors of importance will include whether the person felt that changes were self-initiated. These points are relevant to this research, which focused on cognitive processes, particularly in the knowledge that participants had a variety of treatment and other support experiences both before and during the research. This point will be returned to in chapter five.

Laudet and White (2008) identified that the factors which relate to behaviour maintenance are often different to those related to the initiation of behaviours. Similarly, the factors which predict why a person stops using substances might not apply to how they maintain abstinence, or to a good quality of life, and sense of well-being (ibid). De-addiction research increasingly recognises that recovery happens in a series of stages of which each differ in focus, entailing unique priorities and challenges (e.g. Prochaska 2007). Laudet and White (2008) identified that people in recovery from drug dependence follow a similar pattern. This includes early recovery (one – three years), where the focus is mostly on staying abstinent, followed by a new focus on living a 'normal life', which transcends those initial priorities. This in-between stage is a transitional step, involving a purposeful choice to change the focus of one's life. After years of living a life bound by focusing on not relapsing, the

person is then faced with questions surrounding what they want to do with their lives. After this middle stage comes 'late recovery', which according to Laudet and White (ibid), is a period which is defined by personal growth and development and the broader quest for meaning. The respondents in the present study were in the early stages of their recovery.

So how do people find, and then sustain, their own recovery from alcohol and other drug problems? According to Granfield and Cloud (2001), the answers to these questions may be found by examining the individual's 'recovery capital'. Borrowing directly from elements of social, human and physical capital, recovery capital refers to the quantity and quality of internal and external resources that one can bring to bear to initiate maintenance of substance misuse cessation (Cloud and Granfield 2008). White, Groshkova and Best (2011) argued that recovery capital is essential to helping people recover, and that a change in focus in addiction practice and research is required in order to help people acquire this. In order to do this, a change is focus is required which would entail moving from the 'specialist clinic', towards what happens in the community, and the surrounding social issues. This approach is developmental and in part is based on research on offending careers and addiction careers.

2.2   Desistance and Developmental Criminology

Developmental criminology – the study of long-term patterns of behaviour – parallels addiction research conceptually in terms of its focus on dynamic patterns of stability and change during the life-course (Hser et al., 2007). Hser et al. (2007:519) suggest that concepts which parallel most obviously with the addictions field include the following, (with the associated concept in brackets):

> …participation in criminal offending (lifetime use), frequency of offending or lambda (frequency of use), crime variety (polydrug use) during a given period, seriousness of offending (severity of use), crime switching over time (drug switching), and desistence (drug use cessation).

The study of desistance from crime is a field within developmental criminology which has a considerable history, conceptually, empirically and theoretically. 'Desistance' is a term used to describe the sustained absence of an event. Although desistance from offending has been studied in

criminology since the 1930's, up until the 1990's desistance from offending was often defined as a one-off, usually abrupt event (Laub and Sampson 2001). LeBel et al. (2008) note that over the past decade however the topic of desistance has 'come of age' and it is recognised that desistance is a process. Providing a useful metaphor, Vaughan (2007) describes desistance as a gradual transition out of an intimate relationship. He refers to "uncoupling" (which is the process of divorce and separation), which occurs prior to, during, and after divorce. Maruna and Farrall (2004) also argue that academics would be wise to differentiate 'primary desistance' and 'secondary desistance'. Primary desistance is a 'crime-free gap' in the life course, while secondary desistance is 'the movement from the behaviour of non-offending to the assumption of a role or identity of non-offender' (Maruna and Farrall 2004a:174). This point is especially pertinent to the present research because the study suggests that some respondents were in the process of experiencing an identity change, and this was conceptualised as a turning point.

Elaborating further, Maruna and Farrall (2004a:174) explained that recent research

> provides compelling evidence that long-term desistance does involve identifiable and measurable changes at the level of personal identity or the 'the "me" of the individual' [and]...whilst ex-offenders rarely describe themselves as 'desisting', they do talk about 'going straight', 'making good' or 'going legit'. (Irwin 1970) These phrases imply an on-going work in progress.

As most people have many pauses of offending in the course of their criminal careers, Maruna and Farrall (ibid) advise criminologists to concentrate on the question of how secondary desistance is accomplished. This helps to highlight that desistance and recovery from substance misuse are interrelated. In the same way that recovery is a process which evolves gradually over time and involves self-change, so too is desistance. While the present study was set within a criminological framework which focused on the concept of desistance, implicit within this process was the recovery of the participants, most notably in relation to the guiding principles of CSAT (2009). Put differently, according to the narratives of the participants in this study, desistance was, to varying degrees, dependent upon recovery.

Traditionally criminologists concerned themselves with questions around why people start offending, and why do they continue. Consequently, over the last decade, the subject of 'what works' in ex-prisoner re-entry became one of the most pressing issues in criminology in the UK (Travis et al. 2001). Much less focus was given to the study of why and how people desist once they had stopped, despite the well-known fact that most people eventually stop offending, and that crime declines with age for the majority of the population (Gottfredson and Hirschi 1990). Re-entry researchers were particularly focused on how to predict the success or failure of prisoners prior to their release and what post-prison factors were most closely related to success or failure (for example, Social Exclusion Unit 2002). However, these focuses meant that measures to address re-offending and rehabilitation traditionally resulted in a total failure to understand how and why some interventions worked for some but failed with others (Maruna 2001; Farrall 2001). Maruna and Farrall's considerable empirical research with offenders and desisters identified some of the ways in which desistance-studies can help interventions identify the mechanism involved in reducing reoffending, and thus improve their attempts to help individuals change.

In a similar way to the acute model of care focus in drug treatment mentioned previously, Maruna (2001) argued that the 'what works' literature in offending, in various ways, also suggested a 'medical model of correction'. Such a model would imply that the appropriate remedy for offenders would be systematically carried out, at the right 'dosage', to 'treat' or 'cure' a well-defined symptom. Drawing a clear distinction, Maruna (ibid) suggested that where the 'what works' literature concentrated on identifying which interventions match which 'type' of offender, desistance focussed research is broader in both its aims and focus. Instead of a focus on 'what works', it is interested in when, how and why changes happen. It was these questions which concerned the present study. From this perspective, a more detailed understanding of the process of desistance, and the meaning which participants attached to Second Chance day by day, was achieved.

Similar to the resolution of alcohol and drug dependency, Maruna and Farrall demonstrated that desistance is a process, dependent on psychological and social factors. Summarising some of the key features within this process Gadd (2006) and Gadd and Farrall (2004) identified that this includes the

active desire to change by the individual; physical and psychological health; a safe, secure and appropriate place to live; life opportunities such as reliable and meaningful work, and opportunities to learn skills; and, developing relationships with people who are important to the individual such as family. Desistance also depends on the ability by the individual to reconstruct one's past as part of a 'generative script', and that this includes the belief of another whom they value, often resulting as a combined experience of 'earned redemption'.

There are now various theories which seek to account for stability and change among long term offenders. Most notably, explanations have emerged from aspects of informal social control theory (Sampson and Laub 1993), cognitive psychology (Giordano et al. 2002) and differential association theory (Schroeder et al. 2007). Maruna (2000) suggests that the field's main and most useful theories have been maturation reform theories (Gottfredson and Hirschi 1990) which are based on age in relation to crime (especially street crime); and social bonds theories which emphasise strong social ties to family and employment where the stronger the ties the less likely someone will offend and the more they have to lose. Also narrative theories (McIntosh and McKeganey 2002) found particularly in the qualitative research and emphasise identity, motivation and thoughts for the future, and shifts in people's sense of self. More recently labelling theory has also been explored (Maruna et al. 2004) in desistance, suggesting that the greater the expectation placed upon people the better they perform, and vice versa. The present study employed a life course theory of informal social control (Sampson and Laub 2003) which suggests that persistence and desistance from offending can be meaningfully understood within the same theoretical framework. The suggestion is that desistance is facilitated by an accumulation of informal social controls, routine activities and personal agency (choice). Similarly, persistence is explained by a lack of routine activities, and informal social controls, and personal agency. A more detailed critique of this framework will be given subsequently.

Up until the 1990s desistance theories of crime generally fell within ontogenetic and sociogenic paradigms (Sullivan 1996). In the early 1990's one of the leading research studies on desistance (Sampson and Laub 1993) adopted a "social bonds" theoretical approach, arguing that "the stronger adult ties to work and family, the less crime and deviance among [former] delinquents". However,

since then a number of studies, including Laub and Sampson (2003, 2005) themselves have suggested that desistance cannot be understood by reference to social bonds alone. Instead, it is necessary to include, and seek to understand, the concept of "will" or "human agency", a concept that has often been analysed and interpreted individualistically ((Wikstrm et al 2006). Gottfredson and Hirschi (1990:140) also stated that while wives, homes and children 'sound nice', as explanations for desistance 'they do not seem to have an impact on the likelihood of crime'. Individuals differ greatly in their responses to the same social event. Uggen (1996) concluded that the meaning of work and crime change as individuals move from adolescence into adulthood, indicating that desistance also has a subjective component that needs to be understood. Uggen (1996) pointed out that even proponents of social bonding theory admit that the relationship between social ties and desistance has 'strings attached' prompting Sampson and Laub (1993:304) to agree that employment 'by itself' does not cause desistance, but that the relationship is conditional upon a person's 'commitment' to a particular job. Loeber, et al. (1991:71-73) argued that educational opportunities do not correlate with desistance, but "attitudes towards education" do. Hence, desistance depends on not just the existence of social attachments, but on the perceived strength, quality and interdependence of these ties. Examples such as these reinforce how social bond theories on their own provide incomplete understanding of desistance, yet there continues to be ambiguity on how agency is to be analysed and how agency and structure interact (Wikström et al).

Maruna (2001) interviewed 65 individuals of whom 32 were active offenders and 33 were desisting. Using life history narratives and content analysis he found that the desisters felt a greater degree of control, and were able to take responsibility for their futures. They also felt able to take value and meaning from their former criminal careers and turn this into something positive, often by being able to help others. Maruna (ibid) termed this ability to reconstruct cognitively their narrative as the "rhetoric of redemption", and suggested that this could be an important part of the desistance process. The empirical findings in the present study reflected closely some of the themes which Maruna (ibid) described among both his desisters and persisters.

Research increasingly highlights the need to understand the interplay between internal or external changes within the desister, and which might precede the other (LeBel et al 2008). While some writers argue that this task is both impossible and meaningless because the processes they work through are constantly changing (Le Blanc 2004), LeBel et al (2008:153) note that this view reflects in part a conceptual lack of understanding of subjective factors. LeBel et al. (ibid) emphasised the importance of understanding the differences between changing, subjective variables (such as mood and interpretations), and the 'relatively more enduring and stable cognitive variables', such as personal identity, self-narratives and mind-sets. They referred to Caspi and Moffitt (1995) who stated that while these more stable variables are still regarded as non-static, such changes occur more slowly, acting to organize and guide behaviour. Research exploring these factors has been the subject of phenomenological studies of desistance. In doing so a better understanding of some of the reasons why people respond differently to the same situations may deepen understanding of desistance and persistence.

This section has introduced developmental criminology and, specifically, the theme of desistance from offending. It has aimed to show some of the interrelated conceptual themes between desistance from crime and recovery from addiction. There are good reasons for combining insights from the desistance literature with the substance misuse and recovery research. Some of these include:

- A focus on the prospective nature of desistance
- A body research which focuses on social and historical context of rehabilitation
- Longitudinal perspectives which focus on the temporal and dynamic nature of stability and change
- Recognition of the heterogeneity of individual lives
- Focus on the person rather than the problem, and
- Emphasis on the role of the community and the social issues within this, rather than formal interventions.

It is hoped that this research will contribute to these areas by examining in-depth, and over a period of one year, the shifting meanings which recovering addicts attributed to a sports programme in the context of their other activities and social networks.

Theory

This study employed a life-course theory of informal social controls (Laub and Sampson 2003). In the field of alcohol and drug research, social capital and symbolic interactionism dominate the sociological approaches used by researchers, and both were considered as potential frameworks for this study. The findings at certain points in the research clearly reflected elements of both. The concept of recovery capital for example, which has its roots in social capital, was an important concept in the present study. Participants who had higher levels of recovery capital were better able to desist. In relation to symbolic interactionism, and the emphasis placed on the role of identities, and how individuals attach meaning to their lives, this research set out to specifically examine those aspects. Moreover, some of the key texts which this study followed employ symbolic interactionist approaches (for example Biernacki 1983; McKintosh and McKeganey 2002). However, while both approaches provided useful insights into interpreting the data, it was felt that neither approach on their own could fully account for the findings which emerged. Social capital favoured too strongly the structural aspects of what moves people to behave in certain ways, while symbolic interactionism placed too much emphasis on the identity and agency aspect of behavioural change. A life course theory, which focuses on both elements of structure and agency, was thus felt to be the best option.

Life Course Perspectives

Life course perspectives are a multidisciplinary, developmental model which forms the basis for examining people's lives, the structural contexts in which they live, and social change. One of the key authors in the study of life course perspectives is Elder (1985:17), who defined the 'life course' as a "pathway through the age-differentiated life span". More specifically, Caspi et al., (1990:15) commented that the life-course is the "sequence of culturally defined age-graded roles and social transitions that are enacted over time". Hser et al (2007) identified that key concepts in life course research include trajectories, transitions, and turning points. **Trajectories** refer to a line of development during a person's life, such as parenthood, work-life, drug use or offending behaviour. Trajectories are long term patterns of behaviour, and they are marked by 'transitions'. **Transitions** are

distinct events, like starting or finishing school or employment, or a first crime or first drug use. Although transitions are marked occasions, their consequences might be longer. Elder (1985) pointed out that the ways in which people adapt to events in their lives, and to transitions, is of major importance, as differences will result in different trajectories. The third concept – **turning point -** is a change in the long-term pathway (or life trajectory) which was initiated at an earlier point in time (Elder 1985). Turning points happen when transitions and trajectories interlock. Turning points may create positive or negative outcomes, and may be concerned with events over which a person has some, little, or no control or choice. Sometimes turning points are abrupt and radical experiences, while for others (Hser et al., (2010) argue for most), turning points occur over time, as a process, and are more gradual and subtle in nature. Life events in the course of people's lives have the potential to shut down or open up opportunities in the future (Hser et al. 2010).

Laub and Sampson (2003) found that marriage was a turning point out of crime, providing social controls, structure, a new sense of identity and meaning in life, and providing social and emotional support. Similarly, employment was found to be a positive turning point for their respondents. However they also noted that, importantly, it was the quality within these institutions which was of importance, so a job with no stability to it may not predict desistance from crime, whereas one which did have stability would predict desistance. Examining the role of employment in relation to turning points and reoffending, Uggen (2000) found that age affected the chances of work opportunities creating a positive turning point. Respondents aged 27 or older were less likely to report crime and arrest when provided with marginal employment opportunities than when such opportunities are not provided. Among young participants, those in their teens and early twenties, the experimental job treatment had little effect on crime. Work thus appeared to be a turning point for older, but not younger, offenders.

Discussing the use of life course perspectives in relation to drug abuse and turning points, Groshkova and Best (2011:37) state that

> within a life-course model, there are "windows of opportunity for change" that
> represent the turning points in a developmental trajectory. The challenge for science

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is to identify when and why these occur and what makes the changes sustainable. The latter question provokes key questions about the operationalization of the concept of "recovery capital" and what is needed to enable growth in the key areas of personal, social, and community recovery capital.

This is a key statement in the context of this study which focused on turning points in relation to Second Chance, and suggested that the programme was a "window of opportunity for change" (Groshkova and Best 2011:11). Within this window some respondents were experiencing a turning point, and, for the purpose of this study, that turning point was conceptualized as an identity change. Whether this happened or not depended upon respondents' routine activities, social networks and personal agency (choice) within and outside of Second Chance.

Life course research examines both stability and change over the course of peoples' lives, and so the focus is on timing, the sequence in which things happen, the duration of important life events, and their consequences on peoples' later social development. The life course perspective can help to explain substance use and how it interrelates with social systems during peoples' lives. In doing so it can help to conceptualize issues which emerge in relation to stability and change in drug use and offending behaviours (Groshkova and Best 2011; Hser et al 2007).

A Life Course Perspective of Informal Social Controls (Laub and Sampson 2003)

The conceptual framework used for this study was Laub and Sampson's life-course theory of informal social controls (Laub and Sampson 2003). Developed from an empirically based, longitudinal study the framework uses three mechanisms to explain how long-term offenders (of which some were addicts) desisted and persisted with crime. Those three mechanisms were (i) 'routine activities', (ii) 'informal social controls' and (iii) purposeful 'agency' (choice[1]). Although trajectories vary the authors argued that the same framework could be used to meaningfully understand persistence and desistance. The authors stated that the concept which best describes the interaction of the three variables was "situated choice". What this means is that behaviour is the result of both the context in

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1   It is worth noting at this point that Laub and Sampson (1993; 2003; 2005) draw a clear distinction between their use of the term 'choice' to define agency, to that of rational choice. This theme is returned to subsequently in this chapter under the section 'agency'.

which they live (the 'social environment') and their own personal agency. Desistance is conceptualized by Laub and Sampson (2003; 2005) as a process which emerges over time and cannot be reduced to either the individual or the environment alone. The table below outlines the framework whereby desistance is facilitated by an interplay of informal social controls, routine activities and human agency. Conversely, persistence is explained by a lack of informal social controls, few routine activities and human agency (see Table 2.1).

Table 2.1.   *Life Course Theory of Informal Social Controls*

Trajectories vary but it is the same processes for desisters and persisters	
Desistance = ● An accumulation of social controls ● Sufficient routine activities ● Purposeful human agency (choice)	Persistence = ● Lack of social controls ● Few structured routine activities ● Purposeful human agency (choice)
"Situated Choice"	

A Short History of Framework

Laub and Sampson have conducted a substantial amount of research on desistance (for example 1993; 2003; 2005; 2006). Their empirical work on desistance largely comes from longitudinal analyses of a sample of 500 delinquent boys and 500 non-delinquent boys originally studied by Sheldon and Eleanor Glueck in the USA in the 1950's (Glueck and Glueck 1950, Glueck and Glueck 1968). The Gluecks' data were gathered from a prospective study which began in 1940 and examined young and adult criminal behaviour. The research design involved three waves of data collection with a sample of 500 male delinquents aged ten to 17 and 500 non-delinquents matched case by case on age, race/ethnicity, IQ, and low-income residence. Extensive data were collected on the sample such as interviews with the participants, teachers, neighbours, employers, psychiatric and physical assessment reports. This data was collected at three points in time when the respondents were aged ten, 14 and 32 years old.

Synthesising, summarising and analysing this data, Sampson and Laub published their findings in 1993 with 'Crime and the Making' (1993). The theoretical framework they used was that of an age-graded theory of informal social control. The focus was on emotional attachment to parents in childhood and parenting style (e.g. consistency in warmth and discipline); peer attachments in school and young adolescence; and stable marriages, military and employment in adulthood. The suggestion was that while these areas were different they shared 'higher order' commonalities in terms of social connections over time. Sampson and Laub (1993) concluded that the stronger the ties to work and family, the less crime and deviance were found among both delinquents and non-delinquent groups in their sample. The authors argued that all stages of the life course are important, and that turning points are of critical importance for understanding change in adulthood.

Sampson and Laub (1993) concluded Crime and the Making with several unanswered questions, and suggestions for future research. For example, questions around offending in middle and older age such as do some people continue to offend even in later and old age? Several criticisms were raised in relation to Crime and the Making, in particular that of Modell (1994:1390) who argued that "the authors cannot divorce themselves from a variables focus ... nor are they adept at discerning (or portraying) the inner logic of lives revealed in data such as these". To address points such as these, Laub and Sampson (2003) conducted a follow-up study collecting data on the entire cohort original cohort. The data included criminal record checks (local and national), death record checks (local and national) for the complete cohort who were then approaching the age of 70 years old. They also carried out face-to-face, in-depth interviews with a sample of 52 respondents, theoretically sampled to ensure variability in the offending trajectories in adult crime. This sample of 52 included persisters, desisters, and "zigzag" offenders who displayed intermittent offending patterns.

Laub and Sampson's (2003) key findings were that first, the great majority of their offenders stopped (or 'matured out of') offending, but there was considerable variation when people stopped and at what point they desisted. Second, the 'risk factors' which seemed so extreme when the respondents were young – such as early onset of crime and substance use, and poverty – had very little effect in predicting long term desistance and offending trajectories. Third, the long term predictors of desistance from offending were i) stable employment, ii) being in a relationship with the whole family or spouse, iii) transformation of personal identity, iv) ageing, and v) life-coping and interpersonal skills. Laub and Sampson (2003:278) found that their respondents' desistance was facilitated through self-described turning points – most noticeably the army, marriage and employment – and commented that,

> Although there are multiple pathways to desistance, our data indicate that desistance is facilitated by self-described "turning points" – changes in situational and structural life circumstances like a good marriage or a stable job – in combination with individual actions (that is, personal agency) … although age is clearly important in understanding desistance, a focus on age and age alone obfuscates understanding the life course of crime. From our perspective, desistance is best viewed as a process realized over time, not a single event.

Elder (1985) defined a turning point as an alteration or deflection in a long-term pathway or trajectory which was initiated at an earlier point in time in the life course. Stating that turning points were crucial for understanding processes of change in the life course, Laub and Sampson (2003) argued that turning points have the potential to facilitate the process of desistance by leading to at least one of the following (1) a "knifing off" of the past from the present; (2) opportunities for investment in new relationships that offer social support, growth, and new social networks; (3) forms of direct and indirect supervision and monitoring of behaviour; (4) structured routines that centre more on family life and less on unstructured time with peers; and (5) situations that provide an opportunity for identity transformation and that allow for the emergence of a new self or script (Laub and Sampson 2005:17-18).

In developing their original theory of informal social controls (1993) Laub and Sampson (2003:6) stated that social bonds alone cannot explain desistance. Instead they argued that "human agency" must also be considered, placing specific emphasis on the view that people are "active participants in constructing their lives". They were also explicit that they were "inherently critical of "structuralist" approaches in sociological criminology wherein it is argued that location in the social structure, namely, poverty and social class, are what really matter" (p281). For Laub and Sampson, situated choice was the concept which best captured the interaction of agency, routine activities and social controls.

Critique of Theory

Along with Laub and Sampson's empirical and theoretical developments other theories and explanations have been developed, and various deflections from and critiques of Laub and Sampson's life-course theory of informal social control have been made. Although Laub and Sampson (2003) stated that their theoretical framework was largely compatible with identity focused theoretical approaches such as symbolic interactionism, some of the most common criticisms have been by identity theorists (for example Maruna 2001; Paternoster and Bushway 2009; Vaughan 2007). Although those theories also differ, some of their main points of objection to Sampson and Laub's life-course theory of informal social control have been in relation to agency. In particular, how individuals attach meaning to their former criminal careers and how this is played out in their

desistance. Laub and Sampson (2003:279) argued that desistance can happen in the absence of a conscious decision to change and that their respondents frequently 'drift[ed] into desistance' through their routine activities and informal social controls, without making a conscious effort to change. This idea was criticised by some authors, for example Paternoster and Bushway (2009) who argued that desistance *is* accompanied by a fundamental identity change, and that this shift – from what they were, to who they become, and wish to become – is at the very heart of desistance. Sampson and Laub were also criticised in their suggestions that desistance involves a 'knifing off' of the past from the present. Maruna (2001) for example, in his empirical study of 61 persisters and desisters, found that the desisters' offending histories became a central part of their desistance process. Desisters consciously and actively used their past to turn it into something positive, such as by helping other offenders. Maruna (ibid) described this cognitive process as the 'ritual of redemption'.

For Gadd and Farrall (2004:131), their point of objection was more broadly in relation to using life-course perspectives in the study of desistance, stating that,

> The life-course perspective, while drawing our attention to the contingencies of work and family life, has failed to spot the gendered nature of men's places within these spheres, and is hence often devoid of an analysis of power, wider social consequences and the complexity of meaning that social and personal relationships have for the people in question.

The suggestion was that how and why male offenders change and desist depends upon the degree to which people emotionally invest in, and attach meaning to, relationships, dialogues, and institutions, and on the related and resulting experiences of recognition and empowerment (ibid).

Addressing some of these issues, Sampson and Laub revisited their theory in 2005. Among other areas, they discussed the concept of agency and turning points. They concluded that instead of being singular and usually rare occasions (such as war), turning points can be reoccurring and frequent. Using the example of marriage, they commented that people move into and out of states repeatedly in the life course. Therefore a turning point such as marriage is part of a 'potential causal force in desistance that operates as a dynamic, time-varying process through time'. What this means is that

desistance can happen at any time, and that turning points are part of a number of different forces at work in offending trajectories.

Sampson and Laub (2005) also revisited agency, specifically giving further salience to its role. The following section discusses agency in more detail, and also how this will be conceptualized for the purpose of this study.

Agency

Laub and Sampson (2003; 2005) described agency as 'choice', stating that this was equally important as routine activities and social controls when examining persistence and desistance across the life course. However they also drew a 'crucial distinction' between their use of choice and rational choice theories stating that,

> Choice alone without structures of support, or the offering of support alone absent a decision to desist, however inchoate, seems destined to fail. Thus, neither agency nor structural location can by itself explain the life course of crime. (Sampson and Laub 2005:43)

Bringing further focus to the importance of agency they also stated that motivation has always been social control's 'weakest link', and that their respondents were 'active participants in the process of going straight'. Their qualitative analyses specifically led them to note the prominence of personal agency, which they closely related to the turning points found among their respondents,

> …a subjective reconstruction of self is especially likely at times of transition … Many men engaged in "transformative action" in the desistance process. Although informed by the past, agency points toward the future (and hence a future self). Projective actions in the transition from adolescence to adulthood that we uncovered were the advancement of a new sense of self and identity as a desister from crime or, perhaps more aptly, as a family man, hard worker, and good provider. (Sampson 2005:37)

Although Sampson and Laub defined agency, they did not expand on how it should be analysed nor incorporated into their life-course theory of informal social controls in order to understand desistance further. Their main concern was to consider "the interaction between life-course transitions, situational contexts and individual will", that is, situated choice (Laub and Sampson 2003:281). Instead, they

concluded that "our theoretical claim here is simply that the data make clear that agency is a crucial ingredient in causation and thus will be a first-order challenge for future work in life-course criminology" (ibid).

Examining this gap, Bottoms (Wikström and Sampson 2006:244) commented that while the structure-agency question forms a central part of sociology's theoretical debate there has been little agreement about how exactly "human agency" should be understood or analysed. Bottoms (ibid) also cited Emirbayer and Mische (1998:962) who suggested that the term "*agency* itself has maintained an elusive, albeit resonant, vagueness; it has all too seldom inspired systematic analysis, despite the long list of terms with which it has been associated: selfhood, motivation, will, purposiveness, intentionality, choice, initiative, freedom, and creativity". Laub and Sampson's (2003) conceptualization of agency was in particular agreement with Emirbayer and Mische (1998:964), who define agency as a process, continually shaped by the past, present and future:

> …a temporally embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualize past habits and future projects within the contingencies of the moment). The agentic dimension of social action can only be captured in its full complexity, we argue, if it is analytically situated within the flow of time. More radically, we also argue that the structural contexts of action are themselves temporal as well as relational fields— multiple, overlapping ways of ordering time toward which social actors can assume different simultaneous agentic orientations. Since social actors are embedded within many such temporalities at once, they can be said to be oriented toward the past, the future, and the present at any given moment, although they may be primarily oriented toward one or another of these within any one emergent situation. As actors move within and among these different unfolding contexts, they switch between (or "recompose") their temporal orientations—as constructed within and by means of those contexts—and thus are capable of changing their relationship to structure.

Thus agency is a dynamic, constantly changing process which is composed of past experiences and present situations, but at the same time it constantly needs to move forward (Wikström and Sampson 2006). These focuses are in keeping with life course perspectives.

The present study follows Laub and Sampson (2003) in defining agency as choice, and those more specific points made by Emirbayer and Mische (1998: 964). In addition to this, three other authors are highlighted as it is felt they are particularly relevant to this study. In relation to substance misuse, much of the natural recovery research uses symbolic interactionism to highlight the salience of agency. For example the empirical work of McIntosh and McKeganey (2002, and see Biernacki 1986), gives predominant emphasis to the cognitive processes, reasons and meanings involved in the process of recovery. Following chapters in this study will frequently make reference to both of these authors.

The second study which is highlighted is that of Neale et al., (2011) who took an additional approach to examining how agency shapes behaviour by focusing upon embodied work. Their empirical and theoretical study included in-depth interviews with 40 recovering heroin users who had been abstinent from any illicit or prescribed opioids for a period of between two and 36 months. The authors suggested the routines, habits and social networks – which are different prior to and after cessation of drug use – are an equally important part of how agency is shaped among individuals:

> …privileging of identity transformation may lead to an over-prioritisation of disembodied agency. Such foregrounding of agency is inextricably interlinked with the focus on narrative, to the relative neglect of practice. As Hughes (2007) points out, addiction is not something that can be overcome through 'expert narrative management' (2007: 677) but crucially involves changes in practices and, in particular, the forging of new relationships. Transformations of identity, she concludes, are 'not just about changing our minds' or 'selecting' a new identity (2007: 689) but involve a reorientation of practices and relationships in order to become enmeshed in non-using social networks.

Nettleton et al. (ibid) showed how their participants, similar to those in the present research and other studies, had aspirations based largely around the desire to be 'normal'. In practice this typically meant waking up, showering, shaving, going to the football, having a job and a home, spending time with immediate family, and so on. The authors commented that in order to retain 'equilibrium', and to avoid recourse to drug use, involves 'not only a rational and cognitive commitment but also transformation of what may have become pre-reflective and non-symbolic actions' (354). The acts of doing things thus are of equal importance when it comes to conceptualizing how choices are made.

Third, Gadd and Farrrall (2004) and Gadd (2006) stated that agency and its interaction with structure in the desistance from offending, also requires a consideration of the more hidden dynamics of individuals' narratives. Similar to Nettleton et all (2011), Gadd (2006:191) suggested that often people cannot readily explain their actions, or do not want to: "Too often, criminological researchers expect their respondents to answer their research questions for them, hoping to eschew the challenge of interpretation that narratives of life present them with". Often there are conflicting rationales among the individual as he or she desist from engrained patterns of behaviour. Citing Holloway and Jefferson (2000:127-8), Gadd and Farrall (2004:132) suggested these kinds of issues should also be considered when conceptualizing agency:

> . … One person's unique defensive structures cannot be simply read off from their social, demographic characteristics . . . We are all more or less 'irrational' subjects. The point is to explain the relationship between the rational and irrational in human behaviour; not to stop when we have reached the limits of the 'rational'.

From this perspective it is only through in-depth, theoretically selected case-studies that are "sensitive to the latent or unconscious meanings of respondents' narratives, including all the absences, contradictions and avoidances intrinsic to them" (ibid) which can most accurately capture and understand agency. This study focused on a relatively small number of respondents which allowed an in-depth examination their cognitive processes during the fieldwork.

Each of the studies outlined above which describe how agency might be understood in desistance from offending and addiction are complex and, while interrelated in certain ways, they are also distinct in their focus. The point of including them here is because they contain relevant and helpful pointers to bear in mind as agency is presented in the study. As such, agency, for the purpose of this research, is defined as follows:

1 Agency is defined as choice in the present study, but differentiated from a rational choice (Laub and Sampson 2003). Implicit within this definition are the following points:

2 Agency is a process which emerges over time. It is informed and shaped by one's unique present circumstances, past experiences, but at the same time it is orientated towards the

future. That said, at any one point in time individuals can be principally moved by any of those (past, present or future) depending upon a given situation (Emirbayer and Mische 1998).

3   The influence of routine practices, habits, and social networks shape agency; as do the person's sometimes conflicting rationale, the latent, and presumably those issues the respondents choose not to share.

Relevance of the Life Course Perspective to the Present Study, and Summary

The life-course theory of informal social control (2003) was chosen for this research first because it was theory which was developed specifically to understand desistance. There was a clear, well established and rigorous research design which informed the theory. There was also a substantial amount of other research which critiqued and reflected upon it from a variety of theoretical and empirically informed perspectives. These factors gave me a sense of confidence in the theory for this research study. Second, the research underpinning this framework set out to ask (albeit on a far greater scale) similar questions to this study – prospectively, why and how do people stop offending or not, and how do they attach meaning to various aspects of their lives day by day. Finally the theoretical framework fitted the findings which emerged from this research, and so provided a simple and helpful guide to shape and present those findings.

2.3   Sport, Exercise and Wellbeing

'Sport', 'physical exercise' and 'physical activity' are terms which are often used interchangeably, but they do have different definitions. The Department of Health (2004:81) define physical activity as inclusive of "the full range of human movement, from competitive sport and exercise to active hobbies, walking, cycling, or activities of daily living." 'Physical exercise' and 'sport' are categories within physical activity. Physical exercise is defined as "volitional, planned, structured, repetitive and aimed at improvement or maintenance of any aspect of fitness", while the definition of 'sport' involves "structured competitive situations governed by rules" (ibid). The Department of Health (ibid)

noted, however, that sport is frequently used in a wider context to include all exercise and leisure physical activities. For the purpose of this study, as Second Chance incorporated both team-based, competitive games (such as football), and individual sessions (such as swimming, gym and climbing), 'sport' and 'physical exercise' were used interchangeably.

As previously highlighted, people with chronic substance misuse problems have needs which involve multiple substance use problems, physical and psychological health problems, and relationship and family difficulties. They often have instabilities in relation to safe and secure accommodation, stable employment, and non-using friendship networks. They are also frequently excluded from cultural and leisure activities due to their previous criminal and drug using records, or simply because they do not have the money to access those activities (Willcock 2004). This in turn can contribute to further feelings of isolation and a tendency for them to lack confidence in starting new activities and developing new social networks. There is a wide literature which suggests that some of the barriers faced by socially excluded groups can be helped in part through taking part in social and cultural activities (Scottish Executive 2009). Some of the different outcomes cited from participation in cultural activities include, for example, improved self-esteem, reducing feelings of isolation and anxiety, learning new ways to communicate (Sherry 2010; Marmott Review 2010).

The Department of Health (2004; 2010) outlined well-established knowledge that physical exercise can improve health, address and reduce the risk of cardiovascular disease and improve immunity to other diseases, help to manage weight problems, and improve psychological health. A prospective study (Pang Wen et al. 2008) spanning just over eight years, including a sample of over 400,000 people in Taiwan, found that 15 minutes per day, or 90 minutes per week, of moderate exercise such as brisk walking, can add three years to the lifespan. The study also found that individuals who started to do more exercise tended to develop an enthusiasm for it and increase their daily rate of activity. More exercise led to further life gains with every additional 15 minutes of daily exercise, reducing all-cause death rates by 4%.

Other studies have identified the health benefits of aerobic exercise. Aerobic exercise in particular stimulates circulation and perspiration and thus cleanses the blood from toxins. Psychological gains can be experienced through aerobic exercise through the release of endorphins, the opiate-like molecules in the brain that make people high, happy and more tolerant of discomfort (Weil 2004). These factors suggest that sports and physical exercise may be particularly attractive to some with substance misuse problems who typically suffer with poor physical health, low self-esteem, and stress and anxiety related disorders (Hser et al 2007; Laudet and White 2008; Cloud 2001b).

However, despite the potential benefits which programmes of exercise may offer, traditionally there has been little mainstream provision for adults with alcohol and drug use problems. Mainstream funding has typically favoured pharmacological and psychological interventions which have focused upon reducing the harms associated with alcohol and drug misuse. Correspondingly there is relatively little research, and even less prospective research, into how sport and exercise may help people resolve alcohol and other drug use problems. The present study sought to address this gap in the literature by examining how respondents attached meaning to a sports programme during the course of one year. With a prospective approach, and by setting the programme in the wider context of participants' lives, a sharper focus on mediating variables and in-programme factors was also enabled.

In the UK considerably more provision is provided for sporting activities for young marginalized groups (Positive Futures; Splash; Fairfield), such as youth offenders. Thus, where research does exist it is largely in relation to young people (Scottish Executive 2009, Coalter 2001). However, while there may well be some learning as to the processes which 'work' for participants, care should be taken not to presume that the same factors will apply to adults. The theoretical framework which informs this study specifically stresses this fact by emphasising the dynamic, temporal nature of desistance. With this in mind, much of the evidence in relation to sports based interventions and young people relate to the ways in which sports programmes are delivered (and by whom), rather than the sports themselves (Collins 2004; Coalter 2007). Qualitative evidence suggests that the greatest gains from involvement in activity relate to psychological health and increased feelings of well-being, and a sense of being included (Coalter 2001). On the other hand, there appears to be relatively few systematic attempts to

assemble qualitative evidence among most sports programmes (Crabbe 2000). There is a need to develop more effective mechanisms for understanding people's readiness and willingness for change (Wimbush 1994) in the context of potential broader lifestyle constraints.

Critiques of Sport

Sport and sports-based interventions also have limitations, and, over the past decade in particular, studies have identified a range of less positive attributes than those cited above. The "Sport for All" policy (Department of Health 1998) for example, has been heavily criticised (Coalter 2007), and sport based interventions do not always help address social problems. Indeed sport has often resulted in the marginalisation of certain social groups, for example cricket or skiing has been associated with the more affluent, while football with the working class (Bordieu 1978). As Collins (2004) noted, to engage in sports and physical activities usually costs money, whether that is for transport, kit or membership fees. Thus many individuals – a good example being the people in the present study – are automatically excluded on the grounds that they simply cannot afford to take part. Collins (2004:730) highlighted that there are three significant ways in which the evidence for social inequality in sport is apparent. First, the inequalities have been in existence in the UK throughout history. Second, inequalities exist in most forms of leisure and are common to exercise; and third, other countries show similar inequalities. Examining sports based interventions for young socially excluded people, Kelly (2011) found that despite the benefits (such as enabling people who would otherwise not have been able to access sporting facilities), projects often did not meet the aims they predicated themselves on, such as tackling social exclusion. There was also little impact made by the projects to address the socio-structural foundations from which young people became excluded in the first place. Further, projects were often limited by lack of sustained funding. Kelly's (ibid) study brings further salience to the point that sports programmes on their own are most unlikely to cure social problems, including that of addiction. While Second Chance was established on the assumption that it would never be a panacea for drug treatment (Batchelor et al., 2005), this point is still important and relevant to the present study which found marked differences in the outcomes for respondents attending the same programme during the fieldwork.

Although sustained funding, and corresponding research, in relation to sport, exercise and de-addiction is limited (Donaghy and Ussher 2005; Eley 2002), there are some studies which have explored this area. In particular, studies in relation to natural recovery from addiction. For example, Waldorf et al. (1991:206) conducted an in-depth study of 106 crack and cocaine addicts, using qualitative and quantitative methods. They found that over half the respondents had taken up regular programmes of physical exercise as part of their recovery process, and two thirds adopted healthier eating habits in order to improve their health. The study noted that "in addition to better health, self-development and improved self-esteem, exercise regimes offered the advantage of a rewarding activity with which to replace what was being given up" (ibid; and see also Donaghy and Ussher 2005; Cloud and Granfield 2004). Neale et al. (2007) prospectively examined how 606 (male and female) heroin users entering treatment made use of their free time, and found that virtually all the respondents reported at least one leisure interest. In their follow up interviews, 33-months later, they found that 521 (86%) had reported at least one same hobby suggesting that drug users had interests to which they were committed. Sport was the most common of these interests, but at least 15 other leisure interests were given. Noting the limited number of studies which, more generally, explore how drug users make use of their spare time, the authors commented that "it is tempting to argue that if drug users could only be actively encouraged – and even enabled – to pursue these interests, they might be less likely to participate in drug use" (p243). This suggestion fits well with the present study which explored how the interviewees attached meaning both to Second Chance and other activities during the year of fieldwork.

Over the past five years there have been an increasing number of organisations which have started to use sports to work with drug users and other excluded groups. The British Military Fitness for example now work in several homeless agencies in the UK delivering physical activity programmes which engage homeless people, of whom many have drug and alcohol problems (Lomard 2008). Other well established organizations and events that use sports to engage drug users and homeless people include for instance the Homeless World Cup, Air Football and Street League. The residential recovery community of San Patrigano in Italy (www.SanPatrignano.org) which has supported drug addicts since 1978 actively uses sports such as equestrian, basketball and football as part of their residents' rehabilitation.

Sport and physical activities are sometimes used by drug agencies in clients' care plans, and there is an increasing emphasis on the use of psychosocial interventions for people with alcohol and drug use problems, and the need for a holistic approach to drug treatment (NICE 2009). This includes encouraging clients to do sport and exercise (ibid). However, funding to continue exercise programmes for people with substance use problems has often been unsustainable and agencies have often had to prioritise their resources around meeting drug treatment targets (see also Kelly 2011). Thus any corresponding monitoring and evaluating had been scarce and inconsistent. As such while there are strong arguments in principle for the positive contributions sports may make to different social issues, there are fewer consensuses about how the assumed positive outcomes may be achieved. The present study hopes to contribute to this gap in the literature by suggesting how the Second Chance sports programme appeared to assist some respondents while less so for others.

There has been considerably more research on the role of physical exercise in relation to mental health. Indeed programmes of exercise are often actively promoted as part of this client groups' recovery programmes (for example Halliwell 2005; MIND 2007). This is timely as the alcohol and drug recovery movement draws much of its learning from the mental health field (Best and Groshkova 2010). The Scottish Drug Strategy (2008) highlights that the key learning points from recovery in mental health are:

- Recovery is possible and takes place across large numbers of individuals
- Recovery is likely to be linked to empowerment and to engaging in meaningful activities
- Developing a sense of agency and self are critical to this process
- Hope is central to the process of recovery, and it is essential that workers do what they can to support and transmit optimism and empowerment and that the workers are seen to 'go the extra mile'.

These points are relevant to the present study which found that, similar to other studies (Hser et al. 2001; Hser and Aglin 2011), all the respondents had to contend with feelings of anxiety, stress and depression. There appeared to be a strong relationship between desistance and engagement in

meaningful activities, and levels of hope and self-efficacy. Another recurring theme was that desisters'
relationships with their coaches appeared to be particularly positive.

As noted, in the mental health field the use of sport and exercise has traditionally been more
widespread and endorsed (www.mind.org.uk; www.rethink.org) than it has in the substance misuse
field. This area has been the subject of research for several decades with a growing body of literature
primarily from the US examining the effects of physical activity in the treatment of depression (NICE
2009). As the substance misuse field draws closer to the mental health field, there is an increasing
focus on psychosocial interventions (NICE 2009). In the past ten years 'exercise on prescription'
schemes have become popular in primary care for mental health in the UK (Biddle **et al** 1994), many
of which include depression as a reason for referral. Guidelines for physical activity referral schemes
have been laid down by the Department of Health (Mead 2008; NICE 2009) within which there are
different proposals for how physical activity affects depression. For example, regular physical activity
is seen generally as a virtue. The person who takes regular physical activity may, as a result, get
positive feedback from other people and an increased sense of self-worth. Second, physical activity
may act as a diversion from negative thoughts and developing new skills may be important. Social
contact may carry important benefits, and physical activity could have physiological effects such as
changes in endorphins (NICE 2009).

2.4   Summary

This literature review has identified that there are useful crossovers in the fields of recovery from
addiction and desistance from offending, and these are found theoretically and empirically.
Underpinning both the recovery and desistance literature are the notions that most people recover from
addiction and most, if not all, people eventually stop offending. This goes against previous
conceptions. Desistance and recovery are processes which evolve over time and as such, prospective,
longitudinal research is particularly well suited to these studies (Hser et al 2007; Laub and Sampson
2001). Although the present study was about desistance and analysed from a criminological
perspective, the assumption guiding the research was that desistance depended upon on the individual

being in recovery. There continues to be debate about what 'recovery' means in practice, but there is a general agreement that recovery is an individual journey, which takes place at least as much in the community as in the treatment setting, and will mean different things to different people at different times in their lives. For the purpose of this study there was no definition for recovery, but for operational purposes the term was about developing a sense of purpose and meaning, quality of life and a sense of belonging (Best in press).

This chapter identified three particular areas for further research and gaps in the literature which the present study hopes to address.

Addiction and Recovery from Alcohol and Drugs: Although its history is substantial, 'recovery' is a concept which has recently had a new surge of interest from policy makers and practitioners in the UK and US. This 'social and political movement' (Groshkova and Best 2011) has emerged from a relatively small (but still substantial) number of empirical studies which have identified that a longer term approach is required in order to support addicts from chronic alcohol and drug dependency. They have also identified that recovery takes place at least as much in the community as it does in the treatment setting, and that key predictors of successful recovery include supportive social networks and meaningful activities which are grounded in the community setting. The term 'recovery' means different things to different people at different times in their lives, but will involve some level of abstinence, physical and mental health and wellbeing, hope and self-efficacy, personal empowerment, and citizenship (CSAT 2009). The shifting nature and variety of recovery journeys means that methodologies which are prospective, longitudinal and which avoid generalizations are particularly well suited to studying this group. Although studies do exist, the empirical research which examines factors related to sustaining recovery is small by comparison to those which focus on the harms associated with drug addiction. The present study set out to add to the body of research which examines how people desist from alcohol and other drug use problems, and the role which Second Chance played in this.

Desistance and Developmental Criminology: As indicated, drug abuse research has identified that a developmental approach, which is mindful to social structures, historical context, and dynamic, age-graded nature of desistance is necessary in order to understand recovery from addiction. However, theoretical development has not kept up with the recent expansion of empirical evidence which explores recovery journeys. The study of desistance from crime, on the other hand, has a considerable empirical and theoretical history in criminology (Laub and Sampson 2003; Thornberry, 1995; Farrington, 2003; Farrall 2002; Maruna 2001). The topic of desistance provides conceptually useful parallels with the field of recovery but has rarely been applied to drug abuse research (Hser 2011). The present study aimed to add to this gap in the literature by using a life-course perspective of informal social controls (Laub and Sampson 2003) to explore desistance from substance misuse. The life course perspective offers a broad framework through which recovery may be examined. Key concepts include trajectories, transitions and turning points. A turning point is an alteration or deflection in a long-term pathway or trajectory which was initiated at an earlier point in time in the life course (Elder 1985). The aim was to examine how Second Chance may have provided a turning point for some respondents but not for others (Hser 2011) by studying their routine activities, informal social controls and personal agency (Laub and Sampson 2003).

Sport, Exercise and Wellbeing: Recovery from alcohol and other drug problems identifies that successful recovery includes physical and mental health and wellbeing, citizenship, empowerment, hope and self-efficacy. There are good reasons to believe that people in recovery would want to take part in sports and exercise, but there is currently a lack of provision in this area, and a consequent lack of research. There are considerably more services which provide young people with sporting programme (Positive Futures; Splash), and thus more corresponding research. Often sports based interventions do not achieve the aims – typically regarding social inclusion – that they predicate themselves on, and are instead based on weak methodologies which do not account for mediating variables, for example. This is often due to a lack of sustained funding (which frequently depends on reaching targets) which makes substantial monitoring and evaluating impossible (Kelly 2011). Research which does exist has identified that it is not sports per se but the way in which sports is

delivered that achieves positive outcomes. However, it is important to note that, as indicated above, the processes involved in desistance from crime and drugs is age-graded (Laub and Sampson 2003), meaning that predictors of desistance vary over time and social context. Therefore, while there are some parallels and important lessons to learn from young people and sports based interventions conceptually, the same principles cannot be assumed for adults. This study aimed to address this gap in the literature by focusing on an adult group of drug misusing offenders, who engaged consistently on a sports programme, during the course of twelve months. Coalter (2007) identifies that some sports programmes help some people only some of the time, and the task for future research is to examine why and how this is so. This research also sought to address this gap in the literature by examining the meaning which participants attached to the sports programme during the fieldwork.

The following chapter presents the methodology which informed this research study including a description and critique of the study's theoretical framework.

3

Methods

3.1   Introduction

This research study is about 19 individuals who kept attending Second Chance during the period of the fieldwork[2]. However, in order to develop a research relationship with this group, they were recruited as part of a larger sample of 49 individuals, all of whom were in alcohol or drug treatment and engaging on Second Chance at the start of the fieldwork. The 30 respondents who dropped out of Second Chance at various points during the fieldwork were also followed up and re-interviewed wherever possible. All the data was coded and analysed using the same methods. While the following chapters focus on the 19 Second Chance players[3], this chapter describes the full process which was undertaken in order to gather data on the complete cohort of research participants. The fieldwork, related statistics, and the analysis, for the entire sample, are examined.

This chapter is divided into two parts. In part one, the study methods are outlined including an explanation and justification of the research design. The study sample, size, characteristics and criteria for study inclusion are outlined. A separate section which discusses the sampling strategy in relation to the 19 respondents who form the focus of the findings chapters is then provided. Following this the issues around attrition, access and a reflexive account of the ethical and political matters are then provided. Finally, how the data was analysed is outlined. In part two, the theoretical framework which

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2   Participants who were counted as 'regular attenders' engaged, on average, in at least one in every four training sessions at Second Chance during the fieldwork.

3   There were three reasons for the sole focus on Second Chance participants in the subsequent chapters. First, the study aims were to examine how respondents attached meaning to Second Chance in the context of their desistance. The focus on attendees therefore allowed a more in-depth analysis of this. Second, as desistance and recovery are individual journeys which develop over time and mean different things to individuals, examining Second Chance players enabled a sharper focus on these processes. Third, it was not within the study's scope to include those who dropped out of Second Chance.

the previous chapter introduced, will be revised and analysed critically in relation to the methodological approaches used in this research.

Part I

3.2   Explanation and Justification of Research Design

Using a life course theory of informal social controls (Laub and Sampson 2003), this research set out to examine desistance from substance misuse among a group of adults with alcohol and other drug problems, who were also players on the Second Chance sports programme. Turning points are a key concept in life course, defined here as a change in the long term pathway which was initiated at an earlier point in time (Elder 1998), and the specific aim was to examine to what extent respondents experienced a turning point through Second Chance. The study suggested that Second Chance was a 'window of opportunity' (Groshkova and Best 2011), and that the turning point was an identity transformation. Whether the turning point happened or not was dependent upon the respondents' personal agency, informal social controls and other routine activities.

These aims informed and shaped the research design and methodology (Bryman 2008). As desistance is a gradual process which evolves over time, in-depth, semi-structured, repeat interviews were carried out with participants during the course of one year. The intention was to capture a sense of this process, from the respondents' perspectives, as they attached meaning to the day-by-day experiences they went through. 49 respondents were interviewed, with an aim to re-interview all individuals a further two times each, at six months intervals. The follow-up rate for all three interviews was 85% (n=42), five respondents were interviewed twice, and two respondents were interviewed only once. This amounted to a total of 138 in-depth interviews. The initial sample target was 50 respondents, with an anticipated drop-out of around a third, this figure was based on an understanding that people with substance use problems, like many hidden groups, are inherently transient as a population. Their social situations as a result of their circumstances and lifestyles are often changing, and movement in and out of, and between treatment services is common (NTA 2008). In practice the loss to follow-up rate was

less than expected. Possible reasons included the research study's resources, depth of contact information collected from respondents, support from Second Chance staff, key workers, and other interviewees helping to locate missing participants.

The key concepts which informed the interview schedules were sports, addiction and desistance. Set within a life course theory of informal social controls (Laub and Sampson 2003), the interview schedules included questions on the trajectories of substance misuse (onset, course, cessation, desistance); the social and structural contexts in which those trajectories were set; and where Second Chance fitted into these journeys as participants' lives unfolded during the research. Interviews were transcribed and coded into Nvivo and a thematic approach was used to organize the findings as they emerged. The conceptual framework which shaped the data was a life course theory of informal social control (Laub and Sampson 2003). As a guide to help explain and frame the themes which emerged, this framework was well suited to the present study.

3.3   Sample

While this study was about the 19 regular-attenders of Second Chance, 49 people were recruited for the research. The findings chapter will focus on the 19 Second Chance players, but this chapter engages with the statistics and fieldwork for the complete original cohort.

The average age of respondents was 32 years, the age range was 18 – 56 years, and the most common age was 31 years. 82% of the sample was male and 18% female, and this reflected the gender breakdown of the Second Chance programme as a whole at the time of recruitment[4] which was 80% males and 20% females. Tables 1 and 2 show the age and gender cohort.

Table 3.1.   *Age of Sample*

Age	No of Cases	%
25 or less	14	29
26 – 30	14	29

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4   During the research the proportion of female clients engaging on Second Chance increased as the programme developed to meet specific needs.

Age	No of Cases	%
31 – 35	7	14
36 - 40	6	12
41 – 45	5	10
46 or more	3	6
Total	49	100

Table 3.2. *Gender of Sample*

Gender	No of Cases	%
Male	41	82
Female	8	18
Total	49	100

Criteria for inclusion in the research study were that participants, when recruited for the interviews, were on the Second Chance programme, and registered in some form of treatment for their alcohol or drug use problems with a key worker. The majority of respondents (49%) were in treatment for heroin; 33% were in treatment for alcohol; the remaining nine individuals were receiving support for stimulant and cannabis related problems. At the height of their addictions the majority were also poly drug abusers, in that they used a range of illicit and licit (including prescribed) drugs. Tables 3, 4, 5 and 6 show the substance use profiles of the cohort.

The sample was selected purposively, meaning that data were selected to serve a specific need, and conveniently meaning that respondents were chosen because of their convenient accessibility and proximity. Respondents were selected from all five Second Chance sites (the Universities of Northumbria, Newcastle, Sunderland, Durham and Teesside). The aim was not to suggest generalizations or comparisons, nor did it aim to reflect representation of the programme. Simply, it offered a bigger group to take interviewees from and so increase the likelihood of meeting the target sample. Second, there was no reason not to offer the research opportunity to all clients. Third, it sought to avoid skews or biases in the sample. When the participants were recruited, most had been taking part on Second Chance for an average of five months. This varied however between one week and two years. Second Chance categorised the activities they offered into two groups, football and multi-sports and individuals where possible could do both if they wanted to. The coached football

sessions took place outdoors on Astroturf or 3G pitches. The multi-sport sessions generally consisted of gym and indoor activities, such as kick-boxing, dancing, indoor cricket, softball or circuit training. As Second Chance developed over time specific activities became established in some of the universities, such as climbing, and programmes were tailored to meet the needs of the clients, individually and collectively. For the people in this study the activity breakdown was as follows, 17 (35%) males took part in football, 17 (35%, 8:9 male to female) took part in the multi-sports, and 15 males took part in both football and multi-sports

Table 3.3. *First Drug Use*

First Drug Use	No of Cases	%
Heroin	24	49
Alcohol	16	33
Stimulants / Cannabis	9	18
Total	49	100

Table 3.4. *Second Drug Use*

Second Drug Use	No of Cases	%
Heroin	0	0
Alcohol	16	33
Stimulants / Cannabis	21	43
None	12	24
Total	49	100

Table 3.5. *Polydrug Use*

Polydrug Use	No of Cases	%
Yes	45	92
No	4	8
Total	49	100

Table 3.6. *Length of time since last use of primary addicting substance at first interview*

No of Months	No of Cases	%
6 or less	3	6
6 - 12	8	16
12 - 18	18	37
18 -24	16	33
24 - 30	2	4
30 - 36	1	2
36 - 42	1	2
Total	49	100

Follow Up Interviews

This study collected retrospective information from participants, including their former education and employment experiences, and substance using trajectories (Hser et al 2007) up to the point of the first interview. These areas were important in order to understand better the context in which respondents began to use psychoactive substances, and some of the significant challenges they faced when trying to desist. However, the predictors of onset and cessation are often different to those of desistance (Laub and Sampson 2001, White and Kurtz 2006) and life course perspectives emphasise this. Therefore the main focus of this research was prospective, meaning that it followed a cohort of people who were similar in some respects (i.e. they had drug dependency problems and were engaging on Second Chance), over twelve months (Ruspini 2000). There were several reasons why a prospective approach using repeat interviews was adopted for this study. One of the main reasons was that desistance is not a discreet or abrupt event but a process. Although one year is a small amount of time in life-course research, the repeat interviews sought to explore this process by gaining insight into the lived experiences of the participants as they were desisting (or otherwise). Repeat interviews sought to gain an understanding of the respondents' changing experiences, which might be more difficult to ascertain with 'snapshot' techniques (Bryman 2008). Also, while acknowledging that prospective research is in fact a series of retrospective accounts (Maguire 2007), the follow-up interviews aimed to overcome some of the problems associated with memory recall (Ruspini 2000).

More broadly, prospective, repeat interview studies are commonly used by social science researchers in criminology, psychology, and social policy (Laub and Sampson 2003, Farrall 2002, Simpson and Sells 1990), and there are many influential studies on desistance from crime and substance misuse which adopt such approaches (Hser et al. 2001; Hser et al., 2007; Laub and Sampson 2003). Recognising the small size of this study by comparison, the aim nonetheless was to follow some of the basic principles of the methodologies used by studies such as these. Further, the aims of this study, and advantages of the research approaches outlined above, meant repeat interviews were well suited to this research.

A target sample of 50 was set upon with the assumption that there would be a drop-out of around a third. This view was based on anecdotal evidence that suggests tracking drug users for follow-up research can be difficult (Liamputtong 2007), but this may be based on a different set of criteria to that which was relevant for this research. For instance, this research was my only job – so more time could be invested in the fieldwork than might otherwise have been possible. There was also a research budget which helped with fieldwork costs. Simply put, the resources available for this research project were greater than those sometimes available to others. As such the loss to follow up rate was lower than anticipated and 85% of the initial sample was interviewed three times. Table 7 shows the follow up rate of interviewees.

Accounting for Drop-Out

Respondents who were present for a minimum of the first and last interview were included for analysis in the study. This amounted to a total of 46 individuals. Forty-two of these individuals were present for the first, second and third interview. Five individuals were present for two interviews. Two respondents were present for only their first interview. The two interviewees who were present only for the first interview were excluded from the analysis with the rationale that, while their contributions were still important, the research focus was prospective. As such I felt that this data (which was largely in relation to background as will be shown subsequently) could not meaningfully contribute because there was no first hand data to examine their prospective experiences during the research.

Table 3.7. *Follow Up Rate of Interviews*

No. of interviews	No. of Cases	Total No. of Interviews	%
3	42	126	86
2	5	10	10
1	2	2	4
Total	49	138	100
No. of Cases present for interviews 1 and 3		46	94

Tracking Respondents

Gossop (2007:201) notes that people with substance use problems are sometimes viewed as "difficult, they reject the patient role, they do not want to change, they lie to the doctor, they do not keep appointments". Although interviews were often rearranged due to a change in the participants' schedule, overall this was not the case for the majority of respondents who were reliable at keeping to the appointments. Tracking and finding the respondents for the second round of interviews took longer and was more complicated than for the third. Between interviews one and two, I spent several months systematically phoning each agency or key worker, on a two weekly basis, to check to see if they were still supporting their client, and if not, could they tell me where I could find them. Generally, however, where a client was no longer engaging with the agency, the workers did not know where they were. Individual phone numbers and follow-up addresses were not consistently reliable either in terms of tracking respondents – I soon realized that phone numbers changed frequently, and letters to addresses did not prove fruitful either. The main and simple error here was that in the first interview I had only obtained one phone number from each respondent through which to contact them. For the second round of interviews by far the most effective method of finding participants was through word of mouth via other interviewees, who were particularly good at locating lost contacts. I was surprised and very appreciative of the degree to which they voluntarily went out of their way to help me find lost contacts. Without this help I would not have been able to find as many of the interviewees as I did. The second round interviews took 14 weeks.

The last round of interviews took nine weeks, and 96% (n=46) of the original cohort were re-interviewed. There were several reasons why this round was shorter and a higher follow-up rate was achieved. Following the second interview I had ensured that I had several sets of contact details from each participant. Typically this included a family member and two friends, and if the client was willing to give me more alternative contact details, I gratefully took them. I also took at least one postal address, preferably two (e.g. a relative) where possible. I also continued to search for the participants who I had failed to find for the second round of interviews. These factors combined meant that I experienced relatively few problems locating interviewees, and the length of round and rate of follow-up, by comparison, reflected this.

A particularly useful contact, to who I am most grateful, was a prison Governor who was also a member of the Second Chance Steering Group and former colleague. This gentleman provided me with information on whether any of the lost respondents were in prison at any given point during the fieldwork by doing prison checks across the UK prison systems. During the fieldwork three respondents were identified as being in prison and I carried out those interviews in prison as a 'special visit', using a Dictaphone. A further two respondents were identified as having been in prison (outside of the North East) but they had been released shortly before the checks were carried out. Those individuals were also registered as 'No Fixed Abode' meaning that they were homeless or had no permanent address. This information was useful because it gave me a better knowledge of their whereabouts, and the likelihood I had of being able to contact them.

3.4   Sampling Strategy

The findings chapters of this thesis examine the 19 respondents who consistently engaged on Second Chance during the fieldwork. Specifically, two groups within this cohort are given independent focus; chapter five describes the "desisters", while chapter six describes the "trapped" respondents. Each chapter details the differing patterns which emerged among the two groups and in doing so highlights how this distinction was drawn. However, the splitting of two groups is also an important methodological point which must be made clear for the reader.

This study aimed to examine to what extent respondents experienced a turning point through Second Chance. The findings suggested that Second Chance was a window of opportunity for change (Groshkova and Best 2011). Within this window and some respondents were experiencing a turning point, and that the turning point was an identity transformation. Related to this point, the literature review discussed the complex nature of examining desistance, and identified a useful distinction which can be drawn between 'primary desistance' and 'secondary desistance' (Maruna and Farrall 2004a). Primary desistance is a 'crime-free gap' in the life course, while secondary desistance is 'the movement from the behaviour of non-offending to the assumption of a role or identity of non-offender' (Maruna and Farrall 2004a:174). In this study, the "desisters" were experiencing an identity change (a turning point), and were therefore in secondary desistance. Chapter six describes the more complex issue of categorising the second group, the "trapped" respondents. While most of this group lapsed or relapsed at various points during the research, some individuals did not, and were therefore desisting. Indeed as the chapter describes, for most of the trapped respondents, more time was spent not using alcohol and drugs than it was using. Thus it would be inaccurate to name the group "persisters". At the most basic level, the defining difference between this group and the desisters was that the trapped respondents were not experiencing an identity change, and were therefore not within secondary desistance.

3.5 Interview Schedules

The key concepts which this study set out with were sports, addiction and desistance, and these concepts informed the interview schedules. Blumer (1954:7), the US sociologist who developed the idea of symbolic interactionism, recommended that social researchers should view the concepts they use to inform their research as "sensitizing" as opposed to "definitive". This means that instead of narrowly defining a project, researchers give a "general sense of reference and guidance in approaching empirical instances". Whereas definitive concepts provide prescriptions of what to see, sensitizing concepts merely suggest directions along which to look. However, Bryman (2008) also

warned that if those concepts are too broad they cannot provide a meaningful starting point. Equally, if they are too defined the researcher may also run into problems.

With these points in mind, I followed a semi-structured interview schedule for the interviews (see appendix 2). The first interview aimed to gain a broad insight into participants' background, and this included areas such as their education and employment experiences. Their alcohol and drug using 'careers' (Hser et al 2007) were also explored. This area included the circumstances through which they began to use psychoactive substances (onset); their experiences of substance use and misuse; how they knew when they were addicted, and that their use was a problem; and how they experienced 'life as an addict' (course). Following this, respondents' experiences of quitting (cessation), and desistance were then described. To help respondents' recall this retrospective information, a Key Life Events chart (Richardson et al. 2009) was used which the respondents 'talked around' (appendix 3). Not all of the chart's subheadings were relevant to every participant but it still provided a useful guide to help respondents remember and reflect upon past experiences. The first interview also explored how the participants became involved in Second Chance, what their reasons for joining were, and what their hopes and expectations from it were. This was a considerable amount of personal information to be requested from the interviewees, and participants were encouraged to feel comfortable and to take a short break if required. Excluding the breaks, interview one, the longest of the three, lasted on average one and three quarter hours.

The second and third interviews were shorter, less structured and more 'conversational' in nature. This time the aim was to learn about how participants had spent their time over the past six months, including any problems or successes they had experienced, and any changes which had happened since the last interview. Six months in the life course is a relatively small amount of time, and desistance and recovery are processes which span several, usually many, years in a person's lifetime. Therefore, the emphasis of each interview was not on any physical changes which may have occurred since the previous interview (such as new job, or place of residence for example). Instead, the focus was upon how respondents attached meaning to each of the areas around which they talked.

Flexible in format, I had a number of areas clearly articulated in my own mind that I prompted the respondents to talk around as they described how they had spent their time since the previous interview. I often used a calendar and asked them to talk through the months since we last met, which proved useful, particularly where participants were having difficulty in remembering the previous six months. The areas of discussion included Second Chance attendance and experiences on the programme – if they were still attending what factors were keeping them there, had anything changed, improved or deteriorated for them, and what might make it better? If they had dropped out of the programme when and how had this happened? I explained to the participants from the outset of the fieldwork that their contribution was of equal value to the research regardless of whether they were still attending Second Chance.

During the second and third interview the participants were also asked to describe their social situations, focusing on certain life circumstances thought to be strongly correlated with recidivism: housing, employment, finances, relationships (family, friends, partner), alcohol and drugs (LeBel et al. 2008). LeBel et al (ibid), in their prospective recidivism study with 130 male property offenders, noted that their use of the 'social variables' (outlined above) were 'rather subjective in nature'. However, they also noted that individuals are arguably the best authority on whether they have a stable relationship, a good job, and so on (p143). With this in mind, I probed throughout interviews into all the subject areas for further information and understanding, and avoided 'leading' questions. I tried to be continually responsive by allowing the interviewee to direct the conversation (Miller, Strang and Miller 2010).

Self–Report Interviews

Historically, self-report data from substance users was thought to be unreliable (e.g. Barbor at al. 1990) however research has consistently found that substance users offer valid self-reported data (Johnson et al. 2005). Other assumptions which are unsubstantiated include substance users providing lower estimates of use because they want to be seen in a positive light (Barbor et al. 1990) or that independent sources, such as official records will offer more accurate accounts. Likewise, self-reports

of offending behaviours have consistently been shown to be one of the most reliable sources of data (Maguire et al. 2007). I emphasised to participants that I was interested in knowing their own views and perceptions, that there was no 'right', 'wrong' or 'expected' answers, and that I was equally as interested in knowing about any difficulties and problems as well as successes (McIntosh and McKeganey 2002).

3.6   Access

Setting out in the field

Prior to starting the PhD I had worked for three years as a research analyst within the North East Drug Interventions Programme (DIP) Team, during which time the Second Chance programme was set up. During my time with the DIP team I also did an MSc in Social Research, which involved a dissertation based on a qualitative study of off-street prostitution and drug use in the North East. Following this I spent a six month period working for Teesside University's Sport and Recreation Department, part of which involved co-ordinating and overseeing the Second Chance programme there. Each of these roles helped to prepare me for the fieldwork during the PhD, particularly in relation to some of the practical and ethical issues of data collection. The work experience also allowed me to establish a network of contacts through whom I developed some understanding of issues in relation to substance misuse, including the ethical and practical issues of gaining access to substance misusers for research purposes.

There were a series of processes and gatekeepers that I went through before starting the research in order to ethically gain access to research participants. Each of these were important steps in helping to ease or facilitate (often both) access to respondents. The first set of gatekeepers was the Second Chance Steering Group members[5]. I discussed the research with them and I asked them for their own

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5   The core members of this group included the Director of Sports at Durham University who was also the of SUNEE and the chair of the Second Chance Steering Group; the sports coordinator for SUNEE; representatives from: Cleveland Police; Government Office North East; Probation Service; Prison Service (North East Prison Governor); NE Drug Interventions Programme (Durham DIP Manager); Fire service; Tyneside Cyrenians; service user representative; myself.

views. I took those into consideration whilst being clear with the group that I also had a set of academic parameters to adhere to. Having established an initial research plan I asked them for their support, which I felt would be helpful in approaching other gatekeepers. I attended each of the Steering Group meetings for several months prior to, and during the fieldwork, and I produced progress reports and updates during each of these meetings. I completed around 25 anonymous Second Chance case studies for the Steering Group on request.

Second, I approached the DIP managers individually to explain the research to them and then to ask them for their written consent to proceed with the fieldwork. This was helpful to ease access through the third set of gatekeepers, the drug agency staff responsible for taking clients to the sports sessions. It was important I became familiar to this group, and that they were comfortable with me and familiar with the research, before I attempted recruiting respondents. It was often helpful to assure them I had received consent from the DIP managers and that they were happy with the research. I wanted to ensure that staff were familiar with my research intentions, and assured of my integrity and role in the research position. I wore a SUNEE logo t-shirt on these occasions which I felt added some confirmation as to my identity, and helped put any potentially uncertain minds at ease over what my intentions were.

The fourth and final set of gatekeepers were the university staff delivering the Second Chance sessions – the Sports Development Officers (SDOs). In practice, going through the gatekeepers involved attending the Steering Group, writing (and sometimes calling) the DIP managers, and four months of attending the sports sessions at all the university sites. I often took part in these sessions and helped out the SDOs where possible, for instance handing out water, food or kit to clients. I used these opportunities to build a research relationship with the SDOs, clients, and particularly the key workers. Meeting some of the 'regular' key workers allowed me to tell them a bit about the research, and give them the chance to ask me questions and offer their opinions and/or advice. Inevitably different people will have different ideas as to what constitutes useful research and I tried to listen as much as possible, but be clear that I had a set of academic parameters through which the research had to be shaped.

Attending the sessions also helped me to feel relaxed and more confident in my role when it came to recruiting volunteers for the research. Rossman and Rallis (2003) examine how researchers may portray themselves to the research setting. I approached these situations being open and honest about the research, but at the same time tried to blend into the setting and cause as little disturbance as possible (Rossman and Rallis 2003). I always checked with the SDO before I came to a session, and I found these occasions very helpful in facilitating ease of access when recruiting volunteers. Spending time at sessions and speaking to key workers also helped me to learn about different drug services and how they work. It also helped me learn about the different operational structures of Second Chance in each of the five sites. Importantly, attending the sessions also showed the SDO's, key workers and clients that I was keen to build a research relationship with them, and listen to them, before trying to get interviews. I wanted to earn their respect and show that I was willing to fit around their commitments. In short, I wanted to earn the gatekeepers respect, by showing them respect and transparency with my intentions, and in turn I had no difficulties, at any point, gaining access to any of the respondents.

In addition to the gatekeepers I also attended several 'open' (meaning anyone can attend) Narcotics Anonymous and Alcoholics Anonymous meetings. These visits helped me to become familiar with the processes involved in mutual-aid support groups of this kind. This was helpful as some of the respondents attended 12-step programmes.

Having gone through the necessary gatekeepers I went round each site actively recruiting volunteers with information flyers (appendix 4). On my first visits to each site the SDO usually introduced me at the start of the session, so the clients knew who I was, and also so they could ask me about what I was doing. As soon as I had a list of volunteers following a visit I contacted their named key worker. This brief conversation was aimed at avoiding potential risks for the respondent – for example if there were particular mental health issues that I was unaware of that may make an in-depth, follow-up interviews inappropriate, or potentially damaging to their recovery. I also wanted to respect relationships built between key workers and clients. The process also validated eligibility, and helped initiate a relationship with the key worker (who in the former stages was to be the main point of contact against

drop-out). While I did question myself as to whether this was undermining participants' autonomy (although they could refuse to take part), no respondent had a problem with me calling their key worker, and there were no instances where the research did not go ahead. Written, informed consent was taken from each participant. I also assured confidentiality and anonymity and explained verbally "this would only be compromised if you state you intend to seriously harm yourself or a named other person, or if you report abuse/neglect of a child in your care. However, you will not be asked about these issues" (Liamputtong 2007).

Payment

From the outset of the research it was considered, discussed, and decided that interviewees would be paid a £20 food or sports clothes voucher for each interview. The motive here was not about offering an incentive or an 'inducement'. Nor was it about putting a value on the information they were sharing which, of course, is impossible. Simply, payment was about respecting the fact that the participants were taking time out of their personal time, and that this time was of value to the research. Signed consent forms were gathered from each DIP manager agreeing to this standpoint (appendix 5). The Durham University Ethics Committee was consulted and also gave consent to the research.

For several reasons I felt confident that among the Second Chance players there would be some who would willingly take part in the research without any payment. For example, in the time I had spent with Second Chance before the fieldwork commenced, it was clear to see the programme meant a great deal to many players. As such, it was not unreasonable to anticipate that some individuals might be willing, even interested, in taking part in research regarding the sports programme. Another reason I felt clients might take part in the research without payment was that some may welcome an opportunity to voice their opinions, and talk about their experiences, especially if they were treated as having expert knowledge normally unavailable to outsiders (Maruna 2001). Another possible reason was that I had spent time at the Second Chance sessions both prior to starting the recruitment phase of the fieldwork, and in my former role as Sports Development Officer at Teesside University. Through

this I had developed a rapport with potential respondents, key workers and staff on the programme, who in turn might advocate the research to their clients.

While paying research subjects for participation is common practice in health and social research, ethical concerns can be raised, particularly when the subjects are illicit drug users (Murray et al. 2009). These concerns are often related to the wellbeing of the research participants. Drug users are frequently portrayed negatively by media, and people working with addicts understandably want to protect their clients from any research which might cause them harm. In my previous roles I had been told by very concerned workers about their experiences of researchers paying their clients for interviews and then "disappearing" with information leaving the clients feeling exposed and used. I wanted to avoid any possibility of such concerns being associated with this research. I found that going systematically through every gatekeeper, and emphasizing that I wanted to be transparent in my methods, was central to avoiding problems and misunderstandings. This provided the opportunity for open discussion about any concerns or questions. These were in the minority, but where they did arise they were around the suggested amount, and concern it may create an expectation among clients and a benchmark that other projects could not match. £10 was suggested by some as this is often a 'standard' amount used in drug research projects and it was suggested by some this would be more appropriate. However, these projects tend to be demanding of participants, in that they do not go into the same sort of depth, follow participants over a year, or ask for information from key workers and other outside sources. Put in this way, such concerns were alleviated.

Central to other criticisms around payment are often related to undue inducements which might affect informed consent. Informed consent is often considered the foundation of ethical research practice (for example: BSC 1999). As Seddon (2005) points out this a particular risk when researching 'vulnerable' groups, especially where average income levels are low. In this research, all the respondents were unemployed when they were recruited. The question may then become what is the level at which payment set becomes an undue inducement? While difficult to measure, Seddon (ibid) suggests if there are no refusals this may indicate cause for concern, but then it again may be the result of a well delivered project, and that the study is viewed by potential participants as interesting and valuable.

Similar in kind to Seddon's (ibid) findings, in this study there were certainly people who refused to take part, at least as many who showed interest as those who declined. There also were individuals who offered to do the research without payment, or said they were going to give it to their family. At the same time, there were cases where it was clear that payment was entirely the motive for volunteering. However, as Preble and Casey (1969) pointed out in their research with drug users:

> Money is usually the sole motive for participants at the beginning and this is often the cause of professional scepticism about the validity of research findings based upon such a finding. But if money is a mean motive for those we recruit, it is the same for us who do the recruiting; and so we are even. The fact is one can work with this motive and parlay it into honest, thoughtful participation.

Other examples of concerns might be that payment will negatively affect, or skew the quality of data, but at the same time it could be argued that *not* offering payment may equally skew the data. Indeed, it could be argued that payment may increase the data quality by creating access to participants who are normally 'harder-to-reach' and thus broaden the interview sample.

Motives for participation would have been difficult to ascertain and were not the focus of this research. Nonetheless, there were instances where I had to work particularly hard to engage interviewees and felt they were entirely there for the payment. These were in the minority though, and while disheartening sometimes, as Preble (1969) advised, this itself was no reason to not draw out thoughtful input. While I found myself working harder at engaging them, I felt this improved my own research skills and, moreover, reluctant participants invariably 'got into it' as the interview progressed.

> It has been said that if drug users were seriously interested in being involved in such pieces of research, they should not be rewarded financially for doing so. Sometimes such objections are based on notions that 'volunteering' should stem from altruistic impulses. In our view, this assumes that members of this marginalised group are in the same kind of position as say, retired bank managers volunteering to work in charity shops. (Smith and Honor 2004:15)

In fact these individuals often became some of the most informative, if not for the initial interview, then certainly for the following ones. Similar to Seddon (2005), the experience of this research was that any negative impact of payment upon data quality seemed relatively insignificant. Payment was

also viewed as supportive of the Second Chance process, which was about helping clients in relation to maintaining stable healthy lifestyles. Finally, payment was about respecting the respondents as active participants in the research process (NTA 2005).

Interview Location

The first round of interviews took place in a (usually) quiet room nearby the Second Chance sessions, or in the respondent's treatment centre. The choice was the respondent's, and only a small number of interviews were carried out in the latter. In these situations, the Second Chance sports staff provided important help in gaining access to rooms in busy working environments. I was recruiting and interviewing at the same time, and sometimes I had to rearrange interviews if clients did not turn up. On a small number of occasions interviews got cut short, and so would have to be continued at subsequent date. As a result the first round of interviews went on for ten weeks, which is nearly twice as long as I had anticipated. For the second and third interviews the location was again decided by the respondent but we often met in locations outside of the universities or the treatment centre. This was often when the individual was not engaging in Second Chance or treatment. I always let a supervisor know before and after an interview took place.

Three interviews took place in prison. Permission to carry out "special visits" (i.e. have a private room and use a Dictaphone) was gained through the former colleague who was a prison Governor and a Second Chance Steering Group member. Following a prison check if a respondent was identified as being in prison I would write them a letter asking if I could come and see them to do the interview, emphasising they were under no obligation. On each occasion they contacted me to say it was ok, at which point I contacted the prison worker who had already been contacted by the Governor about the research. I explained to the prison worker what my role was, asking if they had any questions, and for their permission to do the interview. I was clear that it was not essential, but desirable to be able to do the interviews with a Dictaphone. Payment for these interviews was given to the respondents either after their release or sent to one of their family members according to their request.

The most useful strategy I found for facilitating access was to be clear, open, and honest with the gatekeepers about my research intentions. I tried to show respect, and fit around the gatekeepers' commitments, and be as flexible as possible. This approach was not only effective, but supportive and helpful in terms of my own learning in the field.

Interview style

Establishing a good rapport with the interviewees as soon as possible was important (Liamputtong 2007). I tried to keep a casual atmosphere in the interview and allow sufficient time for small chat before, during and after the interview (Zinberg 1984). I explained that participants were not obligated to stay in the interview, and that if the interview was causing them anxiety they could stop at any point and continue later, or take a break. I also emphasised that they did not have to talk about anything that made them feel particularly uncomfortable (Cutcliffe 2002). Hess (2006) in her research on the experiences of post-abortion used her consent forms to stipulate clearly to interviewees that they could stop the research at any time. I followed a similar format (appendix 6).

Several respondents stopped for cigarette breaks or to answer their phones during the interviews. While participants were sometimes distressed by their personal situations only on two occasions were the interviews stopped and the tape recorder switched off for this reason. The first time happened when an interviewee became very upset by the content of what she was talking about which was in relation to her losing her child through social services. I asked her if she wanted to stop the interview and take a break, she asked if we could stop the tape recorder until she had stopped crying, and requested we move onto a different subject. We did this, and the interview continued comfortably. The second time when the interview was stopped happened when an interviewee received an abusive phone call from her son who she told me often beat her up. The respondent was visibly distressed and I asked her if she wanted me to stop the interview and call her key worker. She did not want her key worker to be called but we stopped the tape recorder and had a cup of tea and the interview continued about 15 minutes later when she was comfortable to do so.

Other issues that were considered prior to each interview included ensuring that the participant felt safe, especially as they were sharing sensitive information. Therefore I tried to ensure a room with a door which could close was acquired for the interview, and that an appropriate distance between the interviewee and myself was maintained (McCrady et al. 2010). I always took a drink with me to give them or offered them a cup of tea where possible, and made them aware that it was fine if they wanted to have a break. Without great analysis of the issue I was 'pragmatic' (Warren and Hackney 2000) with the clothes I wore which were similar to what the sports development officers wore, a clean tracksuit and t-shirt. In short, I tried to encourage as natural and comfortable an environment as possible for the interviewee.

Challenging interviews

The most useful strategy I found to avoid problems arising during interviews was giving the participant control over when and where the interviews took place. During the interviews I tried to be flexible in the order in which we talked around each subject area, depending upon what the respondent felt most comfortable with. In this way I aimed to give them a sense of control during the interviews (Formica 2010). Nonetheless, challenging and potentially challenging interviews occasionally occurred, and while luckily these were in the minority, it is still important to reflect upon them. Three particular types of situation arose which I found challenging.

The reluctant interviewee

Reluctance was expressed on a small number of occasions, and these situations appeared to be related to two situations. The first was in relation to present difficulties the respondent was having in their lives, such as a relapse or homelessness. In these instances, the respondent was very subdued, and at first appeared uneasy. I tried to reassure them I was glad to see them again, and that I was interested in what they had to share, but that they were not obliged to talk about issues they felt uncomfortable with. If they were particularly subdued I offered to reschedule the interview and this did happen twice. Aside from one interview, I found that once the subdued participant was assured and given control over how the direction and pace of interview went, they appeared to relax and become less subdued,

and these often became some of the most reflective and longest interviews. On the one occasion where the participant was subdued and unresponsive throughout the whole interview but wanted to continue, it was hard to elicit any great depth or detail and the interview felt strained, awkward and uncomfortable. I left feeling worried about the participant, guilty I had upset the respondent and also useless as a researcher. Interestingly however, I received a text following the interview from the participant. They wanted to reschedule the interview and do it again, apologising for their attitude and stating that it was because they had relapsed and therefore felt uncomfortable meeting in the treatment centre. I did not feel that the respondent owed any apology but we met again, this time in coffee shop. This time the participant was considerably more forthcoming.

The second situation where reluctance was apparent was when distractions occurred during the interview, namely, their mobile phone ringing. Sometimes a phone call would cause them distress but more often respondents' simply received several calls during an interview. In these instances it was hard to keep their concentration, but I felt uncomfortable (in the first round of interviews anyway) asking them to turn their phone off. In these situations I practised patience, I jotted down on a piece of paper the areas we needed to discuss, reiterated the expected length of the interview and offered to reschedule to another time. Only on one occasion did a respondent's phone continue to ring on and off during the interview.

Finally, reluctance was sometimes expressed when the respondent felt they had been doing very little with their time since we last met. I had difficulty getting the interview 'going' in these situations because the respondents, at first, felt they had very little to share about the last six months, stating they had quite simply done "nothing" for six months. In these situations, using a calendar was helpful for talking around where they had been. Also having some 'light chat', for example about the football, often helped respondents become more talkative, which helped coax them into the interview schedule.

The intoxicated interviewee

On two occasions it was evident that interviewees were intoxicated to the point where maintaining a coherent conversation was not possible. One respondent was clearly drunk and slurring his words, the

other respondent was gouching (heroin effect, see Glossary), drifting into and out of sleep and waking up with a jolt, and their eyes were 'pinpricked'. In these situations, it was not possible to continue the interview because the respondents were having difficulty maintaining a conversation. On both these occasions the interviewees had turned up over half an hour late and were keen to get away as soon as they arrived, so it was straightforward to ask if they would mind rescheduling. Both respondents did not appear to have a problem rescheduling, and both accepted payment following the re-interview. Sometimes interviewees reported being stoned; on two occasion interviewees said they were high. These situations did not appear to create problems in either their communication skills or their enthusiasm to do the interview, and I did not feel there was any need to reschedule the interview.

The partner of the interviewee

On a small number of occasions, the partner of participants arrived during the interview, at first appearing to be agitated, wanting the participant to leave with them straight away. On these occasions we were in coffee shops and, keen to avoid any conflicts, I quickly offered to terminate the interview and finish at another time. The interviewees did not want to do this, at which point I promptly and politely introduced myself to the partner explaining loosely about the sports research their partner was engaged with. I assured both of them I was happy to reschedule the interview. Seeking to show I was not a threat, I found being open and friendly towards partners seemed to help them be more at ease. For the partners who stayed for any significant length of time I did find this challenging however because this changed the dynamic of the interview. For example, I found that the partner often 'took over' the interview and ended up doing more talking, both on behalf of herself and her partner, than the interviewee did. This was infrequent however. Usually the partner would leave and come back later, or have a cup of tea and then leave whereupon the interviews continued.

These interviews made me consider more closely the research process and caused me to re-evaluate my own research skills. In each of these situations I felt I learned something valuable as a researcher. With the subdued participant it helped me be more responsive and sensitive, both to location of interview, giving control to the participant and the importance of being sensitive. With the distracted

respondent I learned the value of reiterating the expected time interviews would take and writing down the areas we needed to cover for the participant, and the value of being patient and allowing sufficient time. With the participant who felt they had done "nothing" I learned the value of having structured materials to hand to help prompt and encourage the participant. I felt each encounter helped me be more aware and responsive to unexpected situations.

3.7   Ethical and Political Issues

Protecting the Participants

There are a number of ethical and moral dilemmas that face any researcher. Researchers have a responsibility both to safeguard the proper interests of those involved in or affected by their work, and report their findings accurately and truthfully (BSA 2002:2). It is important to consider the effects of the researcher and the consequences of their work or its misuse for those they study and other interested parties (ibid.). Although criminologists and sociologists, like other researchers 'are committed to the advancement of knowledge that goal does not, of itself, provide entitlement to override the rights of others' (BSA 2002:2). The rights of those that are involved in the research must be respected. Researchers have the responsibility to ensure that the physical, social and psychological wellbeing of research participants are not adversely affected by the research (ibid.) and it was thus important to consider strategies required to protect them (Liamputtong 2007).

This involved going through each gatekeeper, and allowing sufficient time for this to be executed properly. It also involved gaining informed consent from the respondents and ensuring confidentiality, and emphasising that participation or non-participation in the research would not affect their access to Second Chance, treatment or their key workers. I kept interviewee data, and interview materials locked in a filing cabinet. I received written agreement from the transcriptionist that she would destroy the interviews once transcribed. It was important to gain the participants' trust, and make it clear they could withdraw from the research at any point. Withdrawing from the field was also an important part of seeking to protect the participants. The process of withdrawing was done in a number of ways, and

included recapping after the first and second interview that there were three in total which helped keep an 'end point' in mind. At the end of each interview, but particularly the last, I appreciatively thanked the respondent, and emphasised again how valuable their contribution and time was to the research. Where interviewees were still attending Second Chance, I told them I hoped to see them at future tournaments and I did continue to attend occasional regional tournaments for several months. Where participants were no longer attending Second Chance I told them they would always be welcome back. When they were interested in doing this I gave them the contact details of the SDO, and asked if they wanted me to ask the SDO to contact them. This happened regularly.

Researcher Safety

It was important to also consider my own physical safety during the fieldwork (Neale et al. 2007). The fact that I was often carrying vouchers around with me accentuated this further. I ensured all interviews took place in a public area (such as quiet coffee shops) (Appleton 2009). During the first round of interviews the location of interview was always at the Second Chance session or the respondents' treatment centres. The follow-ups interviews often took place in quiet coffee shops as respondents who were no longer on Second Chance or in treatment, for example, said they felt more comfortable in a setting outside of these locations. On these occasions I ensured a supervisor knew of my whereabouts and I called them afterwards to let them know the interview was completed successfully.

It is also important to consider the researcher's emotional safety during research (ibid), this shall be discussed subsequently.

Research vs. Involvement

Rhodes and Coomber (2010) call for addiction researchers to stand back from their engagement in the research process to reflect upon how their interpretations shape the knowledge they produce, and there is an increasing emphasis for researchers to be reflexive in their roles (Brackenridge 1999). Brackenridge (ibid) cites Pearsall (1988:1559) in defining reflexivity as '(a method or theory in the social sciences) taking account of itself or of the effect of the personality or presence of the researcher on what is being investigated'. Kleinman and Copp (1993:46) warn that when the interviewer-

interviewee relationship is good we need to be *most* conscious of how this may affect the interview. They discuss how qualitative researchers often hear "mixed messages" about developing close ties with interviewees but also remaining detached. Using their experiences of research they suggest the key things to make "sociological sense" involves thinking, talking and writing about their own feelings throughout the research process. With this in mind I tried to remain aware of "over-rapport" (Liamputtong 2007), and of the difficulties sometimes associated achieving the correct level (ibd). One potential problem is that the researcher can become so adjusted to the views of the subjects that they become unbalanced in how they receive other sources of information or perspectives (ibd).

In addition to my two university supervisors, I also had a third 'field' supervisor, who agreed to voluntarily provide further support. With his considerable experience of work in the field of substance misuse and recovery, his role was to help me to keep the research grounded and meaningful. He was also my point of contact should any issues of concern arise. In terms of systematically managing and analyse the data this was the most useful support I had. During the field work and initial stages of analysis I met with him monthly or bimonthly, in order to discuss what I was finding and whether I had any particular concerns. This helped me to know the line between 'research' and 'involvement'. For example, one participant was increasingly struggling with an alcohol problem but reported consistently that he could not find support. Although this was the case with others also, this respondent appeared to be in increasingly troubling circumstances. In his last interview he told me that he had tried to commit suicide because he had become so desperate with waiting to go into detox. Again, while other respondents also had described trying to commit suicide since their previous interview, those individuals also stated that they had support which was helping them, to varying degrees, manage. This respondent did not however. My field supervisor suggested that I gave him some information for a support service which might be able to help him. Other examples included participants telling me they were planning to go back to prison, return to crime or relapse, and in several instances this did happen. It was clear at these times the respondents were very distressed. At the same time as wanting to encourage the participant to feel comfortable talking openly to me, I knew I had to be careful not to give advice (White 1993) but at the same time it felt wrong not to do

something. Speaking to my field supervisor helped me to deal with these situations and this usually involved encouraging the participant to speak to their key worker, in a small number of occasions in the absence of this support finding relevant information and support that might signpost them to help. A great deal of gratitude and thanks is owed in particular to my field supervisor for his time, advice, and experience. This role helped me to tread the line between research and involvement, and manage the data objectively and systematically. Overall, his support and guidance helped me to stay focused, positive, enjoy and have a sustained enthusiasm for the research study.

Kleinmann and Copp (1993) note that regardless of gender, or whether one is a stranger or familiar, it is inevitable that during the course of fieldwork, relationships are formed, and that if any length of time is spent in the field, then it is more than likely that the nature of relationships and roles in which the fieldworkers find themselves in will change. Relationships in fieldwork are fluid over time and attitudes change and can be 'multidimensional' (Reinharz 1992:70) at any time. As the research progressed, I was aware of my own feelings of attachment growing towards participants and my concern for them increased. This was a dilemma I struggled to make sense of, within myself, at many points and I personally found this the hardest aspect of the whole research process. Simply, I did not understand or know what to do with these emotions. Pollner and Emerson (1983) note that while most fieldworkers expect to develop close ties to those they study but also retain some distance, they often concern themselves more with closeness than with distance, and favour intimacy over analysis. For Hammersley and Atkinson (1995) the solution to the complex problem of objectivity is the acceptance of the rationale and process of reflexivity. They state that it is 'futile' to 'isolate a body of data uncontaminated by the researcher' (ibid.). The researcher is limited by his or her upbringing, gender, age and status and their social and political situation will certainly condition any findings (ibid).

However, even in the knowledge of the material which I read, I still often felt confused and isolated by my own feelings during the research. I became concerned and acutely conscious about how this could potentially affect data analysis. I also found, particularly towards the end of each round of interviews, I was more tired than I had anticipated. I was often upset following interviews especially when respondents were having problems that recurred during the follow-up interviews, and my internal

reactions were very difficult and sometimes impossible to shake off. These feelings stayed with me. Jagger (1998:158) points out that "lacking awareness of our own emotional responses frequently results in being more influenced by emotion rather than less".

My reading of the literature on emotions and sensitive research kept bringing me to two tools for protecting the researcher and participants. These were reflexive diary keeping and talking to family, friends or colleagues. I did keep a diary but while this was useful in some ways, rather than making sense of my thoughts it internalised my feelings of confusion. While my field supervisor and a clear process of data analysis helped me to keep the data unbiased and objective, his role was not the sort of clinical supervision I think I may have found useful. Following the fieldwork I began to seek counselling and for the first time I began to understand and objectify my experiences (White and Popovits 2001). I wanted to avoid this happening in the future and my counsellor suggested that I contact a drug and alcohol agency to learn about how and why they supported their staff who worked with 'emotionally scarred people'. Sharing with them my experiences I learned about the package of support which is required of staff and why,

> *If we did have researchers we would ensure that we would have a package of caring for that individual, for the emotional wellbeing of them and the clients and it would look exactly the same as every other staff, whatever their role, we offer them a package of support with 12 modules, transference, assertive behaviour, boundaries for example, and regular supervision to keep them safe as workers, because it is very emotional, traumatic, demanding work and it does affect you. [Manager, drug treatment service]*

It is important to note that I certainly do not think that the research I was doing was in any way especially 'difficult', nor the data collected more disturbing than other research. It is recognised that doctoral research is often a solitary task, also, research is naturally full of 'highs and lows' and often emotional, solitary journeys in themselves (Brackenridge 1999). I also collected more data than I had expected, so again I had anticipated some tiredness. Also, perhaps this experience was just my own inexperience. It is more than likely that it was a combination of all of these reasons. But in reflection I realise that, at the time, knowing and anticipating these factors associated with doing research made me less inclined to take the issues seriously. Instead, I just put them down to 'doing research', instead

of seeking clinical supervision from the outset. So, despite feeling that this experience has made me a more knowledgeable researcher in some ways, I still feel that much time and energy could have been saved if I had have ensured this measure was in place during the field work, to protect myself and the client's wellbeing, and to remain systematic during the data collection and analysis.

3.8   Data Analysis

My initial plan was to transcribe all the interviews myself. I felt strongly about this, viewing transcribing as an important analytical part of the research process through which the opportunity to engage, reflect and understand the data could be achieved (MacLean et al. 2004). Interviewees' tones of voice, subtle expressions and emphases all provide 'quality' and richness to this type of research. I was also aware of how 'thick' the accents of interviewees were, which could be a potential problem for someone unfamiliar with local dialect. I also felt it would help me improve my own interview skills. However, when the interviews amounted to more than expected, I realized how easily and quickly timescales can fall behind.

I promptly looked for a transcriptionist, and, keen to find one of a satisfactory standard (MacLean et al. 2004), I took advice from a research group that I was part of, and from former colleagues. I found three transcribers, sent a section of the same interview to each and then chose the most accurate one. There was only a small difference in the cost, and a considerable difference in the quality. This was a valuable exercise and a good use of the research budget, and I was satisfied with the transcriptionist, a former linguist. I worked closely with her over the rest of the fieldwork and had a good working relationship with her. For example, if there were parts in interviews she could not understand, she brought my attention to them. I had already transcribed most of the first round, but from thereon every interview was transcribed. When I received the transcript, I went through each one myself with the tape, amending errors, and coding it into the software employed. Using the tape was important because there were often errors which altered the meaning of sentences. This process was realistic and necessary and still allowed me to reflect on, and engage with, the data. I had three months between

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each round of interviews to transcribe and analyse data, and four months at the beginning of 2010 going through all the interviews again, analysing and re-analysing the data.

There were four stages I took to analyse the data. 1) taking diary notes as soon as possible after each interview; 2) creating a live spread sheet of the interviewees in Excel, including their key characteristics, and also a narrative under each main area that I had covered (for example 'work', 'other activities', 'drug and alcohol use', 'treatment status', and so on; 3) coding into NVIVO; 4) regular meetings with my field supervisor during which I told him what I was finding, how I was analysing it, and how this fitted with the literature I was reading at the same time.

It was necessary to use software support to help manage (not analyse) the data. The NVIVO software package was selected because it was available, training was offered (which I did several times), as recommended by others, and had an array of functions deemed useful for this project. NVIVO helps researchers to organize complex non numerical or unstructured data. The software allows users to classify, sort and arrange extensive information, examine complex relationships in the data, and combine subtle analyses through descriptive thematic analysis.

3.9   Study Limitations and Considerations

There were several study limitations. First, this study focused on only 19 individuals and more specifically it gave independent attention to two groups of 11 and eight within this. Even including the full cohort of 49 respondents, the small sample size obviously negated any generalising. On the other hand this allowed for a relatively in-depth, almost case study analysis of the individuals and the processes at work. As desistance and recovery are very individual experiences, warnings are often issued in relation to making generalisations and so in this sense the sample size was well placed. Second, the sample of 19 were all male, and this too should be taken into consideration. In the whole sample there were only eight women, although this matched the gender breakdown of Second Chance when they were recruited. The fact that I was female interviewing males may have affected the data. Perhaps because I developed a research relationship with respondents through the follow-up

interviews this may also have affected their responses to certain issues. More broadly, the fact that I was a researcher may have affected the process over the course of the interviews, as Vaughan (2007) pointed out,

> If identity is a process, then researchers must realize that this presents them with a radicalized notion of the double hermeneutic (Giddens 1984: 284–6). It is not just that social reality is already pre-interpreted prior to any analysis by the researcher, but that he or she may be abetting the desister in constructing a new identity.

Another limitation was that the interviews only covered one year, and three small blocks of time across this. Desistance and recovery are processes which evolve over time, and so the study could only examine these concepts, at least prospectively, to a limited extent. Further, turning points can only be accurately realized over a longer course (Hser 2011), and so this concept could only be explored tentatively and hypothetically. A broader limitation on the extent to which the data could be explored (especially those who dropped out of Second Chance) was limited by the space available in this research study. Other limitations and considerations included that there was no control group, mediating variables would certainly have been difficult to account for, but a group who had never engaged on Second Chance may have provided interesting comparisons.

From a practical point of view there are several steps which I could have got in place before I started the fieldwork. I would have ensured that I planned more carefully and systematically, and been more prepared for the data I collected. I should have planned for 100% follow up. As it was I prepared myself for a high attrition rate and so I did not handle the data as efficiently as I could have done otherwise within the timeframes. Better planning would have included for example resolving to get all the interviews transcribed; finding a suitable transcriptionist prior to the fieldwork; having a better-articulated plan of how I would analyse the data; and, building in regular clinical supervision meetings during, and post, the fieldwork. Clinical supervision might have included using on a set and regular basis the university's free counselling service. This might have been a practical step, taken as a matter of practice, with the aim of 'prevention' as opposed to anything else.

This chapter has so far described the methods employed for this study and an honest account of the way in which the research has been carried out, in the reflexive tradition. Next, the study's theoretical framework is examined.

Part II

The next chapter shall present the first of three findings chapters by introducing and examining the 19 research study participants as a group.

4

Onset, Course, Cessation

4.1   Introduction

Life course theories of crime and substance use highlight the need to consider onset, course, relapse, turning points and desistance (Hser et al 2007). Key assumptions are that people's lives unfold over time, and that the present can only be understood with a knowledge of the past. At the same time, while 'risk factors' such as early onset of drugs and crime are associated with later deviance, longitudinal studies have found little correlation with long term desistance (Laub and Sampson 2003).

With this in mind, this chapter provides a general background to the 19 respondents who continued to attend Second Chance during the period of the fieldwork[6]. The participants were male and their average age was 33 years old, and they were all in some form of treatment for their alcohol or drug use problems in their first interview. Their primary addicting substance was heroin (n=12), alcohol (n=4), and stimulants and cannabis (n=3), although they all described themselves poly-drug users. Appendix 1 outlines this groups' key characteristics.

This chapter is divided into two parts. Part I gives a broad overview of the respondents' general life situation up to the point at which they started Second Chance. Here the aim is to provide an understanding of some of the conditions in which respondents grew up, and some of the significant challenges they faced in their adulthood. Following standard criminological discourse this discussion

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6   As noted previously, the 30 individuals who dropped out of Second Chance at various points during the fieldwork, while still re-interviewed wherever possible, have not been examined in the findings of this study. The main reason for this was because doing so would inevitably mean a loss in detail as to how Second Chance was meaningful to respondents, and how this meaning prospectively developed for them over a period of 12 months.

is based predominantly on a deficit model, illustrating the problems and handicaps the respondents faced rather than emphasising the groups' collective strengths and talents, (chapter 5 offers a more positive story). Participants' education and employment experiences are outlined, followed by their substance using trajectories.

Part II introduces Second Chance and how respondents came to find it. When the participants started Second Chance they had been desisting for an average of just less than one year. Here the focus is upon the meaning they attached to the programme in the beginning, including their reasons for joining, and their hopes and expectations from it. While the overall study emphasises a prospective focus, these retrospective accounts still provide important insight into the meaning respondents attached both to Second Chance and other areas in their lives, both prior to and during the fieldwork.

Part I – Looking Back

4.2   Education and Employment

Most of the 19 interviewees left school when they were aged 16 years but the average age of leaving for the group was 15 years old. The age of leaving school ranged from 13 – 17 years, highlighting the varied outcome in this respect for the respondents. As a group this is not untypical when compared to England as a whole; at the end of 2009, for instance, 11% of all 16 to 18 year olds were still outside education, training or work (Department of Health 2010). That said, a recurring theme in respondents' descriptions of school years was that they spent very little time going to their classes, regardless of the age at which they officially left school. This absence related either to being kicked out of lessons for bad behaviour, or choosing to miss classes, with over two thirds of the interviewees reporting that they rarely went to their lessons, especially in their latter school years, as Ed described in his first interview,

> *I never really liked school to be honest, in fact I must of hated it, cos I were never there. But I liked sports thing, I were on the teams, aye I played for the county and that. But then if I did something wrong in school they knew, and they'd be "right you can't play in this team you can't…" so I kind of lost out in that way. And then*

expelled and then fighting, and trying to make a name for yourself at school, wanting to be best fighter, and secondary school it got worse. [Ed, 1[7]]

Steven on the other hand used to miss classes altogether, preferring to spend this time with his friends drinking alcohol and smoking cannabis,

I first started drinking, and smoking dope when I was a kid right … fourteen, fifteen. I used to dodge school, I used to never turn up for classes and that do you know what I mean? And we would go down the park, it used to be called the Dene. We used to smoke dope and that down there when we were kids and that. [Steven, 1]

Truanting or being kicked out of class was felt to be the norm for most interviewees as Dan recalled,

SL	*Did you go to lessons and stuff like that?*
Dan[1]	*Aye, but I was kicked out a lot like.*
SL:	*How do you mean kicked out? You mean expelled?*
Dan[1]	*Aye. Well, aye but more from classes for like bad behaviour and that, aye I was out a canny bit. One more and I was out for good. I was just always not paying attention, just talking… like there were a canny few of us used to get kicked out. At school…its normal isn't it school, it's just shit. You didn't really want to be there but then when you leave you wish you were back!*

Some respondents, like Paul for instance, felt their attendance had been 'good' compared to some of their other classmates,

Paul[1]:	*Well, out of the full five years I got 38% attendance. So that's a lot…38% out of the full five years, compared to some of the others it is.*
SL:	*So where were you when you weren't in school?*
Paul[1]:	*Nicking off. Getting stoned with my mates from school that I was nicking off with.*
SL:	*Did you get much out of school?*
Paul[1]:	*Did I fuck! Nah! I wish I could go back though, so I could get a proper education and that. Go to school, learn to read and write do you know what I mean?*

Paul's comment about illiteracy was reiterated among other respondents also. Just less than half of the respondents described problems with reading and writing during school, and these issues continued

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7   The number beside each person's name represents the interview from which the quote was extracted..

into their adulthood. This was remembered as embarrassing for respondents, and, feeling unsupported by their teachers, directly contributed to their motivations to miss class, as Liam and Lewis explained,

When I used to go to school right I was ashamed to admit it, but now I'm not. Like if the teacher used to say read this out or copy this I didn't know how to do it and I just used to fucking…I don't know, do something to get myself kicked out. So I didn't used to go to the lessons that I couldn't do, because I couldn't do it because I wouldn't admit it, that I couldn't read and that in front of people. [Liam, 1]

Since I've left school and that it has got better [reading and writing skills], because we were just left in the classroom, we were put with special needs kids do you know what I mean? We were in the classroom on our own to get on with it do you know what I mean? Just left in a room so you're not going to learn. So it wasn't long before I just didn't bother going, and I've learnt more on my own in the ten years since I've left school than what I did when I was at school! [Lewis, 1]

Illiteracy was experienced by eight respondents and these issues appeared to have a direct and negative impact on their confidence and motivation to stay in school. More broadly, even those who had no problems reading or writing often felt, at least at the time, that school had little to offer them. Thus they preferred to miss classes, usually with their friends, whenever possible, and this was seen as a 'normal' part of their everyday life. Consequently less than a third of the participants left school having gained any qualifications. Again, this is not especially unusual in comparison to national statistics. In 2003/04 one in six of the working-age population lack basic literacy skills, with the North East rated the highest (22%) in England (Skills for Life Survey 2002/03). In the UK in 2009/10 half of young adults (under the age of 19 years old) had not obtained Level 2 qualifications at age 16. One per cent (6,000) of pupils in England aged 16 years old obtained no qualifications in 2009/10. This proportion is lower than either five years previously (3%) or ten years previously (6%). However, caution should be taken when comparing those statistics over time, as the scope of what counts as a qualification has been widened, the range of possible qualifications has increased, and, some pupils without any qualifications are no longer included in the statistics (http://www.poverty.org.uk/26/index.shtml?2#g2).

Respondents were asked how they recalled spending their time when they were missing classes. Virtually everyone reported that this time had been typically spent experimenting with alcohol and drugs and committing petty crimes. This too had been found in UK surveys. Between the years of 2003 and 2008 pupils in England who had truanted or been excluded from school were more likely to report taking drugs at least once a month than those who had not truanted or been excluded (11% and 1% respectively). The same trend was found for Class A drug use, with 12% of pupils who had truanted or been excluded having used them in the last year compared to 1% of pupils who had not truanted or been excluded. The proportion of excluded or truanting pupils who were frequent drug users was 11% (National Centre for Social Research 2008).

Yet despite leaving school with few qualifications and continued illiteracy, most respondents did go on to find employment and gain qualifications, showing a motivation to work. While only one respondent had been employed in the last four years at the research outset 12 individuals had worked at some point. Typically those jobs were cash in hand ('fiddle work'), or factory-based jobs, as Robbie and Jake described,

> *I left school when I was nearly fifteen, well I was fourteen but I was like closer to fifteen if you know what I mean? And then I got a job in Blue factory, and I was on £216 a week. No qualifications whatsoever and I have had about six jobs [laughing]! [Jake, 1]*

> *I worked in Jos Factory, Crispen factory, JESP – it's for people who don't go to school – painting and decorating, then I went to another factory, and then I went to the Food factory ... Aye I've had a couple of jobs me. [Robbie,1]*

Qualifications following school were also achieved by eight interviewees and included for example brick laying, joinery, plastering and factory-based qualifications. Six respondents had gained sports-based qualifications in prison, and a further six had achieved at least one NVQ. The qualifications were gained in different settings, as Peter and Chris described,

> *I never done no GCSEs but I've got about three qualifications off when I worked at Walkers Crisp Factory, and two off when I was in jail [Peter,1].*

> *I got all me qualifications when I was in prison. I did loads of courses – I did me BAWLAs, Level 1 coaching, eh, I was a gym orderly so I did the course for that. English and that. Aye I've done a few courses me. [Chris, 1]*

Despite respondents successfully finding work however, and some gaining qualifications, two recurring problems were encountered. The result was that virtually no-one retained a job for longer than a year, nor used the qualifications they had achieved.

Problem One: Economic Recession, Multiple Deprivation. The North East of England has been characterised by severe levels of unemployment, and multiple deprivation in the latter half of the twentieth century (Communities and Local Government 2009). In 2001 the UK Treasury (HM Treasury 2001) reported that the region had the lowest income per head, the largest proportion of communities characterised by multiple forms of deprivation, the lowest rates of employment, and the lowest levels of educational attainment. Although the region experienced strong employment growth at beginning of the 2000s, almost all of this growth occurred in the public sector while "worklessness" and inactivity (i.e. hidden unemployment) affected numerous localities across the region.

It comes as no surprise, then, that according to the respondents in this study, there simply were not many available jobs, and those which they did find were usually short term. This was particularly exaggerated in the areas where most of the respondents lived, which were particularly high in their levels of multiple deprivation and unemployment.

Problem Two: Incompatible Lifestyles. The second problem related to the respondents' lifestyles outside their intermittent episodes of employment. These lifestyles were simply incompatible with the responsibilities which most jobs required. This included poor timekeeping, fighting (both in and out of the workplace), and their developing substance misuse, as Robbie and Peter recalled,

> *Smith's was just an agency job, they stopped taking people on because they weren't selling much products and they were laying people off. But I was the first to go cos I was 'unreliable' or something. The next job I lost cos they were laying people off, um… Simpsons Food I got the sack because I was always in trouble fighting and that, I stabbed a lad in 2001 [and] because my court case was a full year I had to take a*

day off every week for a full year and they're like 'you can't do it. It's not fair on other people'. They said it was my lack of time keeping. [Robbie, 1]

So I went [started work] in end of 2003, and I stopped working there 2005. I was just going into work just totally off my face. But I used to work night shifts as well. I worked permanent night shift, ten at night until six in the morning, and I used to go in like full of gear and that. It makes you feel drowsy anyway. Do you know what I mean? So you can imagine me at three o'clock in the morning on the machines falling asleep. [Peter, 1]

Following school over half the respondents found employment while others gained qualifications in various disciplines. But there were few opportunities for most to use the qualifications they acquired, and those who did find work did not manage to keep their job for more than a year. This was due to significant economic instabilities at the time affecting the UK, and particularly the areas in which the respondents lived. Coupled with respondents' unstructured and often difficult lifestyles outside of work, this compounded the difficulty of finding stable employment.

4.3   Substance Use

The previous sections in the chapter touched upon the fact that respondents began using alcohol and drugs during their school years. The following section develops this theme, by providing an overview of respondents' drug-using trajectories up to the point when they were first interviewed for this research. In keeping with life-course developmental perspectives, the 'onset', 'course', and 'cessation' are outlined, while 'desistance' is introduced in Part Two.

It is worth remembering that trajectories of offending do not unfold in a uniform pattern during the life course. Developmental life-course theories emphasise that irrespective of when a person starts to use drugs or offend, careers follow a variety of lengths and patterns, and that much of this depends on later developments during the life-course (Thornberry 2005). Robins (1978) noted that most antisocial adults were antisocial children, but most antisocial children do not become antisocial adults. This is helpful to remember, in part because respondents' drug use trajectories were varied (for example in relation to age, drug of choice, or length of time since last use). However, it is also helpful to

remember because the focus of this study was on the cognitive processes which respondents experienced during the fieldwork, and less about objective measures.

Onset

During the interviewees' school years they began to experiment with drugs. As McIntosh and McKeganey (2002) also found, a typical route into using drugs involved experimenting with softer drugs like cannabis in early teens, followed by progression onto stronger drugs in later teens and early twenties. For all of the participants, their first introduction into psychoactive substances was with alcohol and cigarettes, and this began at an average age of 12. According to the Statistics on Drug Misuse for England 2009 survey (NHS 2009), of the estimated 3.1million pupils surveyed aged between 11 and 15 years old, 51% had drunk alcohol at least once, 29% had smoked cigarettes and 22% had used drugs. The proportion of pupils who had done at least one of these increased with age, from 26% of 11 year olds to 87% of 15 year olds. Thus, the profile described by the people in this study is consistent with that of the UK.

While each person's life history was unique, all respondents' reasons given for starting were closely bound up in their social networks at the time, and this is consistent with the addiction-literature (McIntosh and McKeganey 2002). However, as McIntosh and McKeganey (2002) also found, this sort of peer influence was rarely experienced as direct pressure, but rather as a desire to do what friends were doing, or because it was viewed as the norm. In virtually every case, these former days were reflected back upon as a time of good fun, as the following participants recalled,

> *It was fun really with all your mates and that, good lads and that, once a week, getting drunk and that, get a crate, it was good. That's what I mean I wish I could go back to that age but I wouldn't like to have done the drugs, I would still have had a drink and that. But I wouldn't have done the drugs. [Paul, 1]*

> *Don't know why I started in the first place like. Peer pressure I think it was, more peer pressure [than anything else]. I was like a people pleaser. Whatever the in-crowd was doing, well it weren't the in-crowd it was just associates now I know, I'd follow suit sort of thing. [George, 1]*

Often respondents had felt there was nothing better to do in their area, reinforcing the notion that this drug use was the norm. This was particularly common among respondents living outside main cities and in particularly deprived areas.

> *Drinking. Smoking drugs, gettin in trouble. Basically just out all day every day drinking, smoking, cannabis an that. I mean, it's not a life, you know what I mean? But at the time, it's the only thing that was like...you could do around our end cos there was nothing, well cos there was nothing available. [Lewis, 1]*

> *I was about seventeen, the area I lived in everybody was doing it. And...I don't know, there was nothing better to do so I just started, and then I started on like small stuff, weed you know, E's, speed, that sort of thing, and then went on to coke, and then it just carried on from there really. [Jo, 1]*

The perception of using drugs as a normal part of life growing up has also been found in other studies. For instance a study by The Royal Society for the encouragement of Arts, Manufacturers and Commerce (RSA) (Daddow and Broome 2010), found that of their 152 respondents, substance use was part of growing up, and considered normal in their circles of family and friends. Participants felt that the network of circumstances in which people found themselves was one of the most difficult to break.

All the respondents in this study started their drug use with alcohol and cannabis. Onset was related to their social networks, and the view that it was desirable because it was 'cool', or because there was nothing better to do and thus what "everybody was doing". Implicit in this was easy access to substances and the simple fact that for most people, at least to begin with, it was felt to be good fun.

Course

Progression onto stronger substances followed a similar pattern to that of onset, whereby respondents were in situations where it was readily available, and this was what their peers were doing at the time. Some respondents described more hesitation and resistance at this point, as they talked about being around those people who were using for some time before they started to do so themselves, as the following respondents described,

I started taking drugs when I was about 11 – smoking cannabis and taking speed and that. That just carried on till I was about 15, 16. And then I was hanging around with my friend, and my friend ended up on smack. I was sitting about at theirs, I wasn't even bothered about it. They were sitting there smoking [heroin] and they'd be like 'do you want some?' 'There you are, keep it'. Know what I mean? And then just after a while someone asked me again, I goes 'yeah go on then'. I just ended up having some, and then I ended up with a habit further down the line. [Sam, 1]

SL:	*How did you get into using…*
Luke [1]:	*Drugs? My mates did it at school. The last year at school that's when I got into heroin, me last year at school.*
SL:	*Can you talk me through what happened?*
Luke [1]:	*I used to drink and that on a Friday with all my mates, there would be like forty of us and there were loads of drinking on a Friday night. I started smoking dope and went up a bit to other drugs like whizz and E's that, nicking off school and a canny while after that's when I started the heroin. Uh, a couple of mates started taking it, well a canny few of them did, and I didn't. And it was about halfway through the day one time, I had a go [of heroin] when I was over at Silvertown. I didn't really like it, and it was about three months later I had some [more] with me mates from Whitetown, they were doing it and I bought one, and I was sick all over. It was horrible. And then they said 'that's cos it's your first proper go', so I had some more the next day. It went from there and we used to go to this old allotment, every day really.*
SL:	*How old were you then?*
Luke[1]:	*Fifteen.*

For all the respondents progression onto stronger substances was closely related to the activities they were doing at the time and within that the social networks they had. Robbie for example started using heroin when he was in prison,

I had a first taste of it [heroin] in prison. 28 [years old], when I done a couple of months for a driving offence. In my sort of scene there was a couple of friends and associates from my area in [prison] at the same time and my pal was coming in bringing us marijuana and pills which I was selling on inside. I had plenty friends around us because I had plenty of tobacco, plenty of money, so I said can I get some of that [heroin] cos I'd never experienced it. It was just something that was there that could be done, it was like eight hours passed away and I felt as if it was only an hour, so I thought 'this is a canny way of killing time off'. [Robbie, 1]

As Robbie described the ease with which he could gain access to using heroin through his social network in prison, Peter similarly described how his introduction to stronger drugs was through friends,

> *It was just curiosity really, curiosity and one of my friends was taking it. Do you know what I mean? So it was like easy to get hold of because he was taking it every day and I would go out with him and take it, and then I ended up getting addicted to it. First I was like smoking it, and then I started injecting do you know what I mean? It's just been downhill ever since really. [Peter, 1]*

The influence of social networks in relation to substance use has also been identified as an important mediator in persistence and desistance (Klingemann et al 2009), and as respondents began to move to more powerful drugs this theme continued. In particular, as use progressed, more frequent references were made about the influence of partners, who were also using drugs at the time,

> *There was this lass that I used to go with and she first got us into heroin. I bumped into her one night and we were sitting having a drink, the next morning I got up and she was sitting down the stairs on the floor do you know what I mean? I'd never done it before do you know what I mean? I'd seen it but I'd never tried it before and she was like that, 'oh do you want some' [and] all that do you know what I mean? 'Aye. Yeah. I'll try it'. And it was great. It was excellent! But…it was too addictive, far too addictive because then she used to come around all the time, come around to my house, when I was seeing her. Every time I was seeing her she was always doing that [heroin] as well do you what I mean? And I was doing it as well with her, and I ended up getting addicted. Ever since then I was in and out of jail right up until I was…maybe two or three years ago was the last time I was in the jail. And…that was when I came off heroin, I've been in and out of jail since I was sixteen years old, right up until I was thirty which is not fucking a very nice thing to say do you know what I mean? But…that's the truth. [Dan, 1]*

> *I got with a lass and she was on it. She was smoking in front of us and I just ended up…if you were a bloke I would tell you why I started taking it – it wasn't that I liked it, [or] enjoyed it, I started using it just on a night right, and then after a couple of month I just started rattling, do you know what I mean? I didn't have a clue about smack. But I knew I was rattling because I'd seen kids in jail rattling, you know what I mean? So I knew what the symptoms were. [Peter, 1]*

As respondents described their alcohol and drug using careers progressing over time, the role of partners became a recurring theme among several respondents. For these individuals, and as other

studies have found (for example Schroeder et al. 2007), partners were more often associated with persistence than desistance. This contradicts other findings wherein partners are associated with desistance from crime and drugs (Laub and Sampson 2003). Schroeder et al. (2007) found the same in their evaluation of the Ohio life-course study, which spanned 21 years and included three interview waves with 254 respondents (half male, half female), which highlighted the influence of social networks. In particular, 'romantic partners' (p197) who themselves were involved in criminality, played a significant role in the respondents' continued drug use (Schroeder et al. 2007). This theme is returned to in Chapter 6.

While progression to more powerful substances for most respondents was related to a desire to do what peers were doing, for some interviewees this was not the case. Sometimes progression, or escalation of use, was a conscious decision taken in the hope it would help them to cope with painful emotions. Ed, for example, started using heroin following the loss of his daughter in a custody battle. At the time, and for seven years prior to this, he was a drug dealer but had never used heroin himself. But his life as a dealer was becoming increasingly pressured and stressful. Around the same time his personal relationships began to suffer, and he lost his daughter in the custody battle. At this point he started using heroin in the hope it would help him manage the emotional pain and stress,

> *I just tried it [heroin] on foil at first, and, when you're stressed to death or it doesn't matter what problems you've got – it could be a death in the family – once you've smoked heroin that hurt and all that will go away and it'll make you feel relaxed as you've ever felt in your life. [Ed, 1]*

Echoing Ed's reflections, Timmy described starting heroin following a death in his family,

> *I started using heroin as soon as me sister died. I was taking ecstasy, selling it, I just wanted a change. Seen some mates who offered me it I took it. Then I started selling ecstasy so I had enough money and from the E to get the dope an that and then I started doing the gear instead. [Timmy, 1]*

George's use of heroin escalated following the breakdown his marriage,

A key turning point was when I got really bad into it [heroin] when the separation happened, when I was thirty-two. Cos I was that down at what I'd lost you know what I mean? You don't realise what you've got until you lose it. That was a big turning point, I buried and buried myself deeper and deeper into drugs until the money ran out and then I started committing crime. [George, 1]

Whichever the route into using, progression and escalation, respondents were clear that a fundamental part of their reasons for using was because, at least in the beginning, it made them feel good, or better (McIntosh and McKeganey 2002). Ed reflected this point saying,

I would imagine most people would take drugs if it gave them [that feeling] like the first time you have it, how nice it is, and what it does. And if there were no after-effects to that then I think I'd probably still be on drugs now. But there is. There's a consequence and everything to them in there, so, uh, and it's a chemical inside you, it's got to do some long-term damage if you're on long-term use, which it has with me and, and I'm sure it has with most people. [Ed, 1]

With some variation, a typical pattern of escalation was that stimulant users had the quickest escalation (less than one year from first use to daily use), followed by those using heroin (one and a half years from first use to daily use). The slowest rate of escalation was among the alcohol respondents who described using for an average of 7 years before they were using daily (see also Best et al. 2008).

All the respondents agreed that their social networks (and therein easy access to substances), and circumstances in which their lives unfolded, made onset and progression of use straightforward and a 'normal' process. Respondents' situated choice in relation to drug use was rooted in low engagement at school and employment, a perceived lack of things to do to fill their time, and being with other similarly situated individuals.

Progression and Escalation

The interviewees were using substances from their pre- and early teens, and this use continued to become more regular and involved more powerful substances. But, despite escalating habits, none of the respondents expected to become addicted, and realizing that they were came as an unwelcome

surprise. While McIntosh and McKeganey (2002) also found this among their respondents, a national survey of pupils in England between 2001 and 2008 reported that the respondents showed "a high level of awareness of illegal drugs" with 94% having "heard of" cocaine (94%) heroin (92%) and cannabis (90%). There was no correlation found between awareness of individual drugs and the prevalence of their use, and the extent to which this awareness was understood by the pupils was not provided in the report (The Health and Social Care Information Centre 2008:10). The respondents in this study said they knew they were addicted when they did not have access to the substances they were addicted to for a period of time and, as a result, they experienced unpleasant withdrawals, as the following people described,

> SL: *Did you think that you would get addicted when you first started?*
> Peter[1]: *No. I used to mock my mate at school when he was on it. A few of us did. Then I ended up on it, then half the school ended up on it.*
> SL: *So how did you know when you were addicted?*
> Peter[1]: *I didn't know at all me. I just remember I didn't have it one day, I was up all night just tossing and turning couldn't get to sleep, my legs were going mad. I saw my mate the next day and he said you look knackered I said 'I've had no sleep at all'. He said 'you've been rattling all night'.*

> *When I didn't have the drugs in us that's when I knew it was a problem... you're comfortably numb when you're having your drugs, you cope, once that's took away you're not coping and you're not thinking rationally, like if I tried to shop without the drugs in me I couldn't think, because my brain just didn't want to work. There's a little fella in the back of your head saying 'you <u>need</u> your heroin you <u>need</u> your heroin' before you can start thinking again. That's how horrible...that's how nasty...that's what it does to you. [Robbie, 1]*

> *At first it starts off as not an addiction but something you like. And then if you do it too much then like you start craving it. And then it's like a cross then between an addiction and like a wanting it. And then after a while your body like ... when I tried to stop a couple of times my heart stopped and I just collapsed. That's my body needing it. I'd had enough of it but my body needed it then, it got that used to it. [Sam, 1]*

Some respondents described recognising that their use was a problem because of how unhappy they felt, attributing much of this to their substance use problems,

When I started to lose…when I was working I was taking drugs and like I started to lose all my jobs and then I started losing all my self-confidence…like it [using] makes you happy, but when you're coming down you lose self-confidence and I was just…didn't feel confidence in myself anymore. I wouldn't go for jobs, like I wouldn't apply for a job and just…I thought to myself that I would have to stop but I just…I couldn't do it. It was something to make us happy and that's the only reason I was taking them, because I was sick of feeling like shit. Just…I wouldn't go out of the house. I wouldn't talk to anyone, I had no self-confidence, I wouldn't talk to any of my mates. [Jo, 1]

Life was like for me [long pause] I felt as though I just wanted to jump off every bridge I came to; I wanted to kill myself basically because life was shit. I didn't feel as though there was anything worth…worth being here for. I didn't…my self-worth was just crap you know? Um…I felt as though I was a failure in life, I didn't feel like I was getting anywhere you know? [Dan, 1]

Other respondents continued to have easy access to substances but knew they were addicted, and that it was a problem, when they felt everything around them was in chaos as a result of their substance use. As Ed, Paul and Jake described their situations as follows,

Ah, just because of everything what was around me and everything I was doing led to drugs. People see you taking them because they make you feel good, but I was so alone; it made me feel bad as well, you know what I mean? It's like 'why am I doing this?' and, and then you do it again [and] it's 'Damn! What's the matter with me! Why, why does this do this to me?!' And so that's about the time you realise that there's a big problem. [Ed, 1]

[It's] the way it makes me feel, you know what I mean? And that's the pain and everything inside, and everything I know what goes with that, um, and I know how I am when, when I use the drugs so why would I want to do it, you know what I mean? Because there is no, there is no excitement there after a short while, [not one] you can hold onto. The first one I had was lovely and all that, but again that's fairly basic. The first one I had <u>was</u>, was lovely, but it's everything that comes after. All the baggage that comes with it. [Paul, 1]

You can start off saying 'I'm not going to use, I don't want to use, I'm not going to use drugs, they're horrible', and you're seeing people who are in a mess and the state of them now. And I've got to this too...so why would you put yourself back into that, that situation? And that's cos your head just plays tricks on you, you know? And the longer you sit there and dwell on it, it will blag you to do it. And you will do it, and then you'll justify doing it, and you'll say everything [like] 'there's nowt wrong with it, there's nowt wrong with me', and 'it's everybody else's fault'. It's devious, it's...everything, every horrible thing, that's what drugs is, <u>that's</u> what drugs is. [Jake, 1]

Some respondents described their increasing tolerance of the substances they were now consuming every day as another indication that their use was a problem, as Chris described,

> *When you're smoking your tolerance builds up so instead of like when I first started on like two or three pounds worth, then after a week it would go up to like a fiver, then you need £10 and then £20, and it got to the stage where I was spending like £50, so from smoking it to injecting rather than going out spending £50 I would spend £10 and inject it to get the same...but then that starts building up. It's another tolerance thing you know what I mean? Obviously that was when I was like 'well I cannit afford the 50 quid carry-on so I'll inject a tenner', and that was getting us through the day. So I thought 'well that's a cheaper way', you know? But that escalates as well! Just like the smoking. [Chris, 1]*

Respondents said they knew that they were addicted when they experienced unpleasant withdrawals when they did not use substances for a period of time. They said they knew that their use was a problem when they felt their lives had become chaotic as a result of their use, or felt deeply unhappy with their situations, as the following section describes.

Over time the respondents became more acutely aware that their substance use was a problem as they felt the costs of using increasingly outweighed the benefits those substances had once provided. There is a wealth of research which outlines the sort of experiences the respondents went through as their substance use escalated beyond their control. These were wide and varied and included, for example, stigma from other users and non-users (McIntosh and McKeganey 2002; Mason et al 2001; White 2009), homelessness (Seal 2007; McIntosh and McKeganey 2002; Kemp 2006; Croucher et al 2007), repeat offending and frequent incarceration (Preble and Casey 1969; McSweeney 2005; Croucher et al 2007), damaged personal relationships (McIntosh and McKeganey 2002), and significantly degenerated physical and mental health (Department of Health 2007; NHS, 2009; Daddow and Broome 2010).

Like many people with chronic alcohol and drug problems (Biernacki 1986; Cloud and Granfield 2001a; McIntosh and McKeganey 2002; White 2006) the people in this study had made several, often many, attempts to stop using, yet 'by definition' at some point they started to use again. Reversion to drug abuse is well documented by other research, for example a study of 187 recovered drug and

alcohol users found most of their respondents had several attempts before their last success, with 117 people reporting an average of 4.9 previous attempts at achieving abstinence (Best et al. 2008b). Despite failed attempts, however, the respondents in this study continued to make considerable, often painful, efforts to desist, which indicated two factors clearly. First, there was a unanimous desire to stop using on some levels. Second, remaining drug-free presented a different set of challenges, and involved a different set of skills, from those required to stop, as Ed described,

> *I've went to court I said 'please judge send me to jail' and I had some tablets to help us get through it, and obviously that didn't work you know. I've done hard core one's [detox's] with no medication to suffer, to try and suffer that much I thought that if I suffered that bad, if I experience something that bad I'll not want to experience that anymore. But then that's what I mean, you forget all about that content, further down the line say a year into your recovery you forget all about that, and that all goes out the window you just think 'oh I'll just take it for the buzz'. I've getten off drugs for 6 months, thought 'oh yes…' but not taken everything on board, like in my thinking 'Oh I'm fixed, I'm better again', and you just phhhtt go for it. But when something bad happens you gan' back to the old way of behaviour and start using again. [Ed, 1]*

For the people in this study, the two most frequently cited reasons given for relapses were negative emotions such as guilt, stress, and depression, and, related to the first, was a lack of meaningful things to do with their time, creating a sense of loneliness and isolation. Paul described this point saying,

> *Two things. Boredom, or like arguing with me family, you know what I mean? I'd argue, storm out the house or whatever and have money and just think fuck it I'm gonna buy a bag, and just forget … you buy that first bag cos you're depressed, feeling sorry for yourself, and then that would, ultimately, without a shadow of a doubt, lead to a full blown habit. Know what I mean? So aye, two things: boredom and falling out with me family – that's what used to get me back on it. [Paul, 1]*

All the respondents had made several, usually many, attempts to desist in the past which involved stopping in various ways such as prison, self-detoxing or going to a place far away from other people who were using. But in each case, at some point, they had started to use again and the most common reasons for this were related to negative emotions and a lack of things to do.

Cessation

Just like starting substance misuse was a process, so was stopping. Respondents did not suddenly wake up one day and decide to stop using, but instead there was an accumulation of reasons which amounted to their decision to stop, as Liam put it,

> *It doesn't happen overnight you know. End of the day you've got to be ready yourself. It's all right a lot of people saying it to you – you've got to be ready yourself to do it. You've got to be in the right frame of mind, you've got to want it for yourself you know? It's a lengthy process at the end of the day, you know, it doesn't happen overnight. I want to look after my body now, I've abused it for years, now it's time to take care of it you know? [Liam, 1]*

While every person's experiences were different, their reasons for wanting to stop fell broadly into four categories which were 1) hitting 'rock bottom', 2) tired of the addict-lifestyle, 3) wanting to change for a significant other/others, and 4) wanting to experience something better than what their life on substances was offering them. As the following section shows for virtually every respondent it was an accumulation of these factors which had built up over time, often several years. This reflects the literature, for example Best et al. (2008b) found that among their 107 former addicts, who had been desisting for more than 10 years, the most common reason for finally achieving abstinence was 'tired of the lifestyle', followed by reasons relating to psychological health. They also reported that, in contrast to the reasons given for wanting to stop, when asked how abstinence was sustained, respondents quoted social network factors (moving away from drug-using friends and support from non-using friends), and practical factors such as accommodation and employment, as well as religious or spiritual factors. For McIntosh and McKeganey (and see also Biernacki 1986) the most important factor which differentiates successful attempts from unsuccessful attempts to desist is how, and the degree to which, the person sees himself within each reason he attributes to his decision to stop. Using a symbolic interactionist perspective McIntosh and McKeganey (2002:152) concluded that,

> *...at the heart of successful decisions to exit drug misuse is the recognition by individuals that their identities have been seriously damaged by their addiction and the lifestyle that accompanies it. This in turn, stimulates a desire to restore their identities and to establish a different kind of future for themselves.*

McIntosh and McKeganey (2002:59) outlined two factors which are needed for a successful decision to desist; first a motivation to exit which is more powerful than the fear of stopping; and second, a sense of a future that is potentially different from the present. Importantly, they argued that relapses were not a waste of time but rather provided the respondents with vital time in which to see the extent to which their substance use had negatively affected their lives. Relapses also provided time in which to allow the "addict's residual identity to re-emerge, and for comparisons to be made between it and his or her drug-using persona" (McIntosh and McKeganey 2002:153). These points are referred to throughout this research, including the degree to which Second Chance played a role in this. As some respondents in the present study relapsed during the fieldwork, questions could be raised as to the merit of those individuals' answers in relation to why they wanted to stop – for example, were they 'genuine' responses?. This research does not take that view point. Instead, the analysis suggested that, regardless of the outcome, their stated reasons for wanting to stop still provide important information as to the areas which were important in their lives, and also how they made sense of their lives day-by-day as they were trying to desist. First, the reasons highlighted how they felt about themselves as an addict. Appreciating this helps to contextualize what their self-perception was like when they were desisting and when they started Second Chance. Second, their reasons indicated how they saw a future for themselves as a non-user. Third, their reasons highlighted areas which they felt were most important in their lives.

Stopping for Self

The interviewees' most direct references about wanting to stop for themselves were often made in relation to feeling worn down and worn out by the lifestyle which misusing substances entailed. Peter and Luke said the fact that they were getting older played a part in their desire to give up using, as well as an increasing awareness of how other people viewed and treated them,

> *I was sick of getting in trouble with the police, sick of going to court, sick of people looking down at me, sick of doing the same thing day in and day out. I'm 30 now and…it's old enough to start, like thinking there's more to life than drugs and going shoplifting and... And people treat you differently … It makes you feel low. You know, that's one of the reasons I used to get depressed when I was on the drugs because I couldn't go to my house because there were people trying to beat me up or throwing stones at me or shouting abuse at me. [Peter, 1]*

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Um…just gettin sick of…breakin the law then goin to court, bein arrested, doin the same thing day in day out. There's just a certain point when you're on drugs that you say enough is enough. I'd been on them for ten years it's a long time. It doesn't even feel like ten year, it felt like about a year, but ten years of me life just gone. … I used to get people calling me like bag head and when I lived in Redtown my windows went through and I used to get tormented by people, just because I was on the drugs. That's why I am glad I am off them. People can see I am not on it. [Luke,1]

Paul described how he realized how thin he had become, so that he virtually did not recognise himself anymore. He described the frantic lifestyle of being an addict as tiring and wearing,

I was sick of looking like a six/seven stone…looking like a little alien, I got sick of waking up in the morning feeling horrible, needing money, havin' to scab your way to get money, or…just the whole thing, I hated getting up when it's raining or sunshine, whatever, it doesn't matter to you. When you get your drugs as soon as…you haven't even done it and you are thinking about how to get your next one, your mind never stops you go to sleep thinking 'right this is what I'll do tomorrow'. 'This is what time I need to be up to do that tomorrow'. If you need to catch somebody and borrow money or whatever, sell something, get something, just all that, just really sick of it in the end. The whole thing is just a nightmare, it's just a big circle, crap, horrible. You only get a couple of hours sleep, tossing and turning all night, getting ready to go cos the gear's shit so you need it twice, running around all day for a tenner and gettin' half a bag of shite really. It was all that, I just got really sick of it in the end. [Paul, 1]

Peter, Luke and Paul were clearly deeply affected by how they felt others looked at them and treated them, and they also expressed considerable dissatisfaction with what their lives had become.

Some respondents said that they liked the feeling of not being on drugs, and that they did not want to lose that feeling. Other reasons related to a desire for a better future, and seeing other people clean helped with this thought process, as George and Jake described,

Also I like the feeling I get when I'm clean. I feel normal…whatever normal is but… I don't like waking up on a morning feeling ill, you know, straight on the foil…or straight on the spoon. Do you know what I mean? I just don't like that. I think things like that – 'is that what you want to really go back to?' D'you know what I mean? But when I see other people that are clean that's a big thing to me that. Do you know what I mean? And with me being there before I know what it's about and all – I know I could do it. [George, 1]

> SL: *What made you decide that you wanted to stop?*
>
> Jake[1]:   *Just enough's enough, just sick of it, fed up of looking around and seeing people ...like drug people, people on drugs and I didn't like it I didn't like the look of it, and I just wanted a normal life. Get a job, and things that come with a job. Money instead of being skint – every penny it goes on everything goes on the drugs. I could buy other things, clothes, things like that.*
>
> *Because I was on and off heroin, and on and off methadone for about ten years, on and off on and off, and I had just had enough. I just didn't want to go through it all the time, on and off, on and off, being with the same crowd, all it was, was just crime, making money, getting drugs, going to bed, getting up, just doing that day in day out. And if I didn't do that it was either jail or in the grave. I wanted more than that. [Peter, 1]*

Respondents often said that they stopped because they wanted a better life, and they wanted to be free from being on drugs. They felt that while they were under the influence of drugs the person who they really were was masked,

> *I was just fed up, I'd just had enough of committing crime, going to prison, hurting people you know. Robbing off people and stuff you know? I mean it's not what I'm about. I'm not really a bad person. Drugs make you do bad things...I was sick of doing them things. [Chris, 1]*

> *For me, obviously I didn't want to die ... cos I'm fed up of jail, fed up of burglaring, and just being a dickhead really. Most people are [a decent person] when they're off the drugs, it's just when they're on em. Being told I hadn't got long to live if I didn't stop it. Cos, fed up. Totally fed up. [Timmy, 1]*

> *You've got no social life and [long pause] you've just got no life. I don't want to be waking up every morning with a dependency, saying 'I've got to go and get my drugs first before I can do anything else'. [John, 1]*

The interviewees were tired of the addict lifestyle, and of the person whom they felt they had become as a result of their substance misuse (McInstosh and McKeganey 2002). Most felt that, underneath the substances, they were a good person, and they wanted to reclaim this person. They wanted to regain their health, have a social life again, and one that included non-using friends. They wanted to find a job, have a home, and they wanted to rebuild important relationships in their lives.

Stopping for Self and for Others

Most respondents said that their reasons for wanting to stop included themselves as well as significant others, highlighting the importance of these areas. For those who described 'significant others' this, in virtually every case, related to family, as Peter and Jake said,

SL: *How did you know you wanted to stop?*
Peter[1]:   *My family. Like my son, my mam…everything I was putting my mam and dad through. Basically I wanted to change myself for the better. D'you know what I'm saying? I wanted to get my life back on track. I wanted to be like I was before I got onto heroin. So it was like basically family and wanting to do it for myself and wanting to do it for my son what's changed us.*

Seeing my mam crying all the time doesn't help do you know what I mean? It felt horrible! They all say if you're gonna come off the drugs you have got to do it for yourself, which I have like, you can't do it for anybody else. So like obviously it was myself, I had had enough and then like my mam was a big factor as well an' all. That was the thing that turned it for me. I had enough I'd been usin' eight years or something at that point. I was only a young kid when I started I was still developing and I was into the hard stuff. [Jake, 1]

Timmy said that he wanted to be a 'proper father', but he also acknowledged the difficulties he found in living a law-abiding life because he had become so unfamiliar with it,

I just want to be a proper father...d'you know what I mean? I just want to live a good life, I'm fed up of how I was, too much shit man. I've always done it hard way I just want to do it easy way now. But I find it difficult doing it easy way, cos I've always done it hard way. Always violence, being anti-authority, then it's coppers and screws. Doing me detox without any medication, dyou know just, going against the system. I find it harder doing it the easy way. I'm getting help to do it easy way, it's difficult, you know, changing it, but, I'll get there. It's about changing your reactions, you know like if a copper came and stopped me now I'd have to really stop and think instead of start fighting with him, know what I mean? Stuff like that. [Timmy, 1]

The respondents described in detail the range of different reasons why they wanted to stop using. These reasons had accumulated, usually over years, and had been part of a process during which most had stopped and started many times. Their reasons included being tired of the lifestyle, wanting to stop for themselves, wanting a better future, and wanting to stop for significant others.

4.4   Summary

This chapter has thus far examined a number of 'risk factor' areas among the respondents. This included poor education and employment records, deviant peers, and early onset of substance misuse and offending. At the same time, however, most respondents did gain qualifications and most also found employment at some point, so the respondents were neither unskilled nor unmotivated to work. Use of substances came about when it seemed there was little else to do, and little awareness of the potential consequences. Also it was felt to be the norm, what 'everyone did', and it was good fun. In other words, their situated choice was based in their social and subjective circumstances. Sampson and Laub (1995:147) described that deviant behaviour in youth "incrementally mortgages the future by generating negative consequences for life chances", and as the respondents' substance use progressed this did begin to happen. Using became more frequent and with ever stronger substances, and they became further removed from conventional mainstream society. Webster et al (2004) noted that the metaphor of the 'vicious circle' goes some way to understanding the effects of drug use on extended transitions. But they note the term implies that once out of the 'circle' the problem is resolved once and for all, and that the metaphor of a *'cork-screw'* drug-crime career might be more suitable. This certainly was the case for the people in this study. As the consequences of using became worse and worse the respondents made many attempts to stop. Their reasons for wanting to stop related to being tired and weary of the lifestyle, to the threat to their health, and to the effect on close ones such as family. These reasons did not suddenly come to the respondents, but rather were part of a process, and very much included reflections upon their sense of self, including what they did not want to become (see also Paternoster and Bushway 2009).

Part II – One Year Later, Moving Forward.

4.5   Desisting

During their first interview respondents were asked when they had last used their first drug of choice. Responses ranged from less than one month to three years, with most having used between six months

and one year prior to their first interview, and the average amount of time just less than one year. The literature identified that while generalizations can be misleading, and recovery journeys are individual and varied, the amount of time it takes for people with chronic substance use problems to become stable in their abstinence can be estimated (Laudet and White 2008). From the point at which an individual starts their recovery journey, stability can be assumed to take four to five years for alcohol, and for opiates five to seven years. Laudet and White (ibid) also state that 'early recovery' lasts around 1-3 years wherein the focus is upon staying abstinent, and that following this, living a 'normal life' becomes a new focus. Using these guidelines, respondents in this study (by their own accounts) were in the process of trying to stay abstinent, while at the same time searching for a 'normal life'.

The literature review illustrated that successful desistance is contingent upon being in recovery. While there are a variety of definitions, this research follows Best (in press) who, rather than using a definition, described recovery as 'developing a sense of purpose and meaning, a quality of life and a sense of belonging'. Like desistance, recovery is a process, and means different things to different people at different times during their lives. (Home Office 2010)

With considerable experience of failed attempts the respondents made clear that while stopping was in itself hard, the greater challenge was staying abstinent; as Maruna (2001) noted the well-known phrase of "stopping smoking is easy, I've done it a hundred times before". Ed explained this point; in his second interview he had recently left the residential stage of rehabilitation (rehab) and was now experiencing the challenges of day-by-day life. Without the familiar routine, rules and regulations, daily chores seemed unfamiliar and challenging, having spent the past 20 years on substances,

> *...getting off the drugs is like the easy bit in a way, I know it sounds as though that'd be the hard bit but it isn't, it's staying off em, because then it's in your head – it's still in my head now all the time – and that's when what you've got to start to learn 'I'm gonna have to deal with this'. Because you go to rehab and you think you're doing all the hard work in there, but in there you're in a bubble with other people being told what to do. Like [in] prison you get told what to do, when to do it, where you can do it; it becomes easy to be fair. But then you've got to come out here, into the real world and deal with that, and then it becomes hard. [Ed, 2]*

Once the more immediate health and practical issues had begun to be addressed, the next challenge the respondents faced was what to do with their time. With instabilities across a range of areas (for instance financial, housing, health, criminal records), the respondents found that most mainstream services and activities were inaccessible to them. Therefore filling time – now that their former substance-using routine had stopped – became a problem, leaving respondents vulnerable to feelings of isolation, loneliness and ennui. The assumption guiding this research is that all the respondents in this study were similar individuals in a process of change (DiClemente 2003). They also needed meaning in their lives to feel like 'normal' human beings, as Maslow stated with regards to the human population in general (1998:244-245),

> Man has a higher nature…and…this higher nature includes the needs for meaningful work, for responsibility, for creativeness, for being fair and just, for doing what is worthwhile and for preferring to do it well.

According to Maslow feeling unmotivated or unconfident is not a normal part of the human makeup but rather symptomatic of problems. So when the respondents found that their lives were suddenly lacking in things to do, they felt like they were in a 'void' as McIntosh and McKeganey (2002) described it. This included feelings of isolation, loneliness, and a lack of meaningful things to do – that is, what the respondents referred to, as 'boredom'. With boredom being repeatedly given as a reason for relapsing in the past the respondents were well aware of the importance of keeping busy, both physically and mentally. Moreover, the respondents wanted to be doing things because they viewed themselves as naturally 'active' people anyway, as Dan described,

> *I'll often feel a bit down but then when I'm doing stuff it keeps us busy and keeps my mind active. When I'm active, and I'm seeing people, and I'm going out and about, I'm more of a nicer person to be around. But if I'm sitting, moping, and I'm fucking shit bored, you know, [then] I feel down. I didn't realise how much I am active, it's just the way I am, I want to be constantly active. [Dan, 1]*

While employment was a long term goal this was not an easy transition, nor was employment (or at least full-time or paid employment) a step which all the respondents felt ready to make. Not only was there was a lack of work experience among the group, but additionally they had to contend with

lengthy criminal records and substantial histories of addiction. These created a series of potential handicaps when seeking work. Additionally, the economy was mid-recession and unemployment was high. The North East was particularly badly-off, and even more so in the local areas where most respondents lived. In 2010, for example, the North East was rated the highest region in the UK for unemployment (9.8% unemployment rate), and 25% of the population classed as "inactive" (Office for National Statistics 2011). The challenges respondents faced in getting (back) into employment were echoed in the RSA findings (Daddow and Broome 2010), which showed that 83% of their respondents suggested they faced additional (due to drug use) and significant barriers in getting back to work. These barriers included breaking out of the 'benefits trap', low confidence, stigmatisation, chequered employment history, health issues, criminal records, and addiction. Thus, the jump required to become financially independent appeared overwhelming for many of their respondents.

As previously noted, predictors of recovery initiation (or quitting drugs) may not apply to recovery maintenance (or desistance) and to achieving a high quality of life or well-being (Laudet and White 2008). Examining the narratives of 101 naturally recovering heroin addicts, Biernacki (1986:) observed that it is the new life that the recovering addict has built, with new activities, commitments and relationships that provides the raw materials for dealing with unwelcome thoughts. In relation to their own research McIntosh and McKeganey (2002:57) explained this further by stating that desisters manage their desire for substances by thinking about, and doing things, that are related to their new identities,

> It is the presence of non-drug-related activities in their lives and the value which they attach to their new lifestyle that makes these strategies so effective.

They also note that,

> Without the hope of a more positive future, acceptance of their spoiled identities would have been, at the very least, much more difficult (ibid).

This holds particular relevance to the present study which explored the meaning respondents attached to their daily activities during the fieldwork.

While participants were clear that an important part of staying away from substances included having enough other things to do, ideally these activities would be meaningful in some way. Like most people looking to fill their time, activities which were rewarding in some way would be more inviting, and (despite the importance of keeping busy) ones which did not fill such criteria may be harder to commit to. Ed explained this saying,

> *You've just got to find that out the sort of things that interest you and that you like, the same as everyone else. And it feels like starting school again in a way because you're learning. ... you've had about 20 odd years with some kind of substance abuse, like some chemical in you, most of the time, and even when I were in prison [drug free], it weren't... it weren't <u>me,</u> really, [it was] just being in prison or something [else] what were forced upon me, rather than what I decided, and what I've chosen. [Ed, 1]*

Stopping using alcohol and other drugs created a void in the respondents' lives which had formerly been consumed with familiar roles, routines and social networks. However damaging that lifestyle may have been, it was still familiar, provided a routine, and fulfilled a purpose (Preble and Casey 1969; McIntosh and McKeganey 2002). Thus, in order to avoid relapsing, the respondents needed things to do which could provide a new sense of meaning and purpose.

According to the respondents, however, there was relatively little provision in this area. The following section introduces Second Chance including how and why the respondents joined, and what they were hoping to gain from the programme

4.6   Second Chance – filling time with a meaningful activity

This study refers to the Second Chance sports programme as a 'meaningful activity' but it is important to note that what is meaningful to a person is subjective and will differ. One person may perceive an activity to be filling time whereas for another it is perceived as useful. It is thus necessary to examine how the respondents attached meaning to Second Chance when they joined the programme. In 'Journeys out of Loneliness: the views of older homeless people' (Wilcock 2004:54) interviews and small focus groups were conducted with 160 homeless and ex-homeless people in order to examine

their experiences and views on homelessness, and their views on solutions to the difficulties they faced. With particular importance placed on the role of 'meaningful activities' in overcoming many of the respondents' problems, the report defined the term as,

> An activity that yields a sense of personal accomplishment or the fulfilment of personal goals and a self-definition of work, value or ability. Engagement in an activity that is meaningful to the individual enhances quality of life, self-esteem and sense of wellbeing.

and that,

> [meaningful] activity is more than filling time ... The kinds of activity that seem to really make a difference [in later life] are those that are characterised by involvement, commitment, and skill ... They provide not only an experience of meaningful engagement, but they tend to yield a self-definition of ability and worth ... Preferably challenging mind and body, social and personal skills, such activity does far more than fill time (ibid).

The present research study adopts this understanding of meaningful activity.

The participants had been taking part on Second Chance for an average of five months when the research started, and most were attending twice per week, playing football on one day, and multi-sports on another. There were different sources through which respondents heard about Second Chance. Most (n=10) heard through word of mouth from other players, usually associates from their treatment centre or hostel. Others (n=6) were told about Second Chance directly from their key worker, and a small number (n=3) came across Second Chance advertised on posters seen in their treatment agency and on probation. Timmy heard about the programme from his friends in rehab, while Jo saw a poster in his hostel,

> *They [other players] said it was good and cos I've always liked sport, it just seemed like something like from when I was younger that I used to get on well in and that, so I thought I'd give it a go, try and get fit, it's good people on it, and they're going an' that, and they said it was good. [Timmy,1]*

> *I moved into the hostel from jail about a month ago and I saw a poster about football or something, and I actually thought there was going to be something like for trials*

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for people to be part of the football team. Because I understand the game, in football, do you know what I mean? So when they [other residents] started telling me what they do every week and it's free what they're doing, isn't it? Then there's no use waiting, swinging around, I was straight there. [Jo,1]

There were two main reasons provided for why respondents chose to join Second Chance. These were first to fill time, and second, because they liked sport. Sports and physical exercise were seen in a positive light for a range of reasons, from happy memories to a general enjoyment of being physically active. Most felt there weren't many (if any) other similar opportunities in their area for "people like us", as one respondent put it. As highlighted above, now that they were drug free they needed to fill their time, whilst at the same time developing a new sense of purpose and direction in their lives. Commenting on this Robbie reflected that,

I used to get out [prison] and stay off drugs and then be bored and end up back on 'em cos I get bored really easy you know what I mean? I always want to be doing something. So I'm filling my time in as best I can and as much as I can, and it's just a bonus that this is something that I love [sports]. [Robbie, 1]

Liam had been desisting for one and a half years but he still felt that keeping busy was an essential part of his ability to stay clean. Liam found that playing sports allowed him to effectively manage his often heightened feelings of stress, and this was an important part of what Second Chance meant for him during the research,

Liam[2]:   *I'm still learning and stuff like that, I mean, I think if I didn't come here there'd be a chance that I'd be going back, even though it's been one and a half year now since I've been arrested for anything.*

SL: *What is it that would pull you back?*

Liam[2]:   *Boredom.*

SL: *Boredom?*

Liam[2]:   *And not having the eh [pauses for thought] I've forgot what the word is now when you do sort of routine...*

SL: *Not having a routine?*

Liam[2]:   *Aye not having a routine and that cos obviously I still get stressed and stuff like that but I'm able to channel my stress into my sports, and like into my football, and into the gym and that here. And if I didn't come here I would just, it would all build up and build up and I would end up getting bored and I'd probably end up on the drink and then that'd be it.*

Similarly, Ed said that while having a routine and structure was essential, this was not the same as the sort of structure and routine that incarceration had provided. Second Chance was seen as a 'positive kind of structure' which helped him to feel motivated in his recovery,

> *Things help like structure again, but a positive kind of structure rather than a screw opening doors for you saying 'right, you can go and have a shower', you know what I mean? So it's like structure and, and motivation, definitely, I like a lot of motivation. [Ed, 1]*

Every respondent agreed that a main attraction of Second Chance was simply the fact that it was sports, and, for whatever reason, they found sports to be meaningful and felt comfortable with it. Opportunities to do organised sports like this, and on a regular basis, simply did not exist for the respondents, and so this made Second Chance all the more appealing.

Within their appreciation of sports, three interrelated themes were apparent which included: 1) happy memories; 2) enjoyment of doing sport and exercise, and 3) the desire to improve their physical health.

Happy Memories

All the respondents had done sports and exercise of some sort when they were growing up, and this was remembered as a positive part of their lives before they started using substances. Typically the sports they played included football, but respondents frequently talked of other sports they also engaged in, like running, swimming or cricket. Whichever the activity, recollections were held in positive and familiar context. It was notable that participants described their memories of playing sports in a particularly comfortable and animated manner indicating their enthusiasm for the subject,

> *Oh I always loved it, loved it since I was a kid! Football, boxing, cricket, golf, everything. Anything! I love everything, yeah golf, I like golf a lot. I like swimming a lot, anything. I have my favourites, I've always been good at badminton! [Peter, 1]*

> *The main thing was just going and doing the gym, I love doing the gym, I've done the gym all my life. And uh…then just started getting into the football because a couple of my mates went and I wanted to have a laugh with my mates. [Paul, 1]*

I just felt as though it [Second Chance] was going to be interesting…because I'm a big kid really to be honest with you, and it's something I can remember doing when I was a kid and that … and, I don't know, I look back on my childhood and I thought do you know what it is, sports is probably something that I've always been interested in. [Dan, 1]

I used to play everything – cricket, rugby, athletics, basketball [pause] uh, hockey. I just used to like playing all sports from being little, and growing up through junior school I used to play in all the teams. I just used to like playing sport. Always have done. [George, 1]

Most of it was football what I did growing up. Table tennis I like. I enjoy trying every sport to be honest; I did a bit of javelin when I was younger. I was never really good at running, I was always a bit slow. [Ed, 1]

Frequent references were made to doing PE and using the gym while in prison and, despite the setting, this was also remembered as a positive experience,

Every time I was in jail I'd always be first on the gym list, it was the best thing about jail. I'd just run on the treadmill me, other lads they're all on the weights and that all the time, but I'd just go on the treadmill and just run and run. [Chris, 1]

I was a gym orderly when I was in jail and I'd be in the gym all the time it was excellent … we used to have a five-aside pitch we played football on, it was the tiniest little pitch you've ever seen, but it was good like … there was a waiting list just to get on it. [Liam, 1]

Respondents often talked about football being "part of the family", whether this had involved watching the football and supporting a particular team, or playing football growing up with friends and/or family. Jo for instance remembered his father teaching him about football, and watching his father play.

It's not just 'sport', it's football. I've just been brought up in a footballing family, my dad's always been football mad, he taught me how to play, and I used to watch him when he played with his mates, I've been going with him [to the football] since I was three months old and I'd still be going now if I, if things hadn't, gone how the way they did. [Jo, 1]

Robbie remembered boxing from a young age recalling this as a time which brought his family together as they helped him with his training,

> *I think [boxing] it's a way of life, it's a family thing where everyone comes together and…wants each other to do well, kind of thing. Like in support and encouragement. Or if you don't win it's not about that so much, but its consoling at the same time, like 'oh well you'll do better the next time' kind of thing. I mean I would ask my mam, my sister, my brother, my step father, just to sit on my feet whilst I got through my stomachs [exercises] and that was every day of the week apart from the days I was at the gym … For years I was asking my family to sit on my feet while I did my stomach exercises. [Robbie, 1]*

The positive memories of spending time with family in the context of sport were particularly meaningful to participants as they described often having lost contact with these people in later years. This became more apparent in follow-up interviews and will be examined in more detail in chapter 5.

The Enjoyment of Sport and Exercise

The interviewees' positive recollections of playing sports growing up were often tinged with regret as they lingered over what had once been, or what they felt had been lost as a result of their substance use. Often sports had been something respondents remembered being good at, or had "got on well with" as Timmy put it. This was either through a natural talent they had for a particular sport, or because they remembered having determination, commitment and enthusiasm for the activity, as Luke and Robbie described,

> *A lot of them seem to be team sports I was good at, like I would stick in, I was good at sticking in. Volleyball I was shite, I didn't even know the rules or anything, but I remember I thought "right I am going to learn it" do you know what I mean? "because this is all right".[Luke, 1]*

> *I found gloves in my shed when I was a young 'un and I just put them on and that was that basically. I knew I could box from a young age because I found myself in a fight when I was a young 'un at school. It wasn't a fight it was more just a scuffle…but when I think back a bit now I was boxing straightaway. [Robbie, 1]*

Often respondents recalled having been recognised for their abilities in a particular sport, such as for playing for their school, local or regional team. Again, virtually each narrative reflected regret in relation to what might have been had they not become addicted to substances.

> *As I've grown up I learnt to just get the ball, play it off, pass it, I got taught by some great trainers. I was even going to get put into the School of Excellence I was two points short. I was even going to be getting trials for Newcastle Youth Team. And it just all fell through because of the drugs, I was playing for the district, I started playing for the county when I was in fourth year. And I was still on drugs then, and I just think if I wasn't on drugs what I could have achieved. [Steve, 1]*

> *I went to Greyhurst for table tennis when I was quite young, just on the England training. It was just like the trials for the local regionals. I played for North Greenshire for while when I was 13, I think, yeah. I went quite a few places playing table tennis and... yeah, I were quite good at it, back then [laughs]! Looking back, I wish I'd stuck with those things, and not got kicked out of school and got into the gang culture and what have you. [Ed, 1]*

The respondents had positive memories of playing and watching sport from a young age. Often this revolved around football, and all the respondents were avid supporters of their own team, but sports more generally were enjoyed by them all. Sport and exercise, in whatever context it was described, was clearly part of participants' 'residual' identity (McIntosh and McKeganey 2002), and this was an important attraction of Second Chance to them.

Desire to Improve Health

Although there were usually several reasons why respondents stopped doing sports (such as becoming a young parent), there was a unanimous agreement that as their substance misuse use progressed, their sporting activities stopped,

> *Well I stopped playing sports about 16 ... I only stopped cos I was on drugs. That was the only reason I stopped playing...and I had my daughter when I was 15 and then I ended up on drugs ... ended up throwing it all away. [Peter, 1]*

> *I kept playing for a while, you know, but after a bit I couldn't do it. The drugs and that just got in the way and I got kicked off the teams – cos I wasn't turning up and that. I just couldn't keep it up. [Chris, 1]*

Now desisting, respondents also said they wanted to repair some of the damage which their former lifestyles had caused to their physical health. This was a further attraction of starting Second Chance,

> *When you're on drugs you don't care what you look like, you just <u>know</u> what you look like. And you dinnit shower, or keep yourself as clean an' that. But now that I'm off the drugs people can <u>see</u> that I'm off the them. And you want to look better, and be healthier and that. Get a little bit of confidence back up, dyou know what I mean? [Luke, 1]*

> *I want to look after my body now, I've abused it for years, now it's time to take care of it you know? [Liam, 1]*

> *To get my fitness back up, you know? Like I used to be. I suppose it's just that, really, get my health back on track you know? [Jo, 1]*

Like other participants, Luke, Liam and Jo said that Second Chance was meaningful because it gave them the opportunity to feel they were rebuilding some of their physical health. Having lost a great deal of physical health this issue was both important and sensitive to them. The social and relational aspects of Second Chance emerged most obviously during the follow-up interviews, and have thus been focused on in subsequent chapters meaning that how respondents interpreted any physical changes has not been examined in any detail. However, it is helpful to remember this issue because it is an important part of both what attracted them to Second Chance in the first place, and what kept them attending during the fieldwork.

4.7   Summary

The life-course theory of informal social controls (Laub and Sampson 2003) asserts that situated choice (which determines persistence or desistance) results from an interaction of agency, routine activities, and informal social controls. Through this perspective it was possible to see the role of situated choice in respondents' alcohol and drug using trajectories. The chapter identified that during their school years the respondents did not attend classes much. Although this had seemed the best option at the time, most also believed they had missed opportunities, and comments were made about wishing they could go back. Illiteracy was a common problem among participants, and respondents

remembered feeling unsupported and embarrassed by this issue at school, which fuelled a motivation to avoid going. Around the age of 14 years they began committing small crimes such as shoplifting, and taking drugs with their friends. Typically this started with alcohol and cigarettes, followed by cannabis and stimulants. In every case, respondents were active participants in their decision to start using, viewing this as normal, good fun and cool, and, even as their substance use progressed, none of them expected to become addicted. As their alcohol and drug use progressed onto more powerful substances, it also began to escalate. From first use to daily use heroin was the most rapid, followed by stimulants (with exception being crack cocaine which preceded heroin), and the slowest and most subtle pattern of escalation was that of alcohol. As substance use developed the respondents became further removed from conventional society. Their social networks became increasingly that of other users and this made access to drugs easy, and opportunities to become involved in crime frequent. Over time respondents desire to stop using increased as the costs of using alcohol and drugs outweighed any benefits which those substances had once provided. Their reasons for wanting to stop fell broadly into tired of the lifestyle, wanting to stop for themselves or for another, and wanting something better in the future than a life of using drugs. In the past they had stopped using (usually many times), intent on staying clean, but each time they had relapsed. Reasons for this were largely related to feelings of boredom and stress and the resulting desire to return to what was familiar, and block out what was uncomfortable. Here the influence of social networks was again clearly identified.

When respondents started Second Chance they had been desisting for just less than one year. Respondents wanted to work but not only were they lacking in experience, most had been misusing substances for many years and they were in the early stages of their recovery (White 2007). Having stopped using alcohol and drugs, respondents found themselves in a 'void' (McIntosh and McKeganey 2002), with a lack of available opportunities to fill their time. Second Chance appealed to the participants for several reasons although these reasons could essentially be grouped under 'filling time' and 'liking sports'. They were familiar and comfortable with sports, and identified with it in a positive context. All the respondents had happy memories of playing sports and were clearly

comfortable talking about these times. In this way Second Chance had the potential to bring out respondents' residual identity, which was an important part of their recovery.

The following chapters now turn to examine the two groups which emerged among these respondents during the fieldwork. The following Chapter 5 will describe the 11 respondents who have been named the 'desisters', while Chapter 6 will examine the remaining eight 'trapped respondents'. Both chapters follow the same format, examining the respondents' routine activities, informal social controls, and agency. Each chapter will describe Second Chance in the context of these three areas, by examining how respondents attached meaning to the programme in their lives day by day.

5

Staying with Second Chance and Desisting

"We're not going down now. We're going back to where we used to be, we're on the way up." [Robbie, 3]

5.1   Introduction

The previous chapter described the respondents' alcohol and drug using trajectories by examining the onset, course and cessation, and the beginnings of their desistance. Highlighting the role of situated choice the chapter identified that as participants began using substances their social networks increasingly became that of other users. In tandem with this came opportunities to become further involved in crime and deviance, whilst becoming removed from mainstream society and opportunities to develop personally and socially. These were subtle processes which happened over time, often many years, during which numerous attempts to give up using alcohol and drugs had been made. When respondents started Second Chance they had been desisting for an average of just less than one year. Despite some considerable variation, all the respondents were in the 'early stages' of their recovery meaning that their focus was on staying alcohol and drug free and beginning to acquire a 'normal' life (Laudet and White 2008). They started Second Chance because they wanted to fill their time in a way which was meaningful to them. Second Chance was a popular choice because they liked sports, had few (if any) other similar opportunities, were comfortable and familiar playing sports, and they wanted to improve their health.

Laub and Sampson (2003) point out that it is difficult to subdivide groups into the neat typologies which are offered by criminological theory, and doing so conflicted with the 'messy and complicated nature of the actual lives' of their respondents. Similarly, Best and Guffran (2008) warn that making generalizations about individuals in recovery risks losing sight of the individualistic nature of recovery

journeys – recovery means different things to different people at different times during their lives. Therefore understanding how the respondents made sense of their desistance, and the role which Second Chance played within this, must be viewed in this light. With this in mind, during the research two trajectories emerged among these 19 individuals, and this chapter focuses on the 11 respondents who were desisting, while the next chapter will examines the remaining eight individuals.

Coalter (2007:23) notes that some sport programmes can assist some participants only some of the time, and that it is the conditions in which sport has beneficial outcomes that should be examined. Correspondingly, the following chapter explores the conditions in which Second Chance appeared to have beneficial outcomes for the desisters. Acknowledging that it is only with the passing of time that turning points can be truly identified (Laub and Sampson 2003), this chapter will suggest that the desisters were in process of experiencing a turning point. This turning point was an identity transformation, and Second Chance provided a 'window of opportunity for change' (Groshkova and Best 2011:11) for this to happen. The extent to which the identity transformation was occurred depended upon respondents' routines and activities, and their related social networks.

Using the life course theory of informal controls (2003), Second Chance is placed in the context of the other areas in the respondents' lives. The chapter prospectively examines their routine activities, informal social controls, and personal agency as it emerged during the follow-up interviews. These areas are interrelated, but analysing each in turn aims to offer a sharper insight into the ways in which Second Chance may have influenced their desistance. The chapter will show that the participants in this group (the 'desisters') were busy people. In addition to Second Chance, they were in the process of developing a number of other interests and meaningful occupations which they chose to commit to on a regular basis. In these roles they described purpose, achievement, recognition and responsibility, as well as a positive use of their time. The desisters were also developing relationships with non-substance users, who they valued and who welcomed and reinforced the desisters' new identities which were developing. The informal social controls found through these networks helped respondents to disassociate from their drug using milieu and develop their ability to live without alcohol and drugs. The third defining feature of the desisters was found in their subjective narratives,

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described here as 'agency'. Despite facing similar setbacks and challenges as other respondents in the study, such as poor health, negative feelings, cravings[8] and old associates, the desisters shared a set of characteristics which helped them cope with these difficulties as they arose. Taken together the desisters routine activities, social networks and mind set provided them with a certain resilience which helped them to weather problems as they arose during the research. The following chapters seek to focus less on the objective changes in the participants' lives, and more on cognitive processes which took place during the fieldwork.

5.2   Routine Activities

During the research the desisters had several activities which they chose to do on a regular basis. The three activities described most often were Second Chance, the treatment support they were receiving in relation to their substance use, and volunteering. The following section examines these themes in turn.

Second Chance

The previous chapter showed that most interviewees started Second Chance because they liked sports, wanted to occupy their time, and wanted to improve their health. But gradually they began to attribute more meanings to the programme and this was apparent in different ways during the research.

As discussed, the two main reasons for starting Second Chance were to fill time and to play sports. In every case respondents had positive recollections of playing sport from their former non-substance using days, they also wanted to improve their physical health. With few other accessible opportunities like it, Second Chance was a welcome step in the right direction. Whatever their reasons, and whichever the preferred activity, the desisters were keen on sports, and a sustained enthusiasm for this was one of the most consistent themes in each interview, as the following respondents described,

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8   There is some debate within the literature on addiction about the concept of a craving (Davies, J. B. 1997. *The myth of addiction,* Amsterdam, Harwood Academic) and whether it is a physical need or a want. This research simply refers to cravings as described from the participants' perspectives.

So I try to mix it up a bit, I'll go to like kick boxing, I'll play football, or I'll do badminton, so it's not like always the same. So I don't get bored of it you know? I could play badminton every single week for the rest of my life – I love that! I wouldn't say it my favourite thing but I would say its…it gives you a bit of a buzz. It's quite competitive. [Dan, 2]

Monday I do weights and swimming. Wednesday we do like circuits and stuff like that and Friday's like football and stuff like that. I play with the bairns and that in the park as well, so I'm doing a lot of football with them as well. [John, 2]

Regular access to sporting facilities was clearly a meaningful, and welcomed routine activity for the desisters. Even in the last interview, when most had been going to Second Chance for well over a year, they still described the sessions with considerable enthusiasm, indicating their continued enjoyment. Robbie described his on-going enthusiasm in his last interview commenting that he still enjoyed meeting new people as they joined, as well as the multi-sports,

I love every part of it! Like meeting new people, and just the sports, I look forward to it 'oh right it's Thursday cushty I can go up to Orangetown and we've got mixed sports on' or whatever. It's class the mixed sports with the lads and lasses from [drug agency], and having a game of badminton or whatever! [Robbie, 3]

The desisters started Second Chance because they wanted to fill time play sports. They attended at least once a week, and so their hopes were met in this respect as they consistently described their enjoyment in each follow-up interview.

Qualifications and Responsibilities

As well as the sports some desisters were in the process of taking courses to gain qualifications through Second Chance, and typically this started with FA Level 1 in football coaching. While there was an agreement among virtually everyone that any sports coaching job, voluntary or paid, would be ideal, at the same time they were developing other non-sports related interests outside of Second Chance. This was important showing that not all their hopes were pinned on a career in sports. The desisters said that regardless of whether employment in sports materialized or not the coaching courses

might be interesting, and offer "something different" to focus on their attention upon, as Liam and Jo both explained,

I thought I'd try something different, do you know what I mean? I thought 'I like sports' and that, and I thought well, if it's something that I can use and, I don't know, that I understand, that I like, you know. So I thought why not. Something else to do with my time, and, well, more interesting than the other courses I'm doing! You know? [Liam, 1]

SL: What were you hoping to get from Second Chance?
Jo [2]:   I'd really like to do coaching, that's what I'm hoping to get out of it. That's one of me plans ... but I have other plans too, I'm doing a peer mentors course and a counselling one, and that might lead to something hopefully.

Passing the courses had a positive effect on the desisters. Most said that they had doubted their ability to pass and that they were surprised when they did, some of them had never done any courses or achieved any qualifications before, and there was a clear sense of satisfaction among them. Lewis for instance had just got his Level 1 in coaching. When he was first interviewed he said that when he started the coaching course he had been abstinent for eight months yet he felt unconfident that he would pass. Like others, he also had reading and writing difficulties which added to a general lack of self-belief. In reflection Lewis said,

Tell you what it was quite easy actually but I'd thought...because like, I'm not the best at reading and writing, and I've got like, dyslexia and stuff like that, so I've never been good so I thought, 'oh it's going to be difficult', know what I mean? But since, I mean it must be about six [or] eight month, you know, when I've been off the drink and the smoke and everything. And like, you find like, now when you're not on it [using], you can do more stuff like, your head's not all mashed up like it was before. I could never have done that a year ago, that course. I could never have done it because my head was that bad. [Lewis, 1]

Similarly, Dan and Ally who achieved their FA Level 1 during the research expressed surprised and satisfaction when they passed,

I surprised myself doing it actually, because I thought it would've took me a lot harder but I was like, quite surprised at myself, I'd done it. [Dan, 2]

It was a bit nerve wracking at first, you were thinking 'are they going to listen to me'? But...I just got in there and just got going and it went well actually. It felt good actually because I'd actually...I felt like I'd achieved something and so...it worked out so I felt like 'oh yeah, I've done something and its worked for a change', do you know what I mean? [Ally, 2]

Some of the desisters did find work in sports during the research. Ally and Lewis for instance were both volunteering for Second Chance in their second interview. In their last interview both had found part-time employment in sports, Ally with Second Chance and Lewis with a local community sports club.

Its only four hours a week, it's like a Wednesday session and Friday session but it's like...teaching people. Because Brian [coach] says that I'm more technical than power ... I think about how I'm moving along the wall, so that's one of the reasons why I got the job. So it's to assist him. I'm a climbing wall assistant. So if Brian wants me to do anything on the wall I'll do it just to show other people, so basically I'm like a guinea pig. He says 'do this', they have to do all this, and I'll help them if they have problems, and stuff like that. So...it's the experience, and what that might lead to, and it's keeping me interested and like learning a lot more, put your foot there, put your hand there, this is how you doing an Egyptian and things like that. [Ally, 3]

Other respondents, had found less formal responsibilities through the Second Chance coaches such as helping to take coaching sessions,

James [coach] was looking for people to help him coach as well and so I suggested to James is it all right if I can join in and coach alongside with him? He said that was fine so it's giving me a chance to use my Level 1 a little bit you know and maybe progress from there ... it's spot on you know I'm definitely very happy. [Robbie, 2]

Klinger (1977) writes that when people describe their lives as meaningful, they usually mean that they are committed to, and pursuing with some reasonable success, valued goals. Goal attainment has been found to be associated with positive emotions (White et al., 2005), whereas goal blockages are related to negative emotions (ibid). The courses which individuals took through Second Chance appealed to them initially because simply they were related to sports and this in itself was of interest to them and gave them something else to focus on. Having a positive 'focus' was important to the desisters as it

helped them to avoid, or successfully cope with, negative feelings and cravings. Some did the courses specifically because they wanted to find employment in sports-related work in the future, but they still had other interests and these shall be examined subsequently. Respondents often talked about wanting to "progress" themselves, and regardless of whether employment materialized or not, the qualifications appeared to support this by developing an area which was of interest to them, as well as their self-esteem and self-belief. Doing the courses and being given responsibilities provided a reflection on their recovery, which reaffirmed their desistance, as Lewis commented 'I could never have done that a year ago ... because my head was that bad'. The practical aspects of the course, where respondents did some coaching themselves, appeared to have particularly positive effects.

Dropping In and Out

Programmes working with people often view retention as a benchmark for success, and associate unexplained attrition with participant or programme failure (see Coalter (2007) for a critique of monitoring and evaluating sports programmes). Most of the people in this research study dropped out of Second Chance at times, and the desisters were no different. Some of the desisters' reasons were due to difficulties such as a lapse, or health problems. But in fact those sorts of instances were very much a minority, and most reasons for non-attendance were related to positive factors. The most common examples included family and volunteering commitments which developed during the research. These roles were important to the desisters and prioritized over Second Chance,

> *I haven't been so going as regularly now with us just started work and that, I haven't got the same sort of time to go. I'm always busy now and I'm on that course at college too so that's good. But I was there [Second Chance] last week and this week, so I still go when I can, you know, try and keep a bit of fitness and see the lads. [Jo, 2]*

I've been seeing me kids more, like getting more contact with them and that since I've been sorting myself out you know? Cos I've obviously missed all their lives and I'm just now starting to get to make up for what I've missed, and what I lost with them, so when I can see them it's amazing. [John, 2]

Knowing that they were still welcome to come back to Second Chance at any point was clearly meaningful to respondents, as Jo and Dan said,

> *They weren't like 'oh you can't come you've missed such and such a session, d'you know what I mean? I've had a bit of a bad time lately with my health and that, and with me dropping [reducing drug treatment] I haven't been sleeping. But knowing that it's there, that I can still come back, you know, that's good. You don't get that most places. [Jo, 2]*

Desisters went to the sports sessions on a regular basis during the research, and when they dropped out periods of time they appreciated knowing they could come back at any point. Their reasons for non-attendance were usually (not always) related to positive developments in their lives, such as family and work. These prioritized over Second Chance because they were important areas in their lives, and helped them to desist. Those areas will subsequently be explored in more detail in this chapter.

Volunteering

The desisters were clear that finding paid employment was one of their long term goals, but as the previous chapter showed, getting to this point was not easy with criminal records, a history of addiction, limited work experience and a lack of confidence. Indeed it could be argued the chances of them feeling motivated to look for work, with potential handicaps like this, would be slim when compared to the alternative of staying on benefits. The desisters were well aware of these challenges, but from the outset they were clear that employment was a real and achievable goal. This theme was consistent during the research, as the following individuals said,

> *I've got a long way to go, to prove myself, I know that, I know it's not easy [finding work], but that's why I'm doing these courses. And I know I've got so much I can do, I know I do, that's why I want to get as much experience doing as much as I can, you know? [John, 2]*

> *I mean, to be honest, what I really want to do is I want to do what Jerry does. Help people who've been like, in the same situations I have, get them through like, what I've gone through. [Liam, 2]*

In order to find employment, the desisters were taking steps to get themselves work-ready, and felt that an ideal stepping stone was volunteering. They saw this as proving them with some work experience as well as filling spare time. But respondents wanted to volunteer for other reasons too, regardless of whether paid employment materialized or not. According to these individuals, they wanted a chance to show other people that they had changed their ways. John wanted to work with young offenders, and had recently been given a volunteering job in this field,

> *I've got to prove myself a lot more, because obviously I've come a long way, but to be able to go into something like that you've got to prove yourself massively and things like that, so by volunteering I think I can begin to start doing that, show them I have changed my ways, d'you know what I mean? [John, 2]*

Lewis was volunteering in his second interview. Although there was no guarantee that he would get full-time or paid work as a result, he described the value of volunteering to help achieve this goal,

> *Plus they get to know what you're like as well, if you've been there, working for them volunteering…and then if a job comes up, they'll be like 'he's been here so long', 'he's done that', 'give him the job', d'you know what I mean? But hopefully that's going to happen, like coming up this year, hopefully I'm going to get part-time work, paid or possibly full-time, it's just a case of wait and see at the minute. [Lewis, 2]*

In fact Lewis did get taken on by his employers and by his last interview he was working for them part time and paid.

Respondents usually reported wanting to work in sports or with other people with alcohol and drug problems. For the latter in particular they felt their personal experience would make them particularly well suited to the job,

> *I would enjoy doing that [working with offenders] I mean, I've took so much out of the system for so long I'd like to put something back in. And there's a lot of good lads in there [prison] who, given the right eh guidance and stuff like that, t would do good, do good in the world. Because not everybody's…I mean there is some right shits in there that would never ever change … but there is some good in there too, I'd say most of the lads are good in there. I think I'd be good at something like that. [John, 2]*

People who are in alcohol and drug treatment often want to work in the same field, and doing so can provide a restorative function which reinforces their own recovery. These individuals have 'first hand' experience which often means that they are especially well placed to offer support and advice to other people who have substance misuse issues. Indeed, agencies which work with substance misusers and other socially excluded groups are often predicated on the idea of employing service users for these reasons (for example www.neca.co.uk; www.addaction.org.uk; www.thecyrenians.org). For example the SHIELD intervention (Dickson-Gomez et al. 2004) trained 250 injecting drug users to conduct risk reduction outreach education among their peers. The programme aimed to use volunteering as a way of focusing upon positive behaviours, rather than the more common sorts of programmes which tended to focus on 'what not to do', such as harm minimisation programmes. The SHIELD intervention found that participants saw their outreach as work which gave them a sense of meaning and purpose, and motivated them to make other positive changes in their lives. While the formal use of peer led support and mutual aid is by no means a new concept (the fellowship of Alcoholics Anonymous, for instance, was founded in 1935) the recovery movement has placed a strong emphasis on this resource[9]. Following evidence based research (White 2009), the UK National Drug Strategy 2010 (Home Office 2010) identified that people are often powerfully motivated to recover when they are in the company of individuals who are themselves successfully recovering. These individuals are good roles models and 'adverts' for the benefits of being in recovery while at the same time well situated to be able to offer real understanding and compassion, as White (2009:90) notes,

Professionals who have not been humbled by their own moments of reckoning can offer many things, but the one thing they can never extend to the suffering addict is the word "we." The experience of "we" is the healing balm offered by those who may lack qualifications of education and professional training… What recovering people have long brought to their service work is a relationship based on moral equality, respect, emotional authenticity, and a "kinship of common suffering.

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9   There are also studies which have cast less positive reflections on 12-step programmes. Hoffman (2006) examined the role of social control in AA that functions to prevent and create deviant behaviour. This study suggested that criticism was a social control strategy available principally to high-status members, used largely against lower-status members.

Not all the desisters wanted to work with people with substance misuse problems. However, those who did recognised attributes and the values they could bring to others with substance misuse problems. In the first interview only one respondent was doing volunteer work, but in the second follow-up just over half of them had found volunteer work, and one year later nine desisters were volunteering, in paid employment, or on a college course.

Volunteer work usually consisted of one or two days per week, and was either in sports work found through Second Chance, in drugs teams, while two people were working with animals. All the respondents reported that volunteering gave them more than a routine and work-experience, describing their occupations as meaningful and rewarding, and it was clear that these roles did provide a restorative function for them.

> *I mean all I can do is hope that work comes out of it a bit further down the line, but even then it's not going to be much more than what I'm getting now [benefits], it's not going to be much more, but it's not a case of the money. I just want to be there and helping people. Money all right, money's a big factor, especially when the kids come up…but apart from that, when the kids go home I'm not bothered. As long as I've got a roof over my head and my food I'm easy. [Robbie, 3]*

> *Jo [3]:*   *It gives us a purpose. I've got like a purpose you know what I mean? … I think to me it's helping me in my recovery as well because I'm…I'm not bored, I'm busy so I've got…I'm not sitting about bored, and I'm not mixing with…I'm not on the streets mixing do you know what I mean? Getting into trouble you know what I mean so it's…it's just using my time constructively?*
> *SL:*   *What impact does that have on you would you say?*
> *Jo [3]:*   *Like…it makes me…feel…I get a lot of self-worth out of it, self-worth, uh huh. Because before I never used to….what you have just been saying there, I used to take all that for granted, people saying give yourself…you want to give yourself a pat on the back for that you know? Like before I never used to but now…I do, I do.*

Timmy was volunteering for the National Trust working with animals, he said that he was doing things he had always wanted to as a child, and that he would take any opportunity to do keep learning,

> *I'm working at the Wildlife Trust, working all over, Berwick, Kilda, Alston… We build bridges and dams, and do Otter surveys, wildlife surveys, tree felling, conservation. And I have a part-time job at the weekends on a farm. After Christmas I'll be doing*

my chainsaw licence. All of those courses what get thrown at me, I'm going to take with both hands. I'm doing things that I enjoy now, what I've always dreamt of as a kid I'm finally doing. [Timmy, 3]

George and Dan were volunteering for drug and alcohol services. They both talked about the sense of personal satisfaction they got out of feeling that they were able to 'put something back', and the enjoyment they got out of helping other people;

I just can't wait to start this work just to put something back into that like…the drug and alcohol service as well, I want to put something back into that … It also gives me great pleasure, you know what I mean? I don't do it to build myself up or like take credit for it, it just helps me knowing that I can help someone to like … you know, just to be able to help someone. [George, 3]

What I find when I'm working I work on a Thursday and a Friday and if someone doesn't turn up she'll phone me up 'Can you come?' – yeah I don't mind, I don't mind coming in. I don't like seeing anyone leave the building like fed up or depressed – I won't let them. I know I can't stop them, but I try and not let them. I like to see them go out with a smile on their face so they feel a bit better about themselves. Doesn't [inaudible] I feel like I've helped someone. Know what I mean, it's all about putting something back now – I took so much out, I want to put something back into life. Know what I mean? [Dan, 3]

The desisters wanted to find employment and felt that volunteering was an ideal first step offering them experience and the opportunity to give something back to the community. This was an important part of their recovery and therefore desistance. But at the same time, volunteering did not suddenly occupy all of their time, for most, this only took up two days per week, and for some even less. So Second Chance still provided a meaningful function for the desisters during this time and they still continued to attend the programme regularly.

There is considerable research on the beneficial effects of volunteering for the volunteer such as improvements in physical health, confidence, self-esteem, and life satisfaction, and decreased levels of depression and anxiety (Thoits and Hewitt 2001). White (2002) states that unpaid acts of service fulfil at least two functions: they constitute generic acts of restitution for the addiction-related harm to others, and they open up opportunities for connection with others. Such acts are done for their intrinsic

value and not for profit or hope of acknowledgement. They allow the individual to make amends which, for the actor, diminishes guilt and anchors recovery upon the values of responsibility, justice and citizenship. At the same time the process opens up the potential for atonement and forgiveness.

Active in Treatment and Support

The second 'routine activity' described by most (not all) of the desisters was regular support for their substance misuse problems. This usually meant on-going contact with the same key worker, counselling, or mutual aid groups which entailed support from other peers who were in recovery such as Narcotics Anonymous. Sometimes respondents did all of these. While the distinction is noted between 'treatment' and 'mutual aid', when the desisters described the support they received it appeared three recurring clear features emerged in relation to this support. This included listening, encouragement and guidance, recognition and identification. Reviewing the available literature on service user perceptions of staff abilities, and commenting on possible training needs, Wylie (2010) found that service users rated a positive attitude towards the user as the key staff attribute that enhanced quality of care and good outcomes in treatment. There was also evidence that generally users desired more knowledgeable staff, both professional and ex-user. However a positive attitude towards the user was potentially able to overcome a lack of staff member's knowledge.

Listening, Encouragement and Guidance

Most of the desisters had on-going contact with a particular worker, or group whom they viewed as a source of support and advice. Similarly, McIntosh and McKeganey (2002) also found that many of their recovering drug addicts also described great value for counsellors or support groups whether that was to have their abstinence reinforced by another person, or to reassure and encourage them that they were not alone in times of difficulty. For the people in this study this support was usually referred to throughout in each interview and was seen to have the participants' personal interests at heart. For example the following two people described their key workers encouraging and helping them find courses and volunteer work in sports,

I'd say Jerry got me the Level 1 for a start off he told me I should do it, and he said 'you'll be good at it' and then he's helped me find this volunteer work with the football club, cos I didn't think I'd be able to – I mean, it's something I've always wanted, but I never thought someone like me could do something like that – but I did, and then he's helped me get on this peer mentor course. And like, the coaching badges as well, I mean, that's how Jerry's mainly helped me, with like, with Jerry, he's getting us fit as well, he'll come and train with the lads and that, d'you know what I mean? [Lewis, 3]

I was a bit wary because I had all my qualifications anyway. But Jack said 'you can go further into your qualifications George! You can upgrade them! More refereeing' and that'. And the best thing about it between John [key worker] and Anna [coach], I've got more jobs through refereeing. Like I've got people phoning me up now coaches saying 'Can you referee this weekend?' So I'm fully booked. Sometimes I've got to say no them! [George, 3]

Desisters also said their support listened to them, which was particularly meaningful during difficult times. Implicit within this was the view that respondents could trust this person or group. This was an important part of helping them desist. Robbie, George and Jo said that during times when they had experienced a crisis they had called their key worker,

If I've got a problem, or like, if… I don't know, say, like, when I've been bad, like thinking about using, or I don't know all sorts, and like just a few months ago I nearly went back [relapse], and I phoned Phil, and he came and sorted me out d'you know what I mean? He just talks to you, he says it like it is. And he listens. Phil's like that. [Robbie, 2]

I've got my son now going through a bad time, he's got a brain tumour and like… he got rid of it, but it's come back with a passion now, it's all over his body, he's on his way out. I've got my key worker… I've got people to speak to know what I mean, so they'll support us. But Dave has helped me a lot and Jane (key worker)…Dave and Jane. I mean, they listen to me and they ask me how things are going and things like that… [George, 3]

He has helped us quite a lot as well Jim, just by sitting and talking to him. I mean like I say Jim's always there if I've got a problem, he's at the end of the phone do you know what I mean? I phone him and he's straight round our house to see us do you know what I mean? [Jo, 3]

Echoing the importance of having someone to talk to, Dan said that there were certain things that he could not share with his friends but that he could with his key worker, and having this support was an important part of his recovery,

> *I think it's just a case of talking to somebody really to be honest. ... you can talk to your mates about certain things; do you know what I mean? And…if you have got mates to talk to about stuff and that it's OK. But there's some things you can't talk to your mates about you know? Things that you were…keeping inside and things that are like deep things do you know what I mean? Things that you wouldn't tell other people. You've got to, you've got to be able to trust them [worker] and stuff like that do you know what I mean? They're not going to say stuff and things like that. Because that does help a lot if you have got things on your mind, do you know what I mean? Difficult things, and you talk to people about it, you feel ten times better do you know what I mean? [Dan, 2]*

An important part of being successfully supported involved the desisters actively making use of their support networks. Timmy highlighted this point by saying that he now asked questions which formerly he had found difficulty doing,

> SL: *So, what sort of things help you manage day to day?*
> Timmy[3]: *Asking the questions and getting support. Because I didn't used to ask questions and I just used to let loads of things build on top of me, it become a bit overpowering and you just turn to drugs, you know, to get rid of it.*

In their last interviews the desisters continued to describe a strong supportive network around them,

> *I still have Outreach support, I know they're there if I'm struggling, I can call them. And things like that and just um…my friends, I have a lot more friends on the outside than I did inside … they're bigger on like helping and everything like that, they're more understanding, they're not like 'oh yeah whatever'. They'll help you do things. [Ally, 3]*

> *It's a lot easier. It's a lot easier because like…I've got people who I can turn to who are a phone call away. Like when I'm on a bit of a downer, and I just talk. It eases my craving, and I feel better after I've had a talk, and how I am feeling. I've made sure that I've got a network around me where if I do fall I get picked up. Or if I am feeling down they'll bring me back up. [Chris, 3]*

> Timmy[3]: I've got a key worker out there and, ah, I've got quite a few people who are a phone call away, I mean, who I can talk to and ask them questions and stuff like that.
>
> SL: What sort of people?
>
> Timmy[3]: There's my key worker here, Sam, and my key worker up in Re-entry, which is Jean, and there's like four/five key workers that I can always like drop on to.

The support network which the desisters made use of listened to them, helped to encourage them in their recovery, and offered them guidance in times of difficulty.

Recognition and Identification

The support networks described by respondents also gave them recognition of their progress. This was often described most clearly by those individuals who had developed a relationship over time with their worker. Recognition was given in different ways. Lewis for instance described how his key worker increasingly saw him as a person who was reliable,

> Like Jerry now, he basically, he sees, like, well, I think he sees me like a role model for the lads and that - like today he said, 'will you look after them all?' you know, like if they're arguing and that. He always does, he always gets me to look after them all – like he says how far I've come because like, Jimmy knows what it was like when it was bad. [Lewis, 3]

> He [key worker] always takes us everywhere, he's like are you coming to this meeting? Are you coming to that meeting? I am like please [laughing]! But I enjoy it because I see it like…I'm just learning and I want to keep progressing and prove myself as much as I can, so it's good. [John, 2]

> Just saying you're doing well and that, you know what I mean? It makes you feel better with yourself. And coming here and your key workers and that saying you're doing well. Know what I mean? It makes you feel better about yourself. And saying, oh, you're looking good. You know when they say you look well, know what I mean? [Robbie, 2]

Desisters also described the value they placed on peer support whether this was with a particular worker who formerly had substance misuse problems, and often in support groups such as NA and AA. These programmes provided a constant support group for the respondents, sometimes there was a

meeting every day and they also had a 'sponsor' who was always just a phone call away. In settings like these the desisters felt they could identify with these individuals and this was a powerful support for their desistance,

> *It's like an identification, and if you're in a group environment with twenty other addicts and part of that environment is like identifying...'ah yeah that's how I used to feel, I was exactly the same, exactly the same!' [Chris, 2]*

> *I don't think there's enough like places for people with drugs problems, they want to get off it but they've got nowhere to turn to. I mean there are places [services] but these places are full of people who have just come out of the classroom you know what I mean? I don't mean to sound...funny do you know what I mean? But like out of university and stuff like that. But when someone's actually been in that situation themselves...I found Stew [key worker] was good for me; I would speak to Stew because like I say Stew never used to be a 'good boy'. You wouldn't think it now but Stew's been 'there', where we are now sort of thing, d'you know what I mean? But you wouldn't have thought it. [Lewis, 3]*

> *Ed[2]:* *The workers that you identify with more, and you think 'yes!' and everything they say seems to make sense – they're usually the ones that have actually recovered and are still in recovery, that's usually the way it goes. The feeling of it, they know the feeling of it, they know...understanding it.*
> *SL:* *And how does that come across?*
> *Ed[2]:* *Understanding it. It comes across when they're advising you, and sometimes they'll say "yeah this will make you feel like this" and you're like "that's exactly how it makes me feel!" Do you know what I mean? And then especially when they're saying "well I felt that", then you know that they've felt that same way.*

As indicated above, there is a long and well documented (positive and negative) history of mutual aid support. Humphreys et al., (2003) for isntance identified that over two million Americans are currently members of an addiction-related self-help group and over six million will seek help from such groups in any given year. In the UK the National Drug Strategy (Her Majesty's Government, 2010:21) explicitly endorsed "active promotion and support of local mutual aid networks such as Alcoholics and Narcotics Anonymous". Not all the desisters were involved with 12-step fellowships and self-help groups however. Similarly, Granfield and Cloud (2001), who conducted a study of 46 former alcohol

and drug addicts who recovered without any formal treatment, found their participants often said some self-help groups did not match their own personal values.

The literature review noted that Klingemann et al., (2009:1511) suggest however, that rather than focusing on types and frequency of interventions what is important is to examine the processes through which change is occurring,

> ...although definitions are important, researchers should not become so tied down in methodological particularities [e.g. how many Alcoholics Anonymous (AA) meetings, if any, as an observer should be allowed; should a passing comment by a physician that one should cut down drinking be considered treatment] as to lose sight of the greater question—how does change occur? Indeed, it would seem likely that mechanisms of change may be transcontextual (i.e. the same general processes may be involved whether or not one is in treatment).

This is particularly relevant to the present research study which is based on such an examination of the cognitive shifts and processes within respondents' narratives.

Regardless of whether support is delivered via others in recovery or not, research has consistently shown that workers who focus upon the therapeutic alliance are likely to achieve better outcomes than those which do not (Best et al 2010b, White 2008). Redko et al., (2007) qualitatively examined the narratives of 26 drug addicts in treatment, their respondents concluded that a positive working alliance focusing on control over goal-setting and on personal strengths, helped to build trust, self-worth and self-esteem. What these studies suggest was that working alliances can be equally if not more important than the particular types of treatment intervention. Farrall (2002) carried out follow-up interviews with 199 probationers over the course of 18 months as well as with their probation officers. He found that while desistance was rarely attributed directly to the probation officers, instead the values were found indirectly through changes in employment, accommodation and relationships with family which did predict desistance.

The desisters had a number of routine activities which they described during the research. Second Chance was one of these activities where they took part in weekly sports sessions including football, badminton and multi-sports. During the research the desisters also did courses through Second

Chance, typically coaching courses. They all considered coaching as a career to be ideal, but they were under no illusion that this was not guaranteed and most had a number of interests. However the courses had a positive effect on the respondents by increasing their self-esteem and belief in themselves and provided a reflection on their progress in their desistance. The second routine activity which developed for the desisters during the research was volunteering. All the desisters wanted to find work and the two most commonly given fields which they wanted to work in were sports and substance misuse. This was largely because they felt they were most obviously suited to these fields, but there were few desisters who described having considered working in any other field. Desisters wanted to 'give something back' by volunteering and there was clearly a restorative function which volunteering brought for them. The third 'routine activity' which the desisters committed to regularly was the direct support for their substance misuse. Most of the desisters had a number of support systems which they both routinely made use of and valued. Not everyone had these formal supports (these individuals' sources of support shall be examined subsequently in 'informal social controls'), and for those who did there was a considerable variety of forms of support. Sometimes this was via peer led support group meetings, while others described regular contact with a particular key worker. Frequently the value of others who had experience of substance misuse problems and recovery was described by the desisters because they could identify with those individuals who offered lived insight and a real example that recovery was possible. It was clear that despite a variety of kinds of support, what they shared for the desisters were listening, encouragement and guidance, recognition and identification. Having these systems in place meant that during difficult times – for example when they were having cravings or if they were feeling low – the desisters knew there was someone whom they valued where they could turn to for help. This was a vivid part of the process through which they were desisting and the consistency of this was apparent during the follow-up interviews. In this way it is possible to see one of the probable reasons why the desisters described few 'negative' reasons for dropping out of Second Chance for periods of time during the research.

5.3   Informal Social Controls

Laub and Sampson (2003) found that work, marriage and the military were turning points in the lives of their desisters each involving (1) new situations that "knifed off" the past from the present, (2) new situations that provide both supervision and monitoring as well as new opportunities of social support and growth, (3) new situations that change and structure routine activities, and (4) new situations that provide the opportunity for identity transformation (see Laub and Sampson 2003, chaps. 6-8). At the same time however, they found that desistance was dependent upon the quality within these institutions. Neither marriage nor the military were factors in the lives of the desisters during the research, but employment and Second Chance were, and at the same time a common theme was that they were spending more time with their immediate family as they described those relationships improving. Volunteering, Second Chance and family appeared to be where virtually all of the desisters' time was spent. Through these roles they experienced supervision, new routines and new identities, while at the same time allowing the past to be reconstructed.

Family

From the outset of the research the interviewees reported that most people they knew still took drugs, and now they were desisting, keeping away from them was an important part of helping them to staying clean by avoiding negative influences. This mirrors the de-addiction literature which identifies that a critical part of desistance involves disassociating with former networks and forging new social networks. McIntosh and McKeganey also found that their 70 recovering interviewees said a critical part of recovery was moving away from former people who were still using. For Best et al., (2008) however, desistance was not dependent upon spending no time with current users. Instead, for their 205 individuals in recovery, desistance and quality of life were related to new social networks found in new routine activities (childcare, volunteering, group activities, training, education and employment). For most of the desisters in this study there was an agreement that those people with whom they used to use and who were still using had actually never really been friends. As Timmy put it, "you're your own friend, no friends on drugs, you just rob each other for the next fix, or anyone you'll rob anyone

really". But at the same time, that group had still provided the majority of their social network, so in addition to practical problems of disassociating with former associates, becoming clean then meant that they were left with very few people who they considered friends as Robbie and John explained,

> *I more or less, um, I more or less put myself off them, I've got to be honest, or most of them. I mean, there's only a couple now that I still hang around with, that I used to. It was like hard an that, cos they're living right here we're all in the same town know what I mean? So you're left with like no one really. [Robbie, 1]*

> *I haven't got real friends like. I haven't got um, well there's the people on the programme [Second Chance] but other than that I dinnit associate with nobody out there because, um, everybody who I knew exactly the same place and, eh, everybody I know uses. But I mean obviously I've grew up here and so obviously I'll see people around and I've seen a couple of lads and they say dyou want to do this and that, but like, that's like a part of my past, and I don't want nothing from the past to be honest. [John, 1]*

People who are in the process of coming off drugs or alcohol frequently leave the areas in which they were using and completely relocate in order to avoid those former networks, because the temptation, or the pressures from former associates who are still using are too great otherwise (for example McIntosh and McKeganey 2002; Cloud and Granfield 2001a). In the UK residential rehabs often encourage residents to go to rehabs away from their home areas. For the desisters in this chapter however, only two of them had come to the North East in order to get away from their homes in order to quit, the others were all born in the North East and had grown up in the areas in which they were now desisting. So even though they were disassociating from those people with whom they used to use with, they could not always completely cut off from them because they still lived in the same neighbourhoods. However, despite describing having few friends, desisters did not report being instantly inclined to make new friends when they started Second Chance, as Timmy said, "just my key worker and my counsellor. That's all I want. It's all I need, really, for now". Instead, importance for most was placed on developing relationships with certain family members. In various ways, all the respondents described the importance of family. Usually there were one or two family members who the respondents described as particularly important in their lives. Often these individuals had shown

loyalty towards them during their drug or alcohol problems, and consistently encouraged them to stop using as Robbie, John and Jo described,

My mother always stood by me. When I've like relapsed or [been] in jail. Blood's thicker than water, isn't it? She's always stood by me and given me chances. You know what I mean? Because she probably believed in me, that I'll come out of it all right. That's the way I look at it. [Robbie, 1]

They've been through a lot and that as well, my family. They came to visit me, I mean, when I was in prison and that. Like especially when I was a young offender and that, you could get a visit every day and I was getting a visit every day and all that and... I've got a good family like, well, some of them. [John, 2]

They've help you get through it, do you know, it's like...they've helped me get through the bad times, and even now it's like, my mum, she's like, she's always like, like, you know, 'you better not be drinking or smoking' or something like, know what I mean? But when she's doing that though, she's also like giving you a reminder not [to] do it, you know what I mean? [Jo, 2]

As a result of their addictions, and usually in combination with other family problems and disputes, all interviewees had been estranged from their family in some way and their relationships had broken down. The following three persons described how their substance use had affected their families,

I just carried on drinking more and more, just getting drunk all the time. But I didn't realise at much it tore my family, I mean, my family took all the wrap at the end of the day for you know. I mean, I did, but I didn't care at the same time cos I was that bad. When you get yourself in debt and stuff like that, with drugs, and people coming to the house and stuff like that, I mean it was my mum at the end of the day, who was taking the rap for me, for what I was doing.[Lewis, 1]

Arguing all the time, shouting, I'd smash the up the house um... blackmailing, manipulating them, lying to them, um, playing them off each other you know? I've stole from them. I'm not proud of it, but I'll be honest with you. I mean it's, it's [drugs] wrecked your life, it's ruined your family, it's, it's affected, probably made family members ill as well. And this is all what you're doing now, you know what I mean? [Liam, 2]

I'd just exist in that little two mile radius, where I'd go out in the morning, go and get my drugs, back out ... and do that all day long ... that's all I'd do. Pick the kids up in school, the kids would go in their bedrooms, I didn't give a shit about them

basically...know what I mean? I mean they were there through all that, they saw me use, gouch, they've saw me do this and that. [George, 1]

But despite past grievances it was clear relationships with family were deeply meaningful to respondents and restoring these relationships where possible was important. This was apparent in different ways during the research as they described relationships developing, but from the outset it was clear these individuals mattered to respondents. This point was often made most directly by those respondents who had children,

I want to maintain a drug free life is my biggest one [ambition]. And my ambition is to be a proper father, caring father loving father, to make sure he gets a good education, and stuff like that. Opposite to what I've done. [Timmy, 1]

During their follow-up interviews the desisters described different ways in which relationships were developing with their family members. One example was that they were spending more time together.

With my son I think it was like... he's been through the bad experiences. Now every time I speak to him on the phone 'Hi dad, yeah, how are you doing dad' yeah, and like... I don't know if he expects me to like mess up because of what was done in the past. Every time he comes up it's... oh... I can't describe the feelings... so proud of my son I am, know what I mean. [Ed, 2]

He [son] come up the other month, it was the first time he'd been up [since respondent stopped using], he had me a game of tennis and he hammered me and [laughing] you know what I mean, it was good, it was really good. And like he let his hair down. I was made up with him, really made up. And I said to him on the phone 'Do you want to come up on 12th December' 'Yes dad, yes dad, please please'. And I thought 'Great yeah!' [George, 2]

I've never got to see the bairns like this [often] before. Absolutely brilliant now, I've had them this week. Since they've been off school I've had them Saturday, Sunday, Monday, Wednesday, Thursday and I'll have them tomorrow. Where I used to have them like twice a week before but now they're asking to come to the house now all the time and they're looking forward to coming to the house now. [John, 2]

Lewis and Jo were living with their mothers during the research and both felt home life was improving. They said that having opportunities such as Second Chance and volunteering provided

their family members with visible signs of their recovery. This had a positive effect on their relationships at home which made Lewis and Jo feel good,

> *It's a lot better home life. There's less arguments now. We have more to talk about. It's just a lot better, and I feel a lot better as well knowing that I'm not upsetting my mum like I used to I mean she was over the moon when she saw me doing the course and the coaching and that, yeah she says 'oh you can move out now' [laughing]! [Lewis, 2]*

Jo [2]:	*I see a lot more of my mum and that.*
SL:	*And how's that going?*
Jo [2]:	*Alright. Everything is absolutely spot on. I never thought it would be this good actually from what happened in the past; but everything's spot on. There's no problems, no chew or anything; it's spot on at the moment. I'm behaving myself and everything is all right.*
SL:	*Why is that do you think?*
Jo [2]:	*I'd say they themselves [family], their look on me has changed. They've got a bit more respect for me... not respect, but, I don't know, they do stuff with me now whereas they never used to. My mum would never drop me off somewhere, but now she will; she'll ask me.*
SL:	*Why do you think that is?*
Jo [2]:	*Because I've woken up really, sorted myself out. That's what I think. I've just sorted myself out and she's looked, she's realised and she's seen me do all this and that, and she's thought 'he's trying', so my mum is probably trying as well.*
SL:	*How does that make you feel?*
Jo [2]:	*It's a lot better home life. There are no arguments. It's just a lot better, and I feel a lot better as well knowing that I'm not upsetting my mum like I used to.*

References to positive developments with family continued steadily in the follow-up interviews. Liam for example said his family members sometimes came to watch him play football, while George had recently taken his son and daughter to show them where he volunteered. Instances like these clearly made a significant impact,

Liam [3]:	*They [father and brother] came down to watch me play in the tournament, and watched us an' all that, and, it was a good feeling.*
SL:	*What did that mean to you?*
Liam [3]:	*Oh it felt quite good actually you know, I felt a lot, that they were coming down, because they would never have bothered with us [before], d'you know what I mean? The way it was before they wouldn't...it was completely my own fault you know what I mean? They*

wouldn't have bothered but like I say they've...I don't know, it's different. It's a feeling that I've never had before. I don't know it sounds weird but it's like as if I'm loved by them, do you know what I mean? It's something I have never felt before from them, d'you know what I mean?

I brought her there, my little girl she was like 'Dad, d'you get paid for this?' I said 'no no'. She was so shocked she was saying 'I'm so proud of you Dad' she said. And me son you know he was on the phone just the other day and I was telling him about this place [work] 'You do this voluntary?' I said 'Yeah, why?' He said 'You'd never have done this back at home.' 'I've changed' I said. He said 'I can tell'. I don't do it for like pride or anything like that, I just want to change. I want to have a life, you know what I mean? [George, 3]

Most desisters reported family as the most important people in their lives, and now they were drug free they wanted to rebuild relationships which had been previously damaged. When family could see respondents doing positive activities like Second Chance and volunteering this was a visible sign of respondents' desistance and recovery as those activities were helping the respondents to progress. As well as providing informal social controls such as supervision and support in their activities, it also gave the desisters something positive to talk about with their family. Together, factors like these allowed the interviewees to gradually renegotiate important relationships in their lives and in doing so further encourage and protect their desistance. Examining the narratives of 46 formerly addicted substance users Cloud and Granfield (2001a) also found that as their respondents disassociated with the people who they had used regularly with, they began to rebuild bridges with family in particular, relying on certain individuals who had stood by them, the same as the desisters in this study described. Laub and Sampson (2003:41) suggest that as the investments in social bonds grows, the incentive for avoiding crime increases, because more is at stake, and it was clear that as relationships with family increasingly developed during the fieldwork the desisters did feel an increasing motivation to desist.

Second Chance Coaches

As the interviewees continued with their one to two sports sessions per week, the ways in which they described Second Chance expanded and developed. Not everyone was salvaging relationships with family, but they all described relationships with other people on Second Chance developing regardless

of whether this had been a reason for them starting the programme or not and this was especially noticeable in the follow up interviews. Two different sets of people were referred to by the desisters, and both with striking consistency: the other players and the coaches. Both provided a new set of informal social controls which kept the interviewees coming back to the programme and helped them to desist. According to desisters the coaches played a central role in their experiences on Second Chance. Respondents referred to their coach frequently and clearly admired, respected and looked up to them. The meaning which they attributed to their coach developed during the research.

Enthusiasm and humour

The coaches were described as having enthusiasm and a sense of humour and this was noticed by the desisters as soon as they started the programme. They said the coaches were friendly, approachable and enthusiastic about the training and they took part in the sessions alongside the players.

> *They're a good set of people. Enthusiastic, brilliant. They take part as well, you know. They don't ask you to do summat that they're not prepared to try themselves and stuff. Which is brilliant I think an' like… they want to take part as much as the next person, which enthusiasm is what's needed for sport I think. [Robbie, 1]*

> *I've banged my head off nearly every hold in the climbing wall! If I keep going Callum keeps saying oh yeah it will knock some sense into you but it doesn't because I keep doing it [laughing]! So… part of my head is on every single hold in there! [Ally, 1]*

> *You don't get a chance to just like put you down and walk off. They just spur you on and keep you going, know what I mean? You just carry on. [Dan, 2]*

> *Aye, getting involved and being more at one. Like coming on the same level as us instead of thinking that they're above us, all the way here and all that has been people above us all our lives preaching and telling me what to do like the police eh, people in homes, eh prisons, probation officers, eh everything like that and then to have someone like Phil come in and just be on the same level as us and saying, look this is the way we're going to do it and then doing it along with us and showing us and explaining it and being at one with us and it's just absolutely a breath of fresh air, yeah, it's just different, totally different. [John, 1]*

The ability to communicate with respondents in a friendly, approachable manner clearly made a good impression on the desisters, and came as a complete surprise to some desisters who reported having experienced largely negative attitudes in the past. The coaches took part in the sports sessions which respondents liked. All the desisters said that one of the particular qualities of their coach was the ability to make them laugh, this was particularly meaningful to them.

Empathetic and Challenging

Respondents said that when they joined Second Chance they had felt welcomed and that their past was not going to be a problem for them. This was also meaningful for them, reporting that they had experienced largely negative reactions from authoritative persons in the past. Even in this person's last interview this sort of acceptance had made such an impression on him that still felt it was significant.

> *To be honest with you probation they've just seen me as a failure straightaway, as soon as I went in [prison] they've given in straightaway and said 'you'll never ever change'. That's what the police have always said because they mentioned it to [coach] and that; they said 'he'll not change, you don't want him on your programme', like when I first came on [Second Chance], they turned around and said [to the coach] 'you don't want him on your programme', that was before he [the coach] knew us. Um…he said 'at the end of the day' he said 'everybody starts with a clean slate', he said 'I don't care what he's done, I don't care who he is, he said if he fucks up on my programme he's off', he said 'but until then' he said 'I'll have anybody here'. And, that was an eye opener really. I mean I got accepted and, he trusted us. No one has ever given us trust and he was honest with us from day one. I've never ever had that. [John, 3]*

At the same time as coaching the players in ways which desisters described as accepting and understanding, interviewees also were clear that focus during the sessions was on playing sports, and specifically not about their substance use problems. These approaches were also welcomed by the desisters, and this was reiterated during the follow-up interviews, as Dan and Ed explained,

> *I think there's the discipline, like a normal coach would have with a team, I think there's that, and I think that they've got an understanding, they seem to have got an understanding of us and our problems as well, which... but it's an understanding but not something what keeps coming back because when it's there and it's playing football, it's about playing football. It's not about 'you've got a drug problem' and*

'you've got a whatever', it's about the sport, and so it's me finding something else [other than drugs] and then getting something out of that. [Dan, 2]

It's me, when he's saying 'you're a quality player!' and 'you play every week, every week you do it!' you know what I mean? Well, that's weird that, because, you know what I mean? Who wouldn't like to hear things like that? But same when he says 'that was shit!' and what you call it, I don't really like to that! But ahh, you know, it's just it's the <u>normality</u> and <u>everything</u> what goes with it! It's just like it's a proper life; it's like everybody else would be, you know what I mean? They just seem to like, know, and you feel...I also feel as well like if someone like that [coach], had the thing to help me do this, then I cannit just say 'no, I'm not going to play this week', you know what I mean? I've got to come because I've got a duty to, even though at a certain times you might feel 'I don't want to go, I don't want to see anybody'. [Ed, 3]

With a firm foundation of the attributes described above the coaches also challenged negative behaviours in the players, and these challenges were received by the desisters with respect. In fact some respondents pointedly said this was helpful for them in their recovery and frequently made reference to this "no nonsense" approach,

It's just the atmosphere you know? Stewart's [coach] really good with...with everybody, he doesn't take any...he doesn't take any nonsense; he puts it over in a nice way you know? [Liam, 2]

Like sometimes I'll put me head down and lose all faith and that and every time he'll say 'get your head up now', and kick my arse. [Robbie, 2]

Like I kind of come across quite...a bit to the point you know? And like I am a bit too blunt sometimes. So he'll [coach] tell me like to take a step back and think before I...do you know what I mean? Before I offend people you know? I just take a step back and think. And change my words and stuff. [Timmy, 3]

I'd of been knackered without it [Second Chance]. My idea was that I shouldn't be shaking hands with someone I was about to play a match against and I certainly shouldn't be shaking hands with them if I lost! I think that was maybe just me, but it changed my way of thinking. It's like it gets drilled into you – dealing with people, not just confidence but dealing with people, confrontation, and like respect, you know? [Ed, 3]

The characteristics which desisters attributed to their coaches engaged and motivated them, and this appreciation of their coach certainly encouraged them to keep coming back. During the sessions the coaches provided supervision and a good role model to the respondents. At the same time the desisters felt comfortable with their coach and identified with them because they were in a familiar (sporting) context. During the follow-up interviews the desisters attributed more meaning to the coaches. This was particularly apparent for people who had the same coach throughout the research. In fact the value of a consistent coach was referred to pointedly by several interviewees in the second and third interviews.

> *They're on our level, you know what I mean? It's like they understand, they've watched us progress so they'll be the first to tell us how far we've come, you know what I mean? And sometimes you need reminding of that because, well, people like us addicts can only see straightaway or just before. [Ed, 2]*

> *He [coach] just, like he sees how far I've come from...You know what I mean? Cos he's been there, with us, for the last year, at least, so he can see it where other people can't, he knows us, he's spent time getting to know us. [Timmy, 3]*

> *Me and Fred[coach] have a competition every time we climb so…we had a…for about six months we had like a score with each other. I was beating him, he set the route then I would do the route and he can't (?) do route that he set. So it was like on the score system I was beating him ten-six I think. But we take the mick out of each other all the time so… [Ally, 3]*

At the same time all the respondents reported the quality of coaching improved during the research, in terms of more structured session which included drill training, as also the actual experience of new coaches who were brought into some areas. That is, the respondents were clear that they valued a good quality of training session, as Dan explained,

> *The coach and that, the coaching is amazing, I would say it's a hell of a lot better. A hell of a lot more sort of…group…group work as well. A lot more drills and training. Any focuses are on everybody so say for instance if someone isn't passing the ball good…they'll explain to them. I remember the first training session I have had with the new one … he seemed as though he knew his stuff like because every time anybody…say anybody like say…they were in defence and they missed the ball and it went in the net, they wouldn't have other players slating them. When they brought*

them in they were like…I've noticed such and such and the coach would bring it out and say that's bang out of order, everybody has got to stick together as a team, haven't got to slate each other, you have got to try and put more confidence into each other. And I felt as though he was really good you know? [Dan, 3]

Desisters also felt their coaches were willing to go the extra mile for them, that their presence mattered, and that they wanted the players to progress, not just on Second Chance but onto other sports and activities in the community. These consistently cited attributes not only kept respondents coming back to the sessions, but directly motivated them in their desistance,

While we were in the house [rehab] we were... it were me, Peter and there was a few others in, and [coach] he did have a lot to do with us being allowed to come here, you know, he came in and spoke to the workers, and he'd come in and they even they used to let us go out on our own and help these guys [coaches] on their own and things like that, you know, so the football stuff like that, because he's got a garage with all the football, clear all that, tidy all that up and all them things. [Timmy, 2]

They'll do everything they possibly can to help us. Phil has got me into an over forties football team, playing at weekends on Sundays so I'll be starting that after Christmas and all that. It's just…It's a team that Phil plays for himself. I'm going with him and playing for them. Right excited! [Ed, 3]

Obviously I'm knackered with my leg, I can't do much running. And it's like … he'll bring the other lads in to put me through my paces, and at the same time he's putting them through their paces at the same time. You know, I mean fair enough I kind of done a lot of drills. But he puts things on for me, like a coach, does exercises for me involving the other lads as well, so it's like the best of both worlds. So … I mean he does bring the best out of you. They like arrange things for you. [Robbie, 3]

In the second and third interviews desisters often described asking their coach for advice if they had day to day problems, reiterating the developing trust and respect they had for their coach, as Liam and John said,

I got advice off Danny for everything I done, aye, like if I had a problem with the dole, or I had a problem with…how to run summit in the house and things like that he would give us the advice. Or if he didn't know he would find out. [Liam, 2]

Every time I have a problem I tell Darren, 'cos he tells us the way it is and he's at one with us to be honest with you, he says it perfect, eh yes, he doesn't need to, like he just

explains it more and I've got a lot of time for him, a lot of respect for him, so what he says, he knows where I'm coming from and that but I don't know, I just, I had that confidence and all that and I just felt this isn't going to get us down, I've come through all this, you know what I mean, and I cannot let something as stupid as this get us back down to the way I was. [John, 3]

The coaches played a pivotal role in building a relationship with desisters and helping them reconstruct a new self-identity, this was seen from the outset of the research and the follow-up interviews found this theme increasingly clear. The respondents looked up to their coaches and respected them but at the same time felt they could relate to them, trust them and identify with them. The coaches built these relationships over time, and the follow-up interviews highlighted this process. When respondents were asked about their experiences on Second Chance, in each interview, frequent references were made to the ways in which their coach motivated, challenged, encouraged and recognised them, while at the same time having a good sense of humour. Respondents felt the coaches were willing to help them as much as they could, and all of these areas were clearly meaningful to the desisters. In this context Second Chance was actively supporting the respondents in their desistance. It should be noted that there were differences in each of the five Second Chance sites, meaning that some coaches in some areas did not change for the period of the research, while in other areas there was a turnover of coaching staff who delivered the sessions. The rapport and mutual respect between coach and player was a process which happened over time, and while largely positive feedback was given in response to all of the coaches, the degree to which this was experienced was thus most clear for the respondents who had the same coach during the fieldwork.

Second Chance Players

Respondents said they started Second Chance because they wanted to fill their time and because they wanted to do sports. Despite most reporting having few people whom they considered friends now that they were desisting, starting Second Chance for the purpose of meeting people was not a priority. But during the follow-up interviews increasing emphases were given to relationships with other players developing, and it was clear that Second Chance was a place where respondents were making friends. Timmy for instance had specifically said in his first interview his social network was "just my key

worker and my counsellor. That's all I want. It's all I need, really, for now". Like others he started Second Chance saying "cos I've always liked sport. I understand it so I thought yeah I'll do it, try and get fit, you know? " Timmy was in rehab at the time and also added he used it to "get away from all the people who were annoying me". One year later Timmy was volunteering, his relationships with his son and his mother were improving steadily, and he had just found his own accommodation. Like others, he had also had setbacks during this time such as long term and recurring health problems, and two violent outbursts when he was still in the rehab 'house'. The latter he had attributed to "not working on myself", and after which he had resumed counselling which he had valued but had stopped as his schedule became busier. Despite these setbacks though, Timmy generally was feeling positive during the research, desisting and steadily moving on through his recovery. In fact he said he was "doing stuff that I dreamt of as a kid that I didn't get the opportunity to do through substances". Timmy continued to go to Second Chance during the research saying in his last interview,

> Timmy [3]:   *I look forward to it, highlight of the week for me.*
> SL: *Yeah? With all these other things going on?*
> Timmy [3]:   *Aye. Aye.*
> SL: *Why is that?*
> Timmy [3]:   *That's my day, relaxing, playing football. That's my day off. At first I just went to get out of the main house, away from all the annoying people, and hopefully a bit of fitness and that but [pause] I got to know the coaches and all the skills again I'd forgotten, progressing, and people who are a good laugh and that. Aye it's a good laugh. It makes me happy [pause]. Playing football and havin' a laugh with the lads [pause], I haven't done that for a time [pause], for a long time.*

Similarly, when John was first interviewed making friends at the programme was not a priority, saying "I dinnit really need friends" and that he was "just happy just being me and seeing my kids". He also said he would be "happy to sit in the house and watch my soaps". But in the follow-up interviews John indicated Second Chance meant seeing people he liked, and that this was important to him because there were no other places where he could do this,

> *And like the ones from [area] I've been getting to know them and obviously they know people from [area] so it's good, it's good bunch of lads here. I like coming here, because I don't associate with anybody in [hometown]. Um…because I've got no friends, because like the group I was with I just left them…they're all in the same*

place and that doing the same thing, I dinnit want nothin' to do with that nay more, that's not for me anymore. [John, 2]

In fact in John's last interview he described how his absence had been noticed by the players when he missed some of the sessions prompting others to call him and ask him to come back,

> *…the day after the tournament three of them phoned us up and said 'we need you to come back because the team is like at each other' whereas when I'm there I don't let nowt like that happen. I like encourage them and fair enough you've made a mistake, just get your head up and get on with it, do you know what I mean? It was nice for them to… phone up and that. I do make a difference. [John, 3]*

Over time the respondents began to develop friendships with the other players on Second Chance, and so develop more relationships in a drug free context. In doing this went some way to filling the space which disassociating from former social networks had created. The tournaments were particularly popular bringing emphasis to their developing teams, some respondents even likened their team to family,

> *The trips away I really enjoy d'you know what I mean? You've got a sense of family, that's what they are down here [Second Chance]; it's just like extended family. [Liam, 3]*

> *I just enjoy taking part in sport. I just enjoy it, its something to look forward to, to take part in, and like camaraderie as well, you know like getting involved, good friends and that. Looking out for each other and taking part and things like that. [Robbie, 3]*

> *We played eleven a side last week so there was at least twenty odd people there last week do you know what I mean which is good. Before it was only like…you were only getting ten at the most. Yeah I've been there from the start. Part of the furniture! [Dan, 3]*

Some individuals described socialising with other players outside of Second Chance showing further evidence of developing relationships with each other.

> *Some of the lads who play together, I'll like go out with them through the week and stuff, just for a kick about you know? Actually I'm going to a barbecue on Tuesday. I don't know where it is, I'll have to find it. But aye, so we've been doing that sort of thing between the sessions. [Dan, 3]*

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Well you know Dave he used to go, he goes to football every week. He were in rehab and he's moved on he's working and he does a lot of coaching like volunteering and he coaches quite a few teams. Now I'm living with him. So, I've got the support from him and, and he's a good lad. [Timmy, 3]

I feel as though it makes me feel better as a person, inside, and on my outer wellbeing, like being able to...I don't know socialise a bit more. Feel more confident around people, or on my own, you know I can sit and think good thoughts, it makes you feel good. Not just only that I mean...don't get us wrong I'm not always happy all the time like everybody, I'm on antidepressant, but at the same time I don't think it's always to do with drugs. That's probably my life, the way it is. [Ally, 3]

As relationships with other players developed respondents described the other players more frequently using terms like "good lads" and that they were sources of "support". These were powerful examples of the desisters building new drug-free social networks within which to further secure their recovery, as they said themselves,

Sometimes it just kept me, you know, it kept me going me, kept me going [desisting]. Going to football and seeing me get better every week, and people seeing that you're getting better week by week. It played a massive, massive part, and my confidence, everything for my confidence. [Timmy, 3]

For months and months and months, when I was in the actual main house [rehab] we only used to be able to have Friday... and, uh, like sometimes I'd think 'this is shit in here' because you're working all the time. And you think, 'you know what, football's on Friday, football on Friday and then, so I, so I didn't have to worry so much. [Ed, 3]

During the research interviewees continued to develop a social network through Second Chance. This was a crucial part of their desistance as they tried to disassociate from their former drug using social network. Like all relationships in the research, those with other players developed gradually over time. The follow-up interviews showed one small part of this important process as desisters attributed more meaning to Second Chance.

Summary

The role of social networks and social supports in the desistance and recovery from substance misuse is well established. For example, Laudet et al. (1982) report that social relationships are hypothesized to be helpful in two ways: indirectly by buffering stress in difficult times, and directly, by providing assistance, emotional support and a sense of belonging which can ease or guard against stress as well as improve satisfaction with life, whether or not stress is present. Laudet et al. also cite extensive empirical research which identifies the mechanisms through which social support promotes physical and mental health and buffers psychological stresses, increased health, happiness and longevity. Family was very important to most of the desisters, often certain family members had showed loyalty towards them when no one else had. But relationships had been significantly damaged during the course of their substance misuse, and so now that they were no longer using they were in the process of actively restoring these relationships with their family. The routine activities like volunteering and Second Chance provided the respondents with a feeling of positive purpose and health while at the same time giving something visible to talk about and to show to the people who mattered to them that they were desisting. Within Second Chance, the role of social supports and informal social controls were particularly evident as the desisters abided by the 'rules and norms' of work and team based sports.

Other research which examines the efficacy of sporting programmes has noted that the benefits gained from participation have more to do with the ways in which the programmes are delivered as the intrinsic nature of the sports itself (Collins 2004, Coalter 2001). According to the desisters both how the programme was delivered and doing the actual sports were important. During the research their self-efficacy increased and they felt positive that they were doing something healthy to help restore their physical health which had been significantly damaged through their substance misuse. These factors combined had a strong and positive influence on the respondents' desistance. Through taking part in the sports the desisters were developing new self-identities and this process was made possible through the relationships with coaches and players, and family who saw them being a participant in Second Chance. Two key authors who have written extensively on the concept of social capital among people with alcohol and drug addictions are Sobell (for example Sobell et al., 2000; Sobell et al.,

2009; Klingemann and Sobell 2007), and Biernacki (1986; Stall and Biernacki 1986; Watters and Biernacki 1989). The general message is that studies frequently identify that the factors impacting on an individual's status include social circle, family support, housing, education and employment. In combination these factors can be described as an individual's 'social capital', or as one Beirnacki (1986) stated a person's "identity materials". In the field of addictions, one of the best predictors of recovery being sustained is an individual's 'recovery capital'. Granfield and Cloud (1999) defined recovery capital as ".... the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems". Summarising evidence on natural recovery Granfield and Cloud (ibid) suggest that both the quality and the quantity of recovery capital play a significant role in predicting successful recovery (in and out of treatment), and that the growth of recovery capital can indicate a turning point in drug using trajectories.

5.4   Agency

So far this chapter has examined the desisters' routine activities and informal social controls, areas which as shown were closely interrelated. The remainder of this chapter will discuss the third strand of the life-course theory of informal social controls, namely 'agency'. As a useful guide, the research follows LeBel et al. (2008) who prospectively examined the interaction of social and subjective characteristics among a group of 130 male property offenders. Respondents were first interviewed in 1990 (the Oxford Recidivism Study), and then followed up 10 years later. The study set out to examine the differential impacts of internal/subjective and external/social factors and the sequence in which they came into play. Their respondents matched similar profiles to most of the people in this study (alcohol and drug addiction, persistent and low-level offenders, poor education, etc.). Their analysis supported a 'subjective-social' model meaning that subjective states measured before prison release had a direct effect on recidivism as well as indirect effects through their impact on social circumstances experienced after release from prison. The subjective measures they used related to the subjective characteristics highlighted in the desistance literature on offending. This identifies four highly related areas which are hope and self-efficacy, alternative identities, regret and shame, and

internalised stigma (LeBel et al., 2008). The following section aims to examine these agency-related characteristics as they emerged among the desisters during the fieldwork.

As indicated previously, the desisters had a certain resilience which helped them to desist. A big part of their successful desistance included the ability to weather problems as they arose. Three of the most recurring problems described by all the respondents in the study included 1) dealing with their former addict-identities and the impact this had on their lives as they were desisting; 2) dealing with former social networks of current users; and 3) coping with feelings of regret and shame about their past wrong doings. In order to examine each of these, three case studies are given throughout the rest of the chapter.

Alternative Identities

One of the key ideas which this thesis develops is that the desisters were experiencing a turning point and that this turning point was an identity transformation. Second Chance was the window of opportunity for the turning point to occur, and whether it was realised depended on personal agency, routine activities and informal social controls. This section develops this theme, by examining directly the ways in which the respondents' alternative identities were developing. As noted previously, Biernacki (1986) analysed how 101 former heroin addicts recovered without formal treatment interventions by developing identities which were unrelated to their substance use. They did this by starting new activities and occupations which they valued, such as a student or worker. This enabled a movement away from their former drug using identity which had previously occupied so much of their time, but which now was incompatible with these new identities which carried with them new roles and expectations. Their identity transformation could involve developing a new identity altogether, or it could entail reverting back to a former identity which had not been "spoiled" during the respondent's addiction. Or, it might develop further an old identity, and in doing so replace the value which had previously been placed on the addict-identity.

For these identity transformations to be facilitated Biernacki (1986:179) suggested that,

A successful transformation of identity requires the availability of identity materials with which the non-addict identity can be fashioned. Identity materials are those aspects of social setting and relationships (e.g., social roles, vocabularies) that can provide the substance to construct a non-addict identity and a positive sense of self.

Perhaps the most important part of Second Chance for the desisters, or rather underpinning what Second Chance meant to each of them, was the fact that they related playing sports to something positive. They related sports to something they would like to be, and to be associated with, and they related sports to positive memories from their non-drug using days. They could identify with sports in a positive context. For example,

> *Sport-wise that's what it's all about for me really I think. Sport, that's what I really like. Takes us back to where I know I feel good. You know, naturally. Not having to buy this buy that [drugs], just you feel good about being fit, and just happy, relaxed, comfortable. [Robbie, 1]*

> *Sometimes I seem to do all right [at things in general] when I stick in do you know what I mean? I wouldn't say I was exceptional at any sport but I've always enjoyed it, it's always been...what I wanted to do, even when I was young at school. Table tennis, football, I always took them seriously, I always went to youth clubs where they were they were accessible. D'you know what I mean? I always seemed to get into teams; I always seemed to do alright with things like that. [Ed, 1]*

By starting Second Chance, respondents drew on a former (alternative) identity, and importantly one which they valued highly. It was also an identity which was incompatible with the drug using identity. This was because their new identity carried certain roles and expectations which did not fit with a drug using, offending lifestyle. At the same time, being part of Second Chance allowed the creation of a new identity, formerly a full time addict they were now becoming sportspersons, part of a team, and for some a coach or mentor. These roles came with expectations and responsibilities. Lewis, for example, talking about his new coaching role versus carrying on drinking, explained how he valued being a coach more than any thoughts of using,

> *It's not worth it. Plus you've got responsibility for the kids, it doesn't look good if you do something...and the next minute 'Lewis did this' and their parents find out and that, d'you know what I mean? It's like...'oh we don't want him coaching our kids if*

he's getting drunk' and stuff like that, d'you know what I mean? So I just don't drink...I just don't drink it doesn't bother me. [Lewis, 3]

The ability to develop these alternative identities helped motivate participants to maintain them. Put differently, as their recovery capital increased their desistance became reinforced. In doing this, they gradually became further removed from their former addict identity as their sportsperson identities took on more meaning and became more highly valued for the respondent. Part of this process involved other people recognising them in their alternative identity roles. Recognition on Second Chance came from different sources, in particular from the coaches, their team mates, and from family members.

Players and Coaches

Players on Second Chance reinforced the desisters' alternative identities. One way this could be seen was through increasing references made to being part of a team. John's team mates had called him asking him to come back because his presence at football had made a difference. This signalled to John that he had a purpose at Second Chance which included being a role model on the programme and stopped other players from fighting. Others respondents felt that in Second Chance they were part of an "extended family", or "part of the furniture" with a sense of "camaraderie".

> *I love going on along there, you know what I mean? Especially in the morning with the tournaments, I love it. there's one tomorrow. We won 8-3 last week. Yeah, they were playing right across through at the Prison. I scored four! [Jo, 2]*

> *Oh aye, it [playing in tournaments] means I am getting a reputation sort of thing d'you know what I mean as a defender and what have you. But...the competition before the last one we actually won it. We've still got that trophy to defend as well yet. [Robbie, 2]*

The coaches also reinforced the desisters as sports people in different ways. Ed had recalled being recognised by his coach saying "you're a quality player!" and "*every* week you do it!" as well as "'you've played shit!'". This specifically reinforced Ed's preferred sportsperson identity in a context which he associated with "normality and *everything* that goes with it. It's just like it's a proper life; it's

how everybody else would be". As participants kept going to Second Chance their alternative identities as sportsmen became more authenticated. In Ed's last interview he said he had a "duty" to go, even when he did not feel like it. For Ed this sort of motivation was very meaningful. Other respondents similarly talked about their coach who recognised their fitness or skills improving, or in wanting them to be at the programme. Recognition like this powerfully reinforced the desisters alternative identities, as Timmy and Ally described,

> *Jake [coach] would phone up and say, 'oh, can I talk to you and Bill', you know what I mean? To get us to come and help him with the sessions. So just by saying me and Bill, I thought 'he's recognising what I've done, or he wouldn't be asking for me', you know what I mean? 'He would be asking for somebody else'. So it's the recognition and everything, everything about it. It's just that belonging. [Timmy, 3]*

Ally described his coach recognising his improvements on the climbing wall,

> *On the wall up there, [coach] has noticed that I've been getting a lot more… braver with my moves, there's gaps…there are gaps that are wider than my arms now, you know? I'll just hold on with that, the littlest hold ever so I could be like that on the wall and just fall and grab hold of the other one, and then move my hand over. He's more impressed with how I do it because I can stretch my leg from wall to wall and move, like other people have to do shorter routes, so he's happy with things like that. [Ally, 2]*

Robbie talked about playing in a tournament. He said players were chosen because they were felt to be trustworthy. This sort of trust was unfamiliar to respondents and so, again, reinforced a preferred, alternative identity,

> *Johnny took the ones…he thought were the best ones to trust. You had to…he had to take the ones we could trust down you know? [Robbie, 3]*

In fact this tournament, which had involved travelling to another city, stood out in Robbie's mind as one of the most significant times in his life,

> *Robbie [3]:   It was brilliant. That was key life… believe it or not, going over there [to the tournament], made me feel like part of a team sort of thing, you know. It felt great cos we went down there with no expectations and come back with a trophy. It was brilliant, yeah. It made you feel as*

> *though you belong somewhere you know. And when we were getting*
> *praise off [coaches] and all of them lot you know. You're heading in*
> *the right direction.*
>
> SL: *Yeah. What do you mean by the 'right direction'?*
>
> Robbie [3]: *We're not going down now, we're going back to where we used to be,*
> *we're on the way up. Cos the way I feel, I feel lower than a snail's belly*
> *sometimes you know? And it's like if you're that low it might just be the*
> *slightest little thing, and you're on your way back up.*

The coaches and the players on Second Chance helped the desisters both to develop and reinforce a transformed identity on Second Chance. They did this in many ways such as recognising the desisters' achievements, and emphasising their role in their team.

Family

For some of the desisters, family also played an important part in establishing and reinforcing their alternative identities. According to the respondents, seeing them taking part in Second Chance encouraged their family and made them happy, and this process further established the interviewees' non-substance misusing identities. When family came to watch or take part in what sports the respondents were doing, this was particularly meaningful to the desisters. When family had been closely affected by respondents' addiction, spending time together in these new contexts were powerful reinforcements of their new identities which replaced those former addict identities, like Liam had said,

> *…they all came down to watch me play and watched us and all that and it was a good*
> *feeling …they would never have bothered with us [before] d'you know what I mean?*
> *… but like I say they have [pause] I don't know [pause] it's different. [Liam, 3]*

John's long term partner also came to watch him, and even took part herself in some of the sports sessions. As John said, his partner had "been there when I've been through the bad" and was now "there like when I'm doing the good"

> *But for her to come and experience what I do and experience the people that I do it*
> *with and stuff like that it's absolutely brilliant. [John, 3]*

Other examples of family reinforcing desisters' alternative identities included George, who had played tennis with his son when his son visited him for the first time since he was drug free. Relating to his son in this new positive context was deeply meaningful to George who had recalled with considerable emotion and guilt how his children had seen him using heroin when he was an addict.

Other interviewees, like Ed, felt that they were getting fitting during the interviews, and that their physical appearance was improving,

> *Going to football and seeing me get better every week, and people seeing that you're getting better week by week. It played a massive, massive part, and my confidence, everything for my confidence. [Ed, 2]*

The desisters non-drug using identities were established through volunteering and Second Chance, and the extent to which those identities could develop were facilitated by their social networks – in this research seen mainly through other players and family members. As these identities developed their former active-addict identities faded, helping reinforce the respondents' desistance. Alternative identities were a critical part of the desisters' ability to both to make sense of their past in a way which was acceptable to them, and also to manage difficulties and problems as they arose during their desistance, as John's case study shows.

CASE STUDY ONE - Managing the addict-identity

When John, aged 32, was first interviewed he had been going to Second Chance for around six months, and had been desisting from alcohol and stimulants for just less than one year. He was a persistent offender and, like some of the other respondents, had spent more time inside prison since the age of 16 than he had living in the community. Reflecting on his offending, John felt boredom had accounted for much of why he committed crimes. However, he also said being a criminal gave him an identity and this had a value attached to it, because it gave him a feeling of belonging,

> *When I was in jail, I felt I belonged in jail because I had to be there. You know what I mean? There was no other choice. Like [outside of jail] if I was in a group of people, you know, I always felt like I was the odd one out and I didn't belong. So, that's probably why I committed crimes and stuff like that, because I thought that would*

make us belong. And when I was in jail, I had no other option but to be there, so I felt relaxed and normal in jail. I've never told no-one that, actually, but I've always thought it, aye always, but I don't know if it makes any sense? [John, 1]

At the same time, John felt that being an offender was not who he really was, and that he wished he did not have this reputation,

> *John [1]:   [I'm] nothing like that. Totally different. I've always been this person who I am now but I've always been afraid to get...[pause]..to let people know this person. You know what I mean? Like my family would know the real person. Like I'd be totally different if I was with them, um, but as soon as I'd be back on the street, I'd be a totally different person. But with my family I've always been that person.*

When asked how he saw himself compared to when he was offending, John struggled to articulate how he felt about the offender-identity which he carried around with him, saying that he wished he did not have it ,

> *SL: So how do you look at yourself now?*
> *John [1]:   I wish I'd... I wish I knew now what... I wish I knew then what I now know, because then... I actually wish there's, there's...I actually wish I didn't have it anymore, but it's something I'm never ever going to get rid of. But I see like in the street like now and, ah, there's a lot of people still out there who still think I am that person. You can see they're liked frightened of us still.*
> *SL: So, how does that make you feel?*
> *John [1]:   Shit. Aye. I dinnit like that.*
> *SL: How would you like people to...?*
> *John [1]:   I think really I'm very approachable, very friendly. I like, I like getting on with people. I like meeting people and I just like, I like, ah, listening to people and like meeting different people and stuff like that and I like talking to people and I like being accepted, to be honest with you, but I don't like people being afraid of us. I hate that. I really hate it.*

John was clear in his first interview that his addict, offending identity was unhelpful, and he wished that that had never been a part of his life. He could see nothing positive from those days but he recognised that while he was offending this gave him an identity, and at that time it fulfilled a role.

Six months later

John was still desisting. He still had the same partner who was now pregnant, and he was spending more time with his other children. He still lived in the same place and neighbourhood as he always had done. He was enjoying Second Chance twice a week and although in his first interview he said he did not need friends, he had now made friends with both the players and coaches. John was on probation during the research, but he was not one of the respondents who described any formal treatment or support such as that described above. He rarely saw the same worker from one appointment to the next. John was not without support though, according to John his support almost entirely came from the coaches at Second Chance and his partner. He said that whenever he had problems he had spoken to the coaches and felt he could trust them. During the past six months he had done several presentations for Second Chance where he had given his life story as a 'success-story'. He had also been asked to do a newspaper interview which showed how he had "turned my life around". John felt these occasions allowed him to show people that he had changed, and this was important to him, although he still struggled with his former reputation as an offender,

> *I'm never going to like them [Police] it's going to be years and years before the Police accept that I've changed, because I <u>have</u> given them a lot of stick in the past. So, but it's just a bit [sigh], it's just like when you're with like the bairns and things like that and there's like Police slowing down in the car and looking and the bairns are saying, 'what are they looking at, Da?' And shit like that. I hate that. [John, 2]*

At the same time his reputation as a person who had reformed himself had started to be noticed in his local neighbourhood. In fact he had now become something of a role model, and on several occasions parents who were concerned about their own children's behaviour, had asked John to "have a word with them". In reflecting on how he felt about this new perception of him he said,

> *Brilliant, I'm very proud for someone to come and say 'he's gone a bit off the rails', she says, 'can you do a bit with him?' I say, 'well if I see him in the street then I'll say, 'look I can tell you how it is' … I say 'well tell them to come to here on Friday for the football' and things like that 'and I'll get them sorted out', you know what I mean, 'and there's coaches there who do absolute wonders'. [John, 2]*

John was now keen to find employment working with offenders, but felt he still had to show that he had changed, and "prove" himself. John felt that if he had had activities and support like Second Chance when he was growing up, he probably would not have become the prolific offender that he did. However, he was also quick to add that perhaps he would not change his past now even if he could,

> *I don't think I would change that anyway, but it's just for kids on that estate now who are only 12 and 13 they're running about with knives and they're trying to set houses alight and stuff like that. And like obviously when I'm back on there, they've got massive respect for me, for what I've become from what I was cos they still know who I was, you know what I mean, so for me to go back in [to estate], I mean, I've mothers and that come up to me and say 'look will you have a word with my boy' and stuff like that. [John, 2]*

These closing remarks about maybe not wanting to change his past had, according to John, come about because of the things he had been doing over the past six months which had enabled him to create something positive from the negative experiences which had consumed his former lifestyle. He was now beginning to be recognised as a non-addict but importantly someone who could help other people by using his experiences. The support which he received from his family who had stood by him and with whom he was building stronger relationships, and from the coaches and team mates at Second Chance, helped him to continue living in the same neighbourhood as he always had done, despite the presence of former associates and a perception of doubting authorities. In fact, he now had parents coming to speak to him to ask him his advice on how to help their children who were going down a similar 'path' to him. These factors reinforced John's alternative identities and helped him to desist.

One year later

In John's last interview he had just found out that he had been successful in applying for a mentoring job working with young offenders,

> *He got me into the room separately and that and said ... 'I want to keep you here as a volunteer for as long as I can'. He said 'obviously when you get your qualifications you're going to want to look for work', he said 'but I think you've got a lot to offer*

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this programme', he said, 'I think you'll make this programme go far', he said 'I think you've been excellent'. [John, 3]

This was clearly important to John, who was now actively turning his past into something which he felt was valuable and meaningful.

John's story how's part of a process through which it was possible for him to acquire and foster an alternative identity through Second Chance, one which was incompatible with the active drug using offending identity he had previously acquired. This new identity allowed him, over time, to begin to rearticulate his reputation as an offender and drug user, renegotiate relationships in his life, and move forward in a positive direction. John's narrative, similar to the other desisters, could be likened to the 'redemption script' described by Maruna's desisters (Maruna 2001). In order for Maruna's respondents to desist they had to turn their past into something positive, for the 'greater good'. They did not show a sense of regret, but instead their past highlighted some sort of calling to what they were to become. This is in contrast to Laub and Sampson (2003; 2005) who found their desisters' new activities meant they could 'knife off' the past from the present.

Hope and Self-Efficacy

Research on processes of change shows that change happens in stages, and that successful attempts at change involve developing a plan (DiClemente 2003). Snyder et al (1991:581) states that while the term 'hope' may be considered vague and hard to define, scholars have consistently anchored this process in peoples understanding that goals can be met (LeBel et al. 2008). Snyder suggests the term 'hope' consists of two components; first there is the agency part, which "involves "a sense of successful goal-directed determination". Second, there is a "pathways component, which involves a sense of successful goal-directed planning". What this means is that higher levels of hope involve higher amounts of both personal motivation and the means (or perceived means) required to achieve a desired goal. So for the people in this study having hope for their desistance meant having a plan and means (recovery capital) of maintaining their recovery. As the literature review showed, research on recovery for people with severe alcohol and other drug problems is increasingly recognising the strong

parallels to learn from the field of mental health, and that many substance misusers have coexisting mental health and substance use disorders (Best et al 2010b). The importance of having hope for recovery in the mental health field is well recognised and similarly, the addiction field is increasingly citing this concept as a core principle in people's recovery (see for example Best 2008a, Cloud and Granfield 2001b, White 1998, White 2009).

Another important concept in contemporary psychology and the recovery literature is self-efficacy. Self-efficacy, according to Bandura (1977:) is the expectation that one is proficient and successful in a given task. Further, unless people believe they can produce desired effects, they have limited incentive to act or to keep trying in the face of difficulties. Thus the respondents needed to believe that they could recover in order to successfully desist. Second Chance, in the context of the other positive developments previously described, did appear to promote self-efficacy. In a 33-year outcome study conducted in the US, Hser and colleagues (2001; 2007) found that self-efficacy and psychological wellbeing were predictors of stable recovery. Similarly, McKellar et al. (2008) found that self-efficacy predicted recovery in a longitudinal study of 400 individuals spanning 16 years.

As previously shown, the respondents wanted to stay substance free, improve important relationships in their lives, and find employment. They had aspirations for their future and had a collectively positive outlook. While virtually all the study participants described wanting to stay clean, improve important relationships and find work, the desisters differed because they had a tangible plan to help them acquire these goals. Of course this did not mean that these aspirations were guaranteed, and the desisters were well aware of this fact. But with a plan, which included support if they "fell" as Timmy put it, the group felt they were in stronger position to achieve. Some plans included volunteering and training opportunities which they were becoming involved in. Other plans included engaging regularly with mutual aid support groups. These plans and goals were key parts of successful desistance helping to give respondents meaningful experiences, a purpose, a support network, health, and an identity. The desisters were in what appeared to be continual process of developing, and putting into action, plans which were based around setting goals and creating both a narrative for how they saw their future.

SL: So how would you say life feels now compared to a year ago?

Chris [3]: Completely different, cos like a year ago I was just getting by, I was just existing. I've got goals in life now, know what I mean? I do this job, get as many hours in as possible, learn the job properly, then go on to be a proper full time support worker…that'd be really really…I'd be made up. I mean that's my goal at the moment like.

It's like I am happy being off the drugs, that makes me happy, and being at college makes us happy; having a job, knowing I've got an income, like knowing that I am not wasting my time. I've got another…twenty-two weeks of this course, it finishes in June I think, something like that. And then as soon as I've done that I've hopefully got a job in a barber's shop so…I just want to concentrate on doing this course. [Jo, 3]

I would say at since the start of this year like I've started setting my goals, and I've always thought 'keep plodding on, keep plodding on'. I felt as though I was jumping into the fire at some parts, but I just thought 'keep going, keep going', and getting some sort of support which will show where you're probably going wrong or where you're doing right, and I did. Now I've got this job and things are starting to come together. [Liam, 3]

In order to sustain their sense of hope, desisters had support networks around them. Support involved family, friends, peers who were also in recovery, recovery groups or key workers. It usually involved several and sometimes all of these. When respondents were facing difficulties in their lives, which in the past invariably led them back to using, this support was crucial in helping them feel they could cope,

I've been going to counselling a lot. Each session things are getting better and that and, ah, I know I'll like... Like all the stuff what's happened to me in the past and like dealing with that. I know I'm not there all the time but I can like cope with whatever and what I did before, which was like turn to violence or drugs. [Robbie, 3]

I've looked at other people, people what are around me now, and what they've been through and how they've come back to where they are now and looked at them, and I've thought 'I can do that', and push my boundaries an' that. There's a few who I know who've come so far like and I've just looked at them and thought 'they've got a life, it's good'. It takes a lot of work like. You've just gotto push those boundaries haven't you. [Dan, 3]

The ability to maintain a sense of hope in the face of problems was especially important. When respondents described difficulties and setbacks they were experiencing during the research, this was often when hope was most apparent, shown in the ways in which they made sense of their situations.

Common problems included dealing with former social networks, loneliness, guilt and cravings. In the past these problems had often caused respondents to resort to using, but now they had different strategies which they used to help manage these, as Lewis's case study demonstrates.

CASE STUDY TWO - Dealing with former social networks

Lewis, aged 26, lived in a small, deprived town with a population of around 8,000 people and situated 3.5 miles outside of a main city. He had lived there all his life, and in this town there were not many recreational or work opportunities. There was one local sports club where he used to play football once a week until the group he played with were barred for fighting. In fact Lewis's hometown was rated as one of the top most deprived areas according to the 2007 Index of Multiple Deprivation. Up until 8 months before Lewis was first interviewed, day-to-day life had consisted of drinking and smoking cannabis and using stimulants with friends. This lifestyle was funded through his benefits, stealing from his mother and robbing local warehouses for copper and steel to sell. Like others Lewis said there were a number of turning points which gave him the motivation to stop the last time, including getting kicked out of home, a close friend dying of cirrhosis of the liver due to alcoholism, and his own deteriorating health which had resulted in him twice being hospitalized and on life support. When Lewis was first interviewed he had been going to Second Chance for several months, he had been told about it by a local drugs worker who did outreach in the local area. Lewis started going with his friends who he had grown up with. All the people he knew took drugs and drank, none of them worked, Lewis said life had 'always been that way … it's just how it is round our end'. Like other respondents, Lewis felt that to stop using he had to avoid being around drink and drugs which inevitably meant keeping away from these people. But this was not easy when living in the same small town and having few other things to do with his time. So Lewis tried to avoid those people,

> *In one way it was ok but in another way it wasn't, because obviously you weren't seeing your mates, and obviously you weren't getting the drink, and you wanted a drink as well. It's hard avoiding them when there's not much going on and you're living on the same street as some of them. You know what I mean, so… but I mean, it was hard to like, stop drinking, and they [friends] didn't like it but… I just basically [sighs] just cut myself off from everyone, and just went on my own, done my own thing. [Lewis, 1]*

As Lewis started to cut himself off from his friends he had a set of difficulties to deal with, not just his own desire to use, but also the fact that he did not have that former network of friends anymore. He also had the additional problem of those friends not liking this new non-using identity that Lewis was developing.

Six months later

Lewis was still going to Second Chance and some of the local people in his area still went too, he said this was the only time he really saw them now. Lewis was now volunteering with two sports clubs, he had done a range of courses with the help of his key worker, Second Chance and himself. He was making new friends through these new occupations. However despite the new positive things he was doing with his time Lewis continued to having difficulties avoiding the people he had grown up with, all of whom were still using and living the same lifestyles as before. Lewis said that he 'hated' living in the area because many of these people were constantly abusive to him whenever they saw him now.

> *It's just people there, like certain… not certain people, but people in general look down on you because you're doing something to better yourself. You get called all sorts and that. Just people in general, idiots. Calling you all sorts, calling you arsehole, wanker and swear at you and stuff like that; just because you're bettering yourself, because you've come from where they are, and they're down here and I'm up here now, and they don't like it because I'm up there. It does your head in people going on and shouting stuff and that. Just walking down the street, because they're on drugs and stuff like that, and they're shouting stuff. It does my head in. I can't be bothered. I don't want it; I just want to be away from there. It's just one of those things you've got to put up with at the minute. It's bad at the minute. It's just mindless majority; it's embarrassing it just does your head in. [Lewis, 2]*

As well as abusive remarks from people, Lewis had an additional problem of other people coming to his house trying to get him to come out with them and go for a drink.

> *As I say, there's people trying to get us back on it as well. Trying to get us back on the drink and stuff like that. That's [not drinking] not a problem. It's like I don't want to know, but every day they come to my house and they're like are you coming for a drink, coming out for a drink or come for a smoke; I'm like no, just leave me alone. I was getting to a point where it's like two or three people a day knocking on my door saying are you coming out for a drink and all that; I was like no. It's doing my head in [Lewis, 2]*

This was difficult for Lewis, he said he had sometimes felt like giving in and going for a drink but was resolved not to do so. Reflecting that this feeling of temptation was something he 'needed to sort out myself', he described different strategies to help avoid giving in. Part of this involved not forgetting the past and remembering he didn't want to go back to that former life,

> Lewis [2]: I'll tell you once or twice I have [felt like using], but I haven't, I've just thought 'oh, I'll give in', but I haven't though. But there have been times where I have; I could have gone back but I haven't, but I could have done. I think there are areas, to be honest with you, but that's something I need to sort out myself.
> SL: What sort of things help you at times like that?
> Lewis [2]: It's just what I've done, how far I've come from where I was. I don't want to be back on that road; I want to be well away from that. I don't want to turn back, because if I turn back now I'll just… I don't know what I would actually do, to be honest.

During the research Lewis did many courses, some sports and some non-sports related. He was volunteering in his second and third follow-up interview engaging in activities which he took great pride and enjoyment in. Acknowledging his pride was another strategy he used to help avoid going back to using, by helping to give him confidence and motivation to keep desisting and achieve more.

> Just things I did and things I do now; I'm more proud of myself, if that sounds daft. What I've done and achieved. I've got a lot more self-belief in myself as well. I never used to have any, but I have now; it's up there now. [Lewis, 2]

Lewis also made sure he kept busy with the various courses and homework in which he was now involved. This gave him reasons to offer people for why he could not go out with them when they came to his door. It also helped keep his mind focused away from using.

> I always try to keep myself busy, always, cos that takes my mind off a lot things. So, if anyone comes and says 'are you coming out [I say] 'I'm busy, I'm doing this'. So, I've got an excuse. I shouldn't have to really, but it is an excuse I can use 'I'm busy, I'm doing this, I'm doing that, I'm doing this'. So, I keep myself to myself and keep busy. That's the best way really. [Lewis, 2]

Lewis still struggled as he had done with former social networks and friends who still used to come to his door regularly, other times people were still abusive to him. But during the past six months he had

become ever more absorbed in the work he was doing which he found meaningful and rewarding. He could recognise the progress he was making and, combined, these factors helped him avoid those social networks.

One year later

A year after his first interview Lewis still lived in the same place and continued to have problems with people pressuring him to use or giving him abuse. But he was still doing the routine activities he described in his previous interview, and these were developing and opening further doors of opportunity which he was gladly taking. His viewed the activities he was doing as providing pathways to further himself, and through these he could see a future developing for himself that he liked,

> *I've got a lot more self-belief in myself as well. I never used to have any, but I have now; it's up there now. I don't know something in me just…I just got on with it and it's…I don't know. It's just something I didn't think I would be able to achieve but I have. It was just…basically it's just lads coming knocking on the door, my mates, oh we're going for a drink are you coming? They still do that. It could only take that one time and I could just slip back do you know what I mean? Which I know I'm not going to do you know what I mean but a year ago I could have easily just slipped back into that mode do you know what I mean? Just stuff like that. But [pause] me myself now I think I've gone too far to go back, do you know what I mean? I've gone…I'm out of that situation, I've done so much for myself now that it would just be a shame to lose it all on one stupid thing that's the way I see it now. It's like I've worked quite a lot to get to where I am, just to go out and get drunk and end up back there, you just lose it all. [Lewis, 3]*

Over the course of his interviews Lewis described several strategies for helping him desist, and these were centred around doing activities regularly which were meaningful to him and provided him with a sense of purpose. As he engaged in opportunities which became available to him his situated choice developed and further opportunities opened up for him, moving him away from his former routines and informal social controls. Despite negative projections from former social networks, Lewis kept consciously reminding himself of his own achievements and this helped him improve in his own confidence and self-belief.

Regret and Shame

Research on desistance from offending shows that desisters often acquire a new perspective on their former crime careers (for example Laub and Sampson 2003, Maruna 2001, Sampson and Laub 1993, LeBel et al 2008). This can often include the individual showing regret and remorse for their offending. However, LeBel et al. (2008) identify that this can also have a converse effect wherein the individual becomes overpowered and unable to cope with these emotions, "the deep internalization of shame may trigger feelings of depression and powerlessness" (Maruna and Copes, 2005 cited in Le Bel, et. al. 2008, p138). LeBel et al. (2008) point out that this may be particularly likely for people who have long term severe drug or alcohol problem and characterised by low self-esteem and self-worth such as the people in this research study. As already shown in this study people with substance misuse problems frequently suffer from high levels of guilt and depression for example. As they come off substances their emotions which have hitherto been blocked out by those substances come back and can be particularly overwhelming, unfamiliar and unexpected (Meehan et al 1996, Potter-Efron 2002). Neale et al., (2011: 351) describe the emotional troubles (as well as other issues such as sleep and medication) as an embodied form of 'dys-appearance' whereby the individual is confronted with an often difficult to deal with and new reality, requiring (usually unpractised) actions to help sustain 'unproblematically functioning bodies'. In their various ways all the respondents in this study showed regret for certain parts of their pasts, the informal social controls and family highlighted this particularly for the desisters. Sometimes they talked about what life "could have been like", or as Liam and George said,

> *Aye, like getting on drugs was probably my biggest mistake in my life like you know.*
> *You know when think and you look back and you think ... I had a job lined up on the*
> *rigs and all. And I failed on my drugs test. And at the end of the day if I hadn't have*
> *done that, you know, my life would have been totally different now wouldn't it?*
> *[Liam, 2]*

George missed the time he used to be able to spend with his children, and also the social life he once had before his substance misuse had become a problem,

> *I wish I was younger…I wish could go back in time and be…change things, if you know what I mean sort of thing. I know you can never take time back, but like…I wish I was younger with all my qualifications … sometimes I do get lonely because I miss my…not just my kids, I miss going out, I miss having a good time with the lasses and I miss a lot of thing that I could have had. [George, 2]*

Despite having been victims themselves many times over, direct references were still made about how they had caused others to suffer. John for example recognised that virtually all of the crimes he had committed had been inflicted on innocent victims,

> *My da used to beat us up when I was a kid, he beat me with an ashtray when I was a bairn, and ever since then I just didn't trust, never trusted men, never. And if I used to see someone on the estate that I didn't know, I'd just kick the shit out of them and get them back off [the estate]. Or if I'd see someone in the street I didn't like I'd go out of my way to make sure I'd kick the shit out of them, or I just got them angry so I could kick the shit out of them. I don't know, I just used to hate them. But now it's just made us realise the amount of people that I've actually eh hurt, and seriously hurt, and that's all for nothing. I mean, it must be about 90% of the crimes I've committed were innocent. [John, 2]*

Regret and shame was often described by the desisters, and as a result they had often experienced substantial feelings of guilt, both formerly and during the research. Rather than focus upon the specific reasons for regret, this section examines the ways in which respondents were dealing with this emotions as they came up. The desisters said that the ability to do this was a crucial part of their desistance because in the past this guilt had often resulted in a return to using as a way of blocking out overwhelming emotions, as George described above. Volunteering, peer group support, and healthful activities like Second Chance each brought a different sort of support which simultaneously helped the desisters address and manage their feelings of guilt. Several respondents were members of AA and NA fellowships which specifically incorporates steps to deal with guilt. In reflecting upon this, White (White 1992) suggests that if there is a central emotion which the 12-step programme of AA is based around, it is without doubt that of human guilt. The programme focuses on processes of confession and actions of restitution and service, which provide ways of alleviating guilt and shame and reconstructing characters. Laudet et al., (2006) specifically notes that, for the acts that came before and

grew in parallel with progressing substance misuse, AA created a framework from its spiritual roots to both heal and makes amends for what had been done (2001: 59):

1   Made a searching and fearless moral inventory of ourselves.
2   Admitted to God, ourselves and to another human being the exact nature of our wrongs.
3   Made a list of all persons we had harmed, and became willing to make amends to them all.
4   Made direct amends to such people wherever possible, except when to do so would injure them or others.

Further, White (2002) suggests that unpaid acts of service, such as volunteering, serve at least two purposes: they offer a general way of replacing some of the addiction-related damage done to other people, and they create opportunities for new and genuine connections to be made with other people.

The desisters were in the process of developing an ability both to recognise and then to manage their feelings of regret and shame both for past actions and mistakes they described during the research. Other respondents in the study did not describe these resources and frequently felt unable to cope with their overwhelming feelings of guilt. But for the desisters this was ability was a continually developing feature in their narratives, as Ed's case study shows.

CASE STUDY THREE - Dealing with regret, shame and guilt

When Ed was first interviewed he had been drug free for 12 months. After some 20 years of misusing drugs, Ed found the challenge was keeping off them. He was in the first stage of his first residential rehabilitation. He had gone straight there from prison, describing his life at that time as "total chaos". Having hit "rock bottom" he recognised that initiating and maintaining his recovery had to come from within himself,

> *The only thing I didn't really lose was my family because they tried to help me … a good thing in, certain ways, but you'll manipulate that as well because it's an emotional tie to you... it's like 'feel sorry for me', 'help me', instead of you doing anything about it yourself, You want somebody to do it for you. but…I do understand that there's only me can do it now.*

Ed enjoyed the feelings of being drug-free every day, but he still struggled, frequently when he was unhappy or angry, 'it's hard to like love something that much and hate it that much'. He said desisting brought up emotions which he found hard to deal with,

> *The health thing, and the waking up clean, and the getting in the shower every day is like brilliant do you know what I mean? It's great, it's just normal, that bit is brilliant. But you're still left with the fear inside you about the things that you've done in the past, and dealing with everyday life. The drugs were only a medication because I didn't like me. Do you know what I mean? I didn't want to deal with me. So I took the drugs to mask that and get rid of it. So then without them [drugs], you've got to deal with you. And sometimes it's not very nice, it's...horrible, it's like 'God why am I feeling like this? Why do I feel like this!'*

Ed often felt like quitting rehab but he kept on going. During his more difficult times he also found his peers were helpful,

> *Quite early on in the rehab ...somebody said 'when you really really want to go home because you're missing your son, you're missing your family, you think you can go back to another job, that's the most dangerous time to go, because if you think of your motivations as an addict...they'll not be because of your son, they're really to go back and use drugs'. So I just stuck it out, everyday sometimes hating it, it went on for weeks, months...*

Ed also described some of the difficulties he experienced adjusting to a drug-free life. Some of these related to past issues and the different emotions he felt as he learned to deal with parts of himself that he did not like. He was grateful for the support of his family, but at the same time felt he 'manipulated' them, at times wanting them to 'do it [recover] for me'. However, Ed felt that the programme was helping him to deal with these issues as they came up. His peers in rehab also helped him realise that he was in control of his own successful desistance.

Six Months Later

When Ed was interviewed the second time he was living back out in the community as part of the programme's second stage 're-entry'. After about two months, like others in his situation, he was nervous because this was a time when people often relapsed, now unsheltered by the 'bubble' of community he become accustomed to living in,

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I mean in rehab you've got 30 people in there. If you start to feel like using, then usually you'll get over it quite quickly because they're all there to tell you 'right you do this' 'right you think about that'...... in the rehab everybody's altogether and you're safe, you're tight with them. Out here you're not, and it's a lot harder. That's why you have to find support and things like Second Chance. If you don't, you'll fail, you know what I mean? You will. You cannit just sit there and deal with everything because it will haunt you, it will haunt you.

Ed had found meaningful activities to do, including Second Chance, and other 'commitments' to help occupy himself, such as volunteering for local riding school. However, he said he had lapsed once during the past six months when he had returned home on a planned visit.

> *Ed [2]:* *I had a lapse while I was down there, so I used, I used crack. It was just that, uh, Greentown affected me really; I just wanted to come back [here] as soon as I could. Everybody I knew was using and it [drugs] was everything that was around me, everywhere. I were going to groups NA and everything as well, and I were trying to get through it, and it [drugs] was in my head all the time. And, to be honest, I felt like I was just living on borrowed time. I thought, 'God, I'm... I ain't done enough work here, I ain't done enough work to keep myself right'.....*
>
> *SL* *At what point did you realise that?*
>
> *Ed [2]:* *[sighs] About the first day, I think. Well, I didn't realise that I hadn't done enough [work on myself] ... but it just got worse and worse and worse and I ended up doing it for one night, I only did it once, obviously beat myself up after, 'why have I done it'. And I still beat myself up now, 'why did I do it!' I can't stop feeling that, but I've got to, it's relentless. But, I did it [used], so, and now it's time to, to move on, isn't it.*

Ed's said his feelings of disappointment with himself for lapsing were more intense than in the past because the stakes had become higher in relation to using,

> *Because along with taking the drugs comes the guilt, [pause] the feeling shit, the disappointment, the like you've let yourself down, you've let everybody around you who has been trying to help you down. You've got all that to deal with and that you've just used the drugs! Whereas before you just used the drugs and didn't give a fuck who thought whatever...you manipulated people, you was out only for yourself. Do you know what I mean? Addiction is very very selfish, you can't put anybody else...you can't put your children before addiction. But I've managed to deal with it and still am dealing with it at the moment.*

Despite his feelings of regret and shame Ed also had an articulated toolkit to help deal with these emotions, and help prevent future lapses. His peers were a central part of this, especially those found within the support groups he attended on a regular basis. This helped him to off-load and also help him recognise the progress he had made in spite of his lapse.

> *But if I can tell someone how I feel and usually it's through an NA meeting, or an AA meeting, or whatever, then…I think that's good, and it always makes me feel better. But it will be back again sooner or later, because that's how our feelings go, but that's [about] dealing with me. I do like myself a thousand times better than I did before, but I want to be perfect as well, which nobody is ever going to be perfect.*

Even though he felt bad, Ed still liked himself 'a thousand times better' than before. Still lacking confidence he often felt heightened anxieties about what other people thought about him. But he also said this was part of the process of becoming familiar with living without substances, which had masked deep feelings of insecurity.

One Year Later

Ed said he was continuing with his counselling, peer support meetings, volunteering and Second Chance. He had also taken up some other activities outside of Second Chance including playing for a local football team organised with the help of his Second Chance coach. These activities each brought their own purpose and values to Ed's life, giving him what he described as a 'positive kind of structure'. But he had faced difficulties as well. He was coping with illness, he had had a relationship breakdown after his partner had relapsed, and he had experienced a second lapse himself. On a separate occasion he was also arrested and sentenced to three months in prison following a violent offence. Nonetheless Ed was resolved to learn from these mistakes,

> *Drugs weren't involved that night [when arrested] but I was thinking 'because I haven't been taking drugs', I thought that drinking might not be a problem. But it is a problem. There might come a time where I can do it [drink] quite successfully but not yet … But I don't look at it like 'I've got to wait a couple of years'. I look at it as 'I'm just not going to do it today'. That's all I can do, I can't really worry about yesterday, and tomorrow.*

In spite of the anxiety he had felt prior to his prison sentence, with help from his support networks he learned to identify the source of his feelings, and how to cope,

> *Ed[3]:*   *When I was sentenced uh…like I had a lot of fear, I was scared. I was scared that I was going to get put in a cell with a drug addict who was using. That's the addict in you thinking. But when I got there it was like 'it's not too bad, I've just got to get this over and done with', and again, was just that sticking-in thing. 'Right. I will do it'. And as I went along opportunities opened up, so I did a 12-step programme in there. Ended up on a drug free wing, giving voluntary drug urine tests every week, and I did use the time I got constructively.*
>
> *SL:*   *What things did you do with your time?*
>
> *Ed [3]:*   *Well the days were full up because it was like a 12-step rehabilitation programme, and it was quite full on.*
>
> *SL:*   *What with?*
>
> *Ed [3]:*   *With learning about myself, being honest, which sounds ridiculous in prison in some ways, in that environment, but…it was the best it could be in there.*

Ed went on to describe during that prison sentence he initiated and organized the setting up of an NA group meeting on his wing, which had not previously existed, which was of help to others in the prison, and it was clear how his self-efficacy grew through this, reinforcing his transformed identity and his desistance,

> *Ed [3]:*   *And it was…yeah it was good, and I organised some Narcotics Anonymous meetings on wing for people…well for anybody really. It started off with about three or four people and then…by the end there was twenty people.*
>
> *SL:*   *You started that?*
>
> *Ed [3]:*   *I started the NA meetings yeah … it's about addicts helping addicts, what people are doing and thinking. It seems very strange to put twenty addicts in a room and think that they're all going to be all right… realistically some aren't, some are. But the ones that are getting it, they are going to be alright and that's the main thing … Sometimes there were times in that meeting when everybody was just taking the piss and talking pure bolshy, but there were times when it was…people were telling their innermost secrets and how they feel. There was only that NA meeting that could do that, we couldn't go back onto the wing and say 'd'you know what, I feel scared', 'I feel ashamed', I'm worried', because other people would have seen it as a vulnerability. You've got that in a room where its personal, nobody takes anything out of that room. All the way through it I can't remember anybody going out there*

> *on wing and telling anybody what was going on. And you used to see the other prisons like... they'd see us in there and they'd be like looking through the glass doors, 'what the fuck is going off in there?' Do you know what I mean? That's what it was like. It was our group, it was our thing,*
>
> SL: *So how did that make you feel then starting...?*
>
> Ed[3]: *Well obviously it made me feel brilliant didn't it? It made me feel great.*

Although he was successfully desisting, he still felt overwhelmed with unhappiness sometimes,

> *'it's like, <u>God</u>, I want...well like I want <u>you</u> to feel like how <u>I</u> feel for five minutes, you know what I mean, and then you'll understand! and that's, that's... but then you could say exactly the same to me, couldn't you? But like I struggle with life as much as I struggle with the not having the drugs. Sometimes I'm as unhappy off the drugs as I, as I was on them. [Ed,3]*

Ed's support network helped him focus on the present and look forward to the future, but he was also mindful of the past and what he did not want to go back to. He still volunteered and went to Second Chance. He said all these things helped him desist,

> *when I do start thinking too much that's when I start to think 'well, all I've got to do is get today over with', and that suddenly makes it all easier [laughs]. It's like all that pressure has gone and everything so...it doesn't always work obviously, nothing is 100% guaranteed but...it usually works. Most of the time it works so... and I think about other things and I think about what I have got to look forward to and I also... ...you think back, like I think back to the bad bad times, and think well I might feel as though I haven't got anything now ... but its fucking much much better than what I have just got rid of if you know what I mean? ...it's just a process of doing it, you just do it and do it and it becomes normal.*

As Ed's interview closed he was asked to describe himself now compared to one year ago. He said that in the past if he had been released from prison he would have felt he was back to 'square one, or worse', now he had better understanding of himself. He felt more focused and positive about his future, and more sure about how and why he would be able to successfully desist,

> *Like...I would...describe myself as like...a bit more focussed, and a bit more hopeful that I can really start to move on, ...I just think 'right, I need to get on with it, do this, do that...I seem to have got more focus on myself, just from doing that course [12-steps] ....mine has taken a lot longer than certain other people, but in some ways I'm not that bothered how long it takes, as long as it happens*

Ed's case study shows an example of how, with support and his own determination he had hope and self-efficacy, and as a consequence he had a positive outlook for his future and was successfully desisting

Internalising Stigma

As discussed, intense feelings of remorse have the potential to catalyse counterproductive feelings of guilt, depression or hopelessness. At the same time, while former career drug addicts and offenders reconstruct their lives they also have to deal with former reputations, as shown in 'alternative identities'. LeBel et al. (2008) outline a fourth subjective trait within desistance literature described as internalising stigma. They make reference to Braithwaite (2000) who states that regret for crime is necessary to encourage desistance, but there are ways of communicating shame which will either increase offending or reduce the chances of this. 'Reintegrative shaming' communicates disapproval in a way that still retains respect for the offender – the offence is bad but the person is good. 'Stigmatising shame' creates a perception that the person and the offence are essentially bad, leading the offender to be liable to think, 'once I have labelled them as dirt does it matter that they regard me like dirt?' As Goffman (1963:19) explained, if a person perceives him or herself as being 'a discredited person facing an un-accepting world' he or she is unlikely to respond well to deterrent or rehabilitative efforts. Importantly, stigma in this context is defined from the target's perspective, making stigma a subjective rather than a social variable (LeBel et al 2008:137). LeBel et al. found that feelings of being stigmatised predicted reoffending and re-imprisonment. This was consistent even when the number of social problems their respondents experienced after release (such as homelessness) had been controlled for. Thus the successful avoidance of internalising stigma may be a necessary part of desistance.

Reintegrative shaming, or the successful avoidance of internalising stigma, was apparent in the narratives of each desister during the research. Rather than draw on one case study the aim here will be to identify how this was apparent as they described their routine activities and informal social controls.

At various points in the research the desisters indicated, directly and indirectly, that despite past wrongdoings they felt they were accepted by other people and by society. This was a powerful stimulus for their desistance, and an important part of helping them to deal with their past, manage their present success and failures, and shape the futures which they aspired to.

Past

Having access to, and feeling welcomed by, meaningful activities like Second Chance was one way in which it was communicated to the desisters that they were "good person(s) who may have done a bad act(s)" (Braithwaite, 2000: 286). Most had described the surprise they had felt when they found out they could go to Second Chance, Robbie for example stating that,

> *You just don't expect that sort of thing to be available when you're homeless and that, never mind homeless and with drug problems and all that … it just came as a total surprise, no strings attached or nowt, I was over the moon me. [Robbie, 1]*

Second Chance enabled the respondents to avoid internalising stigma by giving them access to a regular, routine activity, encourage them to engage in a physically active and healthy hobby, and in doing so make them feel more like equal citizen in the community. In their narratives, this was often found in comments about the normality of playing sports, as Ed had reflected, "it's just it's the *normality* and *everything* what goes with it! It's just like it's a proper life; it's like everybody else would be". As previously shown respondents wanted to have a 'normal life' and doing normal things like having a job, playing sports and spend time with family, and the desisters were doing these things on a regular and routine basis.

When desisters described the relationship with their coaches the avoidance of internalising stigma again could be seen. Frequent references were made about their feeling accepted, recognised and valued. This perception had been referred to from the outset as well as in the follow up interviews, as John perhaps most clearly had articulated:

> *…he [coach] said 'everybody starts with a clean slate', he said 'I don't care what he's done, I don't care who he is, he said 'if he fucks up on my programme he's off',*

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he said 'but until then' he said 'I'll have anybody here'. And, that was an eye opener really. I mean I got accepted… [John, 3]

During the sessions the coaches were seen to have an understanding of the players "problems" but at the same time were interested in making sportsmen of the respondents, "It's not about 'you've got a drug problem' … it's about the sport" as Dan had reflected in his second interview. By recognising their progress during activities the coaches were helping the respondents to believe in themselves, as Ally had described about his climbing wall achievements for example, or Timmy stating 'he sees how far I've come … cos he's been there, with us … he can see it where other people can't, he knows us, he's spent time getting to know us". Second Chance played a key role in helping the desisters to avoid internalising stigma by giving them something positive to do which helped make them feel they were equal, welcomed members of the community who were not being judged on their past.

Present

Reintegrative shaming, and the avoidance of internalising stigma was not just about having access to meaningful, purposeful activities, but it was also found when the desisters described problems which came up for them during the research. All the desisters had problems at some stage which they were working their way through, both with the support of others and their own initiative and resolve. Ed's case study showed that even though he was sentenced to prison, he was able to create something positive from this experience. This was done partly by starting NA meetings in prison, but also by learning about himself more and leaning on his network of peers and other support. Here it was possible to see how instead of his being punished in a way that left Ed feeling he was a bad person, he came away from the experience feeling more positive and "a bit more hopeful that I can really start to move on". This was an important part of Ed's desistance, and from his accounts apparently helpful for others too.

Timmy talked about problems he had in relation to his own violent behaviour during his second interview. Two incidents had occurred in the rehab house in the previous six months following which he had received disciplinary action from the staff including two 'notices to quit'. This had meant he

had to write letters of appeal to explain why the incidents had happened, how they might have been avoided, and why he should get to stay in the rehab. Reflecting on this he explained,

I were doing alright and I was senior house manager and, ah, I got like put in the timeout for violence because, ah, somebody got in my face and, and I just started like… well I hit a door instead of the person that time, and they give me a notice to quit. I didn't hit anyone that time but it were still an 'act of violence' cos there's people with like domestic violence issues an' that, so weren't very nice for them know what I mean. So yeah, I had 48 hours to appeal - cos you've got to write an appeal on why you should be here and why are you coming and what you need to do and why should they let me stay and, ah, I did that and I won it and then, ah, I started counselling up again. … Because the job I had were just, I didn't get time to do my counselling or nothing. I was working more on the house and cleaning but [then] I went like down, depression and that, and then I started doing counselling and that, set it all up. And it's on-going now, so...[pause] and after about another three/four week I've, you know, I got another notice to quit for violence, I turned round and chinned him and knocked him over the table and they give me notice to quit, but due to circumstances they, ah, lightened off from that and got me to stay and I just started progressing from then. Working through what issues I've got, and how to deal with confrontation and things like that. [Timmy, 2]

Encouraging Timmy to reflect in a way which allowed him to understand why his violent outbursts had happened he was able to explain, and then put measures into place, to ensure that this would be less likely to happen again in the future. When Timmy was interviewed six months later he was living in the community, he had had no further problems in relation to anger and no substance misuse. He continued with his counselling sessions and with his peer group support meetings. He was spending more time with his son, continuing to go to Second Chance and do other courses as well, and he was volunteering. As noted previously he was doing "all of those courses what get thrown at me, I'm going to take with both hands. I'm doing things that I enjoy now, what I've always dreamt of as a kid I'm finally doing". The action taken in relation to Timmy's behaviour was reintegrative shaming as it communicated disapproval within a continuum of respect for him. In doing he could examine his actions, recognise his errors, and prevent against them happening again.

When George was interviewed for the last time he reported having had a lapse two months prior to his interview. Despite the many positive developments such as working, refereeing and becoming closer with his children, he still had problems like others. He had a son who had a terminal illness for

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example, he was also one of the few desisters who had a partner and his partner had relapsed during which they had broken up following an ultimatum where George had said "it was either me or the drink, she chose the drink". He also had on-going problems with the mother of his children. Following an argument he decided to use when he was out with some friends having a drink in a local pub,

> *It was over an argument with my ex-partner on the phone about the kids, I went down the [pub] for a pint and we ended up having a line of coke in the toilets. I'm like 'phhh …' and I thought to meself 'no, it's not for me this', do you know what I mean? It could've so easily led onto other things and that scared me. [George, 3]*

Having used gave George a shock, he was afraid now seeing how easily this could have led onto other drugs. So George became more focused on the drug-free activities he was committed to doing. In addition to volunteering, Second Chance and the refereeing he now did regularly, he also chose not to drink alcohol anymore, and to avoid certain groups of people and areas. He also knew how to fill the time that would have been otherwise spent with those networks,

> *So that's why I changed my circle of friends and circle of people and I don't go out drinking no more. Know what I mean? I'd rather stay here and walk across to the Dene I just go a different way now. So I'll go and play football with the Second Chance lads, know what I mean or on my bike or whatever, or playing round the golf with some of the lads. [George, 2]*

Although George was going through difficult personal problems in his last interview he now had a strong support network of friends and professionals who supported him and did not judge him when he lapsed. He said he was 'more stable in my life, more stable in what I do. I take it day to day, instead of thinking weeks ahead. I take every day as it comes, and I know more how to take my anger and frustration out like in boxing, and I have things to do now instead of letting myself get bored'. George's network of support helped him find ways avoiding future lapses, and having meaningful things to do, and people who he trusted with whom he could spend time with, were powerful ways of helping him successfully desist.

These examples showed how, despite problems which came up during the research, the respondents had support around them to learn more about themselves through their problems and retain their self-worth and belief in themselves.

Future

Reintegrative shaming, and the avoidance of internalising stigma by way of helping respondents feel they were being treated as essentially good people not only encouraged them to desist, it also had a secondary effect of helping them shape their ideas as to what they wanted to do in the future. Most noticeably this was seen in their desire to work with other people with alcohol and drug problems, recognising that those individuals were also essentially 'good people'. As John had said "there's a lot of good lads in there [prison] who, given the right eh guidance and stuff like that that would do good, do good in the world". These sorts of references abounded in the desisters' narratives, showing a belief in the individuals they wanted to help, and in their own capabilities of doing so. Chris had just started volunteering in his third interview and was working in a halfway house,

> *Some of them have just lost a bit of hope, you can see it in their eyes: 'no-one gives a shit about me so why should we give a shit about ourselves? … I know what that feels like cos I've been there, I want to tell them, to show them that there <u>is</u> people who believe in them, there <u>is.</u> [Chris, 3]*

The desisters were asked in their last interview 'how do you look at yourself now, compared to when you were using?' Their answers reflected the perception that they felt accepted, as Dan, Robbie and Timmy concluded,

> *I value my life a hell of a lot more than what I used to value. Being around nice people a hell of a lot more. And the information you get off some people, it's really rewarding at times you know. And being able to just have the choice … I don't know, just being able to take information in more than what I used to be able to, and act on certain things and not be frightened to ask questions or ask people like 'Oh is this course coming up?' [Dan, 3]*

> *It's made me a better person. It's made me look at myself in the mirror and think 'I like what I see'. I get up of a morning now and think … it's not that I like it … I <u>love</u> what I see, because I see a different person now. [Robbie, 3]*

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How do I view myself now? [long pause for thought] I've found a lot of good stuff like [pause], I find it easier talking to people, who haven't used, and em…I've got a lot of different beliefs now, and, well, sort of, I'm coming to terms with things. I'm chilled out a lot. I'm a good person, cos I used to think I were bad, well I were [laughs quietly], but I've found goodness in me, know what I mean? So I fought all that bad inside me, I found it and, that's it. [Timmy, 3]

Feeling accepted was an essential part of the respondents' desistance. Mirroring the de-addiction literature in the past they had felt stigmatised across a range of dimensions, and this had been, and to different extents continued to be, an extremely sensitive issue for them. Having access to routine activities like Second Chance, through which they could develop their hobbies, interests and recovery, allowed them to feel 'normal', accepted and active members of the community. Having support which facilitated an examination of their mistakes during their recovery as opposed to condemning them for those mistakes, enabled them to understand and put in place measures that could help prevent these happening again. Finally, as the desisters became more active and contributing members of the community, moving further away from feelings of stigma, they aspired to take this message of hope to others with substance use problems. In having the opportunities to do this they were able to see a future for themselves by working in a field in which they believed desistance was both a reality and achievable.

5.5   Summary

This chapter set out to examine prospectively how and why respondents were desisting during the research and how Second Chance fitted into this process. It did this by exploring the meaning which desisters attached to their routine activities and social networks. Through the case studies, the chapter also examined how they managed the challenges of living without alcohol and drugs day by day.

The chapter showed that the desisters were busy people. They had a number of meaningful routine activities which provided them with a sense of purpose and a social network. This enabled them to move away from their addict-identities to develop new, alternative identities. Second Chance and volunteering were the most common routine activities. Both of these were meaningful to the desisters,

helping them to realise their future goals, and develop into the sort of people they hoped to become. The routine activities were helping the desisters to change the ways in which they were thinking, and this helped them to desist. Volunteering also had a strong restorative element to it for the interviewees and this was a crucial part of their desistance. By feeling they were able to 'give something back' volunteering helped desisters to deal with feelings of guilt about their past. The support networks were another key part of this process. Not all the desisters were accessing formal support or treatment in the follow-up interviews, but they all had at least one person or group with whom they met on a regular basis.

Second Chance was important to the desisters in three distinct ways, over and beyond filling time, as important as that was. Playing sports was something positive from their past that they could identify with, and which they felt comfortable with. Sport was part of their residual identity, and this continued to provide a strong attraction to the programme for the respondent during the fieldwork. Second, the desisters felt that the programme helped them improve their physical health, and this mattered to them in their recovery, because they had lost a great deal of health through their substance misuse. Third, Second Chance provided the desisters with a constantly evolving supportive, social network of non-users. These people were to become friends of the desisters, even though they did not consider this when they joined. The coaches and the players provided the desisters with a constant, meaningful, supportive network. The coaches instilled a strong sense of self-belief into the desisters, and this appeared to have a powerful influence on the desistance. Respondents valued their coaches and wanted to work hard for them. These dynamics were a catalyst for an increasing level of motivation among the desisters, and as Ed said, it began to change their ways of thinking. More broadly, being part of a team reinforced the respondents' sense of support even though it was in a non-drug using context – indeed this was viewed as an attribute of the programme. The coaches, in many ways, were described by the desisters as having the same attributes as those identified key workers and support groups. These attributes included for example, support and guidance, encouragement and good humour, whilst challenging at the same time.

The desisters had a positive outlook, self-efficacy and hope. This did not mean that they did not experience sometimes intense, feelings of anxiety, loneliness and stress. They also had difficult relationships to contend, previous criminal records, and cravings. Some had lapses and had to deal with the consequences of such setbacks. However the desisters had a distinct resilience, and ability to prevent problems arising, and cope with setbacks. Much of this revolved around their support network which, as Chris said, "I've made sure that I've got a network around me where if I do fall I get picked up. Or if I am feeling down they'll bring me back up". Another part of this resilience was their personal agency. The case studies aimed to identify these processes. Through hope, self-efficacy, avoidance of internalising stigma, and alternative identities the respondents had a toolkit of 'identity materials' (Biernacki 1986) with which to weather problems as they arose. It is not possible in this study to know whether their social or subjective characteristics came first, but these were consistent themes during the follow-up interviews, and clearly added further stability and resilience to their recovery.

The life-course theory of informal social controls (Laub and Sampson 2003) suggests that turning points facilitate the process of desistance during the life-course. Hser et al. (2010) noted that turning points are usually a gradual process, which emerge over time, so it is only with hindsight that can be identified. It is with caution, then, that this study suggests the desisters were experiencing a turning point through Second Chance. For the people in this study that turning point was an identity transformation, and Second Chance was a window of opportunity for this to take place.

Following the same format as this chapter, the next chapter examines the remaining eight respondents who were also attending Second Chance during the research.

6

Staying with Second Chance and Trapped

"Stuck in a rut and you think 'well there's nay point in me sorting me head out, cos there's nowt for us to do anyway'." [Sam, 3]

6.1   Introduction

The previous chapter suggested that the desisters were experiencing a turning point through their transforming identities. The focus was on how Second Chance provided a window of opportunity for these transformations to take place, but this transformation was also dependent on their other routine activities and informal social controls outside Second Chance. The desisters also had self-efficacy and hope, and ways of dealing effectively with difficulties as they arose. Taken together, these features enabled the desisters to have a resilience which supported their desistance. Agency in this study was defined as 'choice', but differentiated from a rational choice perspective or free-will (Laub and Sampson 2003). Instead the assumption was that people's actions are the result of an interaction of social and environmental circumstances experienced at a given point in time. Agency is determined by a complex and dynamic set of interrelated variables which include a person's past and present experiences, while at the same time constantly needing to move forward (Bottoms et al. 2006). The embodied acts of doing things (routines, habits and practices) (Nettleton et al. 2011), as well as the cognitive processes involved in choosing to desist (Biernacki 1986), are important parts of what determines choice, even when the person cannot easily account for why they do what they do (or do not want to) (Gadd 2006).

This chapter focuses on a second group of eight respondents, who described a different pattern of behaviours. This was despite being similarly matched to those in the previous chapter in relation to substance use problems and attendance at Second Chance. Like the desisters they attended an average

of at least one in four sessions during the research, and, as a group they had been attending Second Chance for just over one year. They had an average age of 32 years, and had been desisting for an average of 10 months. In terms of a category they were less easy to define than the desisters; they were not 'persisters' because although some did relapse or lapse, others did not. Others developed the use of another substance problematically. Some did not describe substance use problems, but had different issues which they felt unable to manage such as homelessness, or on-going behavioural problems. Each participant described a series of problems in relation to their routine activities, informal social controls and agency, such that, for the period of the research, they appeared to be blocked from moving forward in their recovery and successfully desisting.

Having analysed the data, one of the initial aims was to find a term which captured their situations during this time. Marsden et al. (2011) examined the Jacobson and Truax Reliable Change Index for measuring changes over 122.8 days among 18,163 substance misusers in treatment. They described respondents as 'reliably changed', 'unchanged' or 'reliably improved' using the measure as the numbers of days since their subjects' last drug use. For the present study, 'improvers' was considered in the recognition that respondents were more stable at the point when they were interviewed than during the height of their addictions. However it was felt that the term did not capture accurately enough the themes which emerged as they describe their situations during the fieldwork. It was the cognitive processes which formed the predominant analysis of this study. Also, the Jacobson and Truax Reliable Change Index refers to substance use, this study also examined respondents' routine activities and informal social controls. Some of the other terms which were considered for this group included 'struggling', 'blocked' and 'unchanged', but none seemed to accurately represent the group. The respondents' narratives suggested that more than anything they were trapped, socially and subjectively. A dictionary definition (Encarta Webster's Dictionary) of 'trapped' includes "a situation from which it is difficult to escape and in which somebody feels confined, restricted, or in somebody else's power". As this chapter will show, these individuals were in situations from which they did perceive it difficult to escape. They had few routine activities and informal social controls, and their social networks consisted of people who were similarly situated. Their narratives suggested low levels

of self-efficacy, little hope, and, from their perspectives, their outlook for their future was bleak. Combined, these factors restricted and prevented them from realising the potential of their recovery, and thus made their desistance less stable than those in the last chapter.

Similar to Maruna (2001) the assumption guiding this research is that the respondents in this chapter and the last chapter both represented similar individuals in different stages of the process of change (DiClemente 2003). But added to this were certain factors beyond the apparent control of the trapped respondents which made successful desistance considerably more challenging than it may have otherwise been. Maruna (2001:86) commented that believing offenders are different 'types' of people is an assumption 'made all the time in correctional practice ... One might imagine that if the condemnation script allows for the continuation of deviant behaviour, then the desisting person's self-narrative would simply be the opposite of the active offender's script. If offenders make excuses for their behaviour, they need to stop making excuses. If offenders see themselves as victims, they need to stop seeing themselves as victims'. The respondents in this study, like Maruna's (ibid), did not fit this perspective. In keeping with the study's theoretical framework this chapter examines the respondents' routine activities, informal social controls, and agency in turn.

6.2   Routine Activities

Second Chance and Not Much Else

The RSA (Daddow and Broome 2010) found that even among their respondents 'in treatment' there was an actual and perceived lack of opportunities to do anything other than address the medical aspects of their problem drug use. Similarly, one of the most marked findings among the trapped respondents was that apart from Second Chance and various substance misuse related appointments (e.g. probation), they were doing virtually no other routine activities during the research. Some of the trapped respondents described having access to a second gym in their local area, once a week for one hour. One respondent was part of a theatrical group. Other respondents had a local drop-in which they could attend, but while these were clearly meaningful to those individuals, the group as a whole had

appeared to have very little structure in their lives. The respondents frequently said that if they did not have Second Chance there would be serious problems,

If wasn't doing that I know for a fact I'd be still on the drugs. That's <u>one</u> day a week that football. One day a week...it's like, you know what I mean, it's good cos while I'm doing that...[pause]...I mean what's the point of stayin clean if you've got nowt to do? I would just end up back on the drugs, I know I would. [Paul, 1]

If I hadn't have been going out and doing Second Chance then I'd just be sat around bored. So I'd have probably ended up back on the drugs again yeah? Because I didn't do nothing before that. I used to just sit around all day. [Jake, 1]

Like if I didn't have had this gym pass and I wasn't going to the football on a Thursday [Second Chance] I'd just be getting up on a morning and I'd be bored, d'you know what I mean, I'd be really bored. Where(as) like the gym … it gives us something to look forward to, d'you know what I mean? Like I think like on the nights 'well I'll get up in the morning, I'll get my gym bag ready and I'll have my breakfast and then I'll go to the gym'. D'you know what I mean? It gives us something to look forward to. [Michael, 2]

Second Chance gave the trapped respondents a meaningful structure and routine to their lives, and this was clearly important. But while the desisters were finding additional things to do on the other five or six days during the week, this theme continued for the trapped group during their follow up interviews,

If I wasn't going through there [Second Chance] it would be the same as the other six days a week wouldn't it? Staying in. I look forward to Thursday because it gets us out playing footie. That would be proper boring then like. Knowing that you are not doing nowt at all, all week. I would have to be doing something. [Luke, 2]

When asked how they were spending their time typical answers were 'nothing'. When probed it seemed their time was mainly watching television, playing on the computer and being around other similarly situated people,

SL: What's an average day for you?
Phil [2]:   Well, not much. I just...nothing really.
SL: Talk me through a typical week then, what do you do on a Monday?
Phil [2]:   Nowt.
SL: When you're doing nowt like you say, what does nowt mean?

Phil [2]:   I'm just a bit stuck really. There's Bluetown, but it's about two mile away but sometimes I'll just go across there, go on the computer with the lads. Not much really. There's nowt good happens in Redtown Monday, Tuesday and Friday or the weekend you know? Wednesday and Thursday you're alright.

SL: What happens on Wednesdays and Thursdays?

Phil [2]:   Thursday's Second Chance and Wednesday you can go in the gym and do whatever I want to do, so that's good just to get out of Redtown, that's the best thing.

Most did not speak well of the areas they lived in and felt there was nothing good about them and there were no opportunities to further themselves,

Not just sport but like other things, like I don't know like everything to get employment, there's nowt for people to do. That's what leads to people going back – boredom and stuff like that. There's nowt for them to aim for. D'you know what I mean? Stuck in a rut and you think 'well there's nay point in me sorting me head out, cos there's nowt for us to do anyway'. [Sam, 1]

Jake [2]:   Its boring around here, there is nowt around here. There's one shop do you know what I mean? 3000 people have got to share that shop. One shop man! There is nowt round here, there's one new club, it's fucking shite, they haven't even got a pool table have they? They used to have three snooker tables and that in here, dart boards and everything.

SL: So what's does that mean for you then?

Jake [2]: I don't know, but if the new club's shite no-one's going to start coming they're just going to get into the same boat what we have. What we were into. Burgling everywhere and that for money and stuff. Where if they had a new club with better stuff people would come wouldn't they? There's fuck all around here.

During the fieldwork some respondents said they had been doing a particular activity, typically for around two months, but then it stopped. Respondents did not know why, although thought it was probably to do with funding cuts,

SL: One of the things you said last time you were doing a lot of art and you were always really good at that?

Sam [3]:   Aye. It's gone now. Where the art is they've laid her [teacher] off. I don't know why, I think they were cost cutting you know?

SL: What was it about the art that you liked?

Sam [3]:   I don't know it's just…relaxing you know? It was relaxing. I've always like enjoyed drawing and painting you now? Just going there it was something to do, something I enjoyed doing, it was therapeutic.

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> *And…just out of the blue I went in one day and she went "this is our last week this week". I went "are you going on holiday?" She went "no I've been laid off".*

Phil and Steve said they had been playing badminton and doing cooking courses, they had been enjoying them until they both stopped unexpectedly, and they did not know why,

> *Phil [3]:*   *We used to play badminton, and that was it, through here on a Tuesday and that was good and that was it. It used to be about nine of us turned up; it was quite a few a canny few turned up. But that all stopped.*
> *SL:*   *Why?*
> *Phil [3]:*   *I haven't a clue.*

> *I've done courses with these in here [treatment agency], cooking and that, but they all stopped because of the funding. This new guy he's meant to be getting some funding and that for courses now, but there used to be somebody that came through Progress to Work I don't think they come anymore. That was alright that, it was a shame to stop cos it was good, know what I mean? [Steve, 3]*

Respondents were frustrated when activities stopped without them knowing why, and they were doubtful that anything would change in this regard in their local area. There was a clear sense of frustration among the group,

> *All it needs is once a week, like badminton … I'd love to do archery, it was mint that. Bowling. That's the main thing, just one, one, like one day a week, badminton or say, anyone could start and play badminton like. Something like that. It doesn't have to be expensive. It's only about six quid or something for an hour. You see, most of the others they do something in their home areas at least once a week. We do nothing! [Michael, 2]*

One year later their narratives were almost exactly the same,

> *SL:*   *So what's an average day for you?*
> *Peter [3]:*   *Mm, wake up, on methadone [laughs]…on me methadone, mmm [pause for thought], wait til about 2o'clock cos I know whatever's on the tele. Have me dinner and then I put the computer on, have an hour's sleep, then I'm up all night watching the telly. That's my day. That's my life.*

Even though this situation had never been any different, there was a sense of desperation as they expressed frustration that other geographical areas had more activities than they did. They were especially frustrated when activities started and stopped without knowing why,

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It does your head in when stuff starts and then stops with no reason, does your head in! That's what I'm saying, once a week they should do something different through here like Pinktown play football on a Wednesday or something, or they do other stuff. Everyone do other stuff where they're from, we don't do nowt. Just football. Everything we do is with the university. [Sam, 3]

Other than the activities which were organized through SUNEE, only two activities were described by two respondents as having been regularly available to them.

A lack of things to do with their time, or activities stopping and starting, appeared related to several problems. Steve for example, like others, wanted more support for a substance use problem (alcohol) which was developing as he desisted from heroin. In all Steve's interviews he felt there was not enough support in his area for alcohol problems. He had been desisting from heroin for one and a half years but said he still needed support, and an important part of this included having enough things to do to keep his mind away from using. In the absence of this he found his use was increasing, he did not feel able to manage it, and he did not know what to do.

Steve [1]:   *Well, the only thing I disagree with, that I don't like, is the Aftercare, right. The thing is they went 'brilliant! Brilliant! We'll get you in the hospital' [detox] and that. Right, but as soon as you're out, that's it, you're forgotten about, you know what I mean?*
SL: *What affect does that have on you?*
Steve [1]:   *It's easier to go back to using! D'you know what I mean? If they've not got any...anything to do, what are you supposed to do? It just seems to be as if they don't give a shit, when they've got people going into hospital then there's no Aftercare, you know what I mean?*

In Steve's second interview he was still desisting from heroin but his alcohol use was increasing. He attributed much of this to insufficient things to do to occupy his time, especially in the evenings, and continued to state strongly there was not enough support for people in his situation. Steve also said that he was less likely to drink when he had responsibilities like Second Chance, or seeing his son. In relation to seeing his son he said that he would be "fine with" not drinking as long as he did not "bump into anybody" who also drank,

> *Steve [2]:*   *Drugs, I don't bother with them anymore, it's alcohol, it's alcohol I've got a problem with now, there's no aftercare for me, you know what I mean?*
>
> *SL:*   *What would you like to get?*
>
> *Steve [2]:*   *I'd like to cut down on my drink, definitely.*
>
> *SL:*   *What help would you like? When you say 'aftercare'?*
>
> *Steve [2]:*   *I don't know! 'cos I've never had any! I don't know! What can they do? Apart from sending me to the AA or something like that.*
>
> *SL:*   *Have you ever done anything like that before?*
>
> *Steve [2]:*   *No.*
>
> *SL:*   *What's your thoughts on something like that?*
>
> *Steve [2]:*   *I have to I <u>have</u> to really really shortly. Because my lass who I've just met's lassie is just a bit bigger than Jake [son], on Thursday, she says 'you better not be drinking in the morning' before I went there, you know what I mean? Cos it's Jake's birthday on Thursday. And I know I can't have a drink that morning, you know what I mean?*
>
> *SL:*   *And how will that go?*
>
> *Steve [2]:*   *I'll be fine with that, as long as I don't bump into anybody that I know [who] drinks, you know what I mean? I'm just easily led I think. It's always been that way all my life.*

In both of Steve's follow up interviews he described several arrests for Drunken and Disorderly behaviour during the previous six months. He said the evenings were the biggest challenge, but he was drinking in the mornings and daytimes sometimes too.

> *It's no just havin nothin' to do during the day though it's the night's that I could do with things too, d'you know what I mean? It'd just give me something to do. Yeah, because at night it's boring and that's when I'm drinking mostly, but see recently it's been in the days too you know what I mean? It depends if I've got things happening…I don't know if I'm addicted, but I know I depend on it at night usually, you know what I mean? Just to watch the television, I'm bored sitting and staring at it. Unless my wee friend's here, but he drinks as well, so we're just as bad as each other. [Steve, 3]*

Steve said that the times when he knew he had meaningful activities to do he was less inclined to drink,

> *Steve [3]:*   *Don't get me wrong, I love a drink, you know what I mean? I won't have a drink tomorrow and I'll not have drink Wednesday, but I'll have a drink at night.*
>
> *SL:*   *Why not on these days?*
>
> *Steve [3]:*   *Cos it's the sports Centre I'm going to on Wednesday, so then I won't have a drink Thursday morning neither cos that's the football [Second*

> *Chance]. I can't. But it's kind of at night when I finish football and doing the things like that, you know what I mean? Nothing I can do about that. Going home and watching telly, it's boring. That's why I just go to the shop and get a few cans and it goes from there.*

With few other meaningful routine activities, the trapped respondents placed emphasis on the value of Second Chance not just filling time but, more directly, for taking them away from their current situations. Like others, Michael felt that Second Chance was the only antidote to the frequent cravings he regularly experienced. But one or two days a week was not enough, he wanted things to do at least five days a week. Also like others he had various mandatory appointments, but while these did take up some time he wanted things to do which were 'positive' as he put it, and would help him feel he was improving his physical health,

> *SL:*   *Are there any things that help you not get cravings?*
> *Michael [2]:* *When I'm busy, like when I'm doing stuff. But when I'm bored and I'm just sitting about and that, that's when it mainly happens. D'you know what I mean? But that's why I want to be doing something like at least five days a week. D'you know what I mean? I know I've got like probation appointments and [agency] appointments, and that, but like I want to start get back into the gym, getting my health back again, d'you know what I mean? And that's the only thing that like gets my mind off it because I'm doing something positive.*

In Michael's last interview, with no other roles or occupations in his life apart from appointments, the significance of Second Chance became more striking,

> *SL:*   *What has Second Chance meant to you this past six months?*
> *Michael [3]:* *It's my recovery – simple as. I'm here playing football, I know it's only once a week but I look forward to that once a week, to play football [pause]...if I didn't have this I don't know what I would do.*

Phil also described the escape which Second Chance provided. He had been living in his accommodation for two months when he was first interviewed. He lived on his own and he felt the place was too big for him, made worse by the fact that he had no furniture and could not afford the cost of heating. Most of the people he knew were other current users, and he was trying to keep away from them to help avoid temptation. Consequently this meant Phil was on his own in his house for six days per week, so Second Chance gave him a break from the loneliness of his situation,

It takes us away from the situation I'm in at home. I've got a two bedroomed house, I have enough furniture in it just to fill my bedroom, no carpets, no TV, no bed, everything else is empty apart from the bathroom - so you imagine I'm living in one room. It's been like that since I moved in; because of my Jobcentres and social funding and shit like that I can't get loans, I can't even get a community care grant to get furniture. So to keep me out of that house for, even if it's just four hours every Monday, helps. Because if I was locked in there 24/7 that would do my head in. And everywhere I go there's drugs. Everyone I go see in the town uses drugs. No matter where you go, all my mates, everything. [Phil, 1]

In his last interview Phil was now homeless, and continued to describe the 'escape' Second Chance gave him. He said that was the 'most important' benefit of the programme. Like others he felt a connection to sport, that it was part of his life as he put it,

SL: *What has Second Chance meant to you this past six months?*
Phil [3]:   *In my life? It's an escape, gets me away from all my problems. So that's the biggest one. It does. It takes me away...I mean when I'm playing football I don't think about what's going on, I don't think about nothing apart from catching that ball and stopping that ball. I might get angry and go pop a few times but can't help that. But that's the way it is; it's an escape. I see it as part of me life, you know? Football, sport, everything since I've been a kid, it's been part of my life.*

Similarly, Paul felt that Second Chance took him physically and mentally away from his situation at home. Like others he also described that the physical exercise was helping him to eat and sleep and feel better,

If someone's into football...just...it clears your mind of everything else, or it does to me, when I'm on a football pitch I don't think of nowt else. And you feel good an' all, yeah good. Go home, have something to eat, feel better about...you're tired, it's good. But I love football me. I'd play like every day, all the time if I could. [Paul, 3]

Jake said that Second Chance got him out of the town in which he lived and away from being on his own at home and therefore helped to avoid using,

It keeps me out of shit; it keeps you out of trouble doesn't it? It keeps your mind occupied. Where before I didn't even used to come to football, I used to go getting wrecked and that. But now I might as well come, it gets me out of the house, it's all right. A good crack there. We get out of Bluetown for an hour or two. I dunno, it's

something to pass the time away cos it's the same thing all day every day in Bluetown. I'll do this [interview] then that's all I've done today. [Jake, 2]

Like the desisters, Michael said that Second Chance enabled him to socialize with people again. This was meaningful to him as his drug using lifestyle meant that he had spent most of his time in isolation,

It's like getting back out and communicating with people because I was always just…by myself, get your drugs, go home. I'm back doing football now and sports again. Because you're used to being always by yourself, like you might see someone you know but only to get your drugs and then it's back home, and the second that you're done you're thinking about the finding the next bit of money for the next one. And it's just like that all the time. Aye so like getting out and talking to people, back to a normal life type of thing. [Michael, 2]

Similarly, for Luke, the social interaction of playing sports was an important part of his recovery. His narrative showed that even in his last interview he still had considerable anxieties about socializing with people. But despite this, he still felt that when he was playing football he was closer to being himself again,

When I'm playing football…I'm a different person. I'm 'me' again. Do you know what I mean? Like I was when I was a kid. It's like something comes out. But then again, I'm worried that that thing doesn't come out, because of the drugs, they maybe deaden that, that feeling, that emotion, that, that pride and that confidence I used to have. [Luke, 2]

Farrall (2002) conducted a longitudinal study of 199 probationers and collected detailed data on their recorded and self-reported offending, probation officers' and the offenders own reports. His study found that desistance, where it was observed, was largely unrelated to any differences in probationers practices, but instead in relation to employment and family relationships. This prompted Farrall (ibid) to suggest that crime reduction strategies and practice should be focussed not simply on 'offence-related factors' but on 'desistance-related factors'. Acknowledging that an offence focus is necessary, he also argued that only focusing on this might be more likely to increase the offending rather than reduce it. Where a sole offence focus might create a feeling of dysfunction of the individual, a desistance-focus would suggest aspiration and purpose, recognise the social context of offending, and

encourage change. There are notable parallels here in relation to the recovery movement, perhaps best articulated in White's (2008) plea for a chronic or longitudinal model of care. This switch necessitates the change in focus, from treatment toward factors which stabilise individuals. These factors would include social networks, employment and training, and supportive relationships (Best et al. 2008).

Apart from two individuals, the trapped respondents reported that the only regular, consistent access they had to a meaningful activity was Second Chance. Thus, when they were asked "what has Second Chance meant to you over the past six months?" their emphases were on the programme taking them away (physically and mentally) from their situations. There were few developments in this regard during the following up interviews. This was in considerable contrast to the desisters who continued to attend Second Chance despite their busy schedules. Life for the trapped respondents, on the other five or six days per week, was described as lonely and repetitive. Problems such as cravings and stress seemed worse on those days and reinforced the points they made about wanting to keep busy.

Previous chapters have shown that for people overcoming addictions keeping busy physically and mentally, ideally in a way that is meaningful and provides a sense of purpose, is a critical part of helping them living without alcohol and drugs (McIntosh and McKeganey 2002; DiClemente 2003; White and Kurtz 2006; Cloud and Granfield 2001b; Biernacki 1986). The RSA (Daddow and Broome 2010) found that one of the most common predictors of relapse was the feeling of isolation which often ensued following the cessation of substance use as the former drug users changed their routine activities but did not have things to do to fill the empty space that this then created.

Substance Misuse, Homelessness, Prison

As with the desisters, Second Chance was an activity which the trapped respondents were committed to during the research. Also like the desisters, attendance was not always consistent and sometimes respondents dropped out for periods of time and then came back. But while the desisters' reasons for dropping out were largely related to positive reasons which contributed to their desistance, the trapped respondents attributed their reasons to problems. For the most part these reasons included substance use problems (relapse, lapse or another problem substance use), homelessness, prison, and problems

with Second Chance. The most common reasons were substance use problems and homelessness and the following section describes these themes in turn as the respondents reported them.

Laub and Sampson (2003:186-187) found that alcohol abuse was 'a major problem' for the persisters in their research. Stating that 'the long term effects of alcohol abuse are painfully evident', alcohol was closely related to crime, violence and social networks of other heavy drinkers. Several of the trapped respondents dropped out of Second Chance for periods of time due to substance use problems, including Sam who lapsed several times. The last time he said it was because he felt bored and that his life had no direction to it,

> *Sam [2]:*   *It was through boredom I think, I just went through a stage where I didn't go nowhere, didn't bother going out, I didn't bother going to football. The only time I went out to go and play a match, I didn't bother going training or owt I ended up relapsing*
> *SL:*   *What was going on in your life when you were bored?*
> *Sam [2]:*   *I was just fed up. I was just fed up of life. I just felt depressed and like life was shit. Really shit, you know? I just couldn't be bothered to do nothing, just ended up just getting into a routine of doin nothin'. I was just sleeping most of the day away and that.*

At this point Sam was feeling very low and becoming increasingly isolated. In order to change this he began to spend time with the people who he used to use with. It was not long before Sam started to use again with them. At first it was occasional but this soon became a regular habit,

> *I just started hanging around with the wrong people, ended up using again. There's two of my friends that I was in the rehab with who've ended up with a habit, so I was hanging around with them so I ended up with a habit. Well, they were using and I just ended up using but then ended up with a habit … a descent one, about 50 quid a day. I was buying it myself and I was getting it for other people as well. [Sam, 2]*

Sam financed his use by dealing, and found that from having no 'direction' in his life had a familiar routine again which involved roles, routines and being around other people,

> *An average day? Ah, get up, ah, have some gear, go out, go and meet some other people, go and get their gear, ah, and then come home and then sneak out and about and have more gear later on that night. [Sam, 2]*

His partner was pregnant at the time and when Sam was asked what things made him decide to stop using he said knowing that his partner was pregnant. He also said that he had become weary of the addict lifestyle again, and that the drugs were not 'doing anything' for him anymore. When asked what helped him to stay clean this time, he said that getting back onto his drug treatment, and Second Chance.

SL: *What made you decide to stop?*

Sam [2]:   *I just got sick of it, really, got sick of it, cos it weren't doing anything. I were just doing it to make me feel normal, an' my girlfriend she was pregnant. I told my girlfriend and she was upset, but nowt really she could do about it, know what I mean?*

SL: *What's helping you to stay clean this time?*

Sam [2]:   *I just went to see my doctor the day after I told her and then I got a script through my doctor, and then I started coming to the football every week so that helped, just having something to do.*

Paul also lapsed several times during the research. This meant that he dropped out of Second Chance sessions, although he also said he had often been there when he had used. In each of his interviews he described his continual battle with cravings,

SL: *What do you do if you're having a craving?*

Paul [2]: *That's a good question [laughs quietly to self]. That's what I have to fight. That's what I have to fight cos I get them all the time, a couple of times a week. I mean an' it's not just like for a daft minute, it's like all day. Just wanting more, thinkin how to get money or like if I've got money thinkin 'should I go out', and like another things [part of me] sayin' 'nah dinnit, dinnit need it', happens happens a lot. And then [I] just...need somethin to take your mind off it then so you got to go and put the computer on or something. Take your mind off it like that.*

Paul was one of the most vocal people when it came to stating his views that there were not enough activities to help distract him from cravings,

SL: *What would you say the important things in your life have been over the past six months?*

Paul [2]: *Now. Just staying off the drugs, going through there [Second Chance]. Bob [key worker] is trying to put more activities on, like more days a week. So the others do like stuff practically every day, we only do it once a week us. They need more stuff on like to help people, once a week is not really any good. It's not going to help you stay clean is it really? One day a week!*

The significance of these comments became more apparent in Paul's last interview during which he described having lapsed "all the time" since his second interview. He spoke about these instances with a more matter-of-fact tone than in previous interviews, and with a somewhat defeated tone. His circumstances had not changed and he still experienced regular and intense cravings. His relapses typically happened following an argument with his mother or when he was feeling bored,

> *I've had relapses, I relapse all the time, not all the time but I do relapse. Other people would just tell lies but I won't bother me, I tell the truth. I've relapsed, in the last six months I would say probably three maybe four times. Something will have happened, most of the time I'm just bored or something and I've had money, or I'll of had an argument at home. [Paul, 3]*

When asked "what made you decide to stop?", Paul said not wanting to put his mother through "all that again", and also knowing that he would get kicked out of home if he did fully relapse. He also said that "the gear is shit", and also that he did not want to go back to how life was when he had been using. When asked "what's helping you now to stay clean?", Paul said having Second Chance and the fear of being kicked out of home if he got caught.

Following a lapse the most common reasons for respondents stopped using again included, 1) a desire not to go back to the former drug using lifestyle; 2) the poor quality of heroin; and 3) somebody in their life who they valued, with whom they did not want to lose their relationship with, or let down. When asked about the key things which helped them to stay clean, typical answers included Second Chance, and their own self-will. This was in noticeable contrast to the desisters who had a variety of reasons for wanting to stay clean including aspirations for their future, valued occupations, and other responsibilities and commitments. Desisters had also described a range of resources which they used for support, and on which they could rely on to help them get back up if they 'fell' as one respondent had put it.

Highlighting other instabilities, some trapped respondents said they had missed Second Chance sessions when they were in custody or having housing problems. Five respondents were arrested at least once during the research and two of these individuals spent time in prison for substance use or

behaviour related offences. Prison did not appear to have an especially positive impact on their desistance as both continued to use following their release. More than half of the trapped group were homeless at least once, and only one respondent stayed in the same accommodation during the research.

Phil was homeless in both his follow up interviews, the second of which he was rough sleeping. Phil had not lasted long in the accommodation which cost him more to heat than he could afford and was "too big for me ... I couldn't afford it". Phil, who had been homeless several times before, described life as "cold and horrible", and that time was spent just "walking around". But despite this Phil found employment when he was rough sleeping, in fact he was the only trapped respondent who did find work. Phil found part-time work on a local fruit market, and aside from a small number of occasions, he also kept going to Second Chance. While having a job helped him overcome one of the problems of homelessness – boredom – it did not detract from the difficulties of rough sleeping. His last interview took place in December, and the temperatures outdoors were below freezing. Describing how he felt about being homeless Phil said,

> *It's horrible. Knowing that you've got nowhere warm to go and sit, so if you're cold you've got to get yourself warm. The biggest part of it is boredom. I mean the only thing I can do all day is walk around. Until I start work again. It's like Wednesdays, Friday and Sundays I am not working. So what do I do? There is nothing to do. I still play footie like. I set the market up in Whitetown on Thursday, and then I get changed into my football gear on the market, its fucking freezing some of the times! And then I get picked up, the usual time, and when I get dropped off I go straight back to the market and within fifty minutes we start packing away. [Phil, 3]*

Phil had stopped using his primary drugs (stimulants and cannabis) reporting that he "couldn't afford it", but, like other respondents, he had an additional problem of a developing alcohol dependency. He had also recently been arrested for shoplifting from a food store,

> *Phil [3]:   Drugs aren't a problem anymore I'm off them completely, couldn't afford it to start with so I just knocked it on the head. I just drink more. Unfortunately! Do you want the bad news?*
> *SL: Yeah I would like the bad news.*
> *Phil [3]:   I'm barred out of this place [points at food voucher]. When I became homeless I walked into Asda and walked straight back out with a bag of*

> *potatoes, a tray of eggs, and a bag of pasta. And I got as far as Argos and the police stopped us: 'what are you doing Mr Black?' I said 'I'm fucking homeless, I'm hungry'. He said 'why can't you buy food?' I said 'because I'm not allowed to sign on. I've got no care of address so I can't sign on'.*

Homelessness, in particular rough sleeping is a common predictor of crime and there is a high incidence of drug use amongst rough sleepers. For example, 38% of people sleeping rough in London have drug support needs, and people who suffer from drug or alcohol addiction are at greater risk of having housing instabilities such as rough sleeping or poor quality accommodation than those who do not have substance use problem (Home Office 2010). While not all the trapped respondents who were homeless relapsed onto their primary addicting substance, most described problematic use of another substance (see also Farrall 2001; Gadd and Farrall 2004). Instabilities like these usually made it difficult to commit to most things consistently. That said, respondents continued to go to Second Chance with the same regularity as the desisters, and often showed considerable motivation to get to sessions despite their problems. As shown, Phil and Michael went to Second Chance even when they were sleeping rough. Sam and Paul both went when they were using or rattling,

> *SL:*   *Did you carry on going to Second Chance when you were using?*
> *Sam [2]:* *Yeah yeah. I still played on a Sunday and that as well, I used less on them days cos I was out and about, know what I mean, but I still went, just to get away, know what I mean, just to get out, to get away from the same four walls and sitting at home, know what I mean, just at home being bored. ...*
> *Paul [2]:* *Oh, aye I've played football when I was rattling before, loads of times. I've played tournaments and that, knacking an that, and still playing [laughs]. It's never as bad when you're there, it's sometimes better than being at home you know?*

They also concluded, however, that they had "used less" on the days they went to Second Chance, and that regular use would make it very difficult to keep going to the sessions.

As indicated in previous chapters, Granfield and Cloud (2001) suggested that recovery capital exists on a scale with both positive and negative sides where positive elements strengthen and support a person's recovery and negative elements impede it. Their research, based on semi-structured interviews with 46 recovering addicts, found that participants had jobs, qualifications gained either

from college or high school, supportive families, and a network of other social supports. Combined, those factors gave their respondents a feeling they had too much to lose, and therefore had "incentives to transform their lives" (p1555). As the previous chapter showed, this was very similar to the desisters. For the trapped respondents however, when asked how they had been spending their time, they often had difficulty articulating their experiences. From their perspective they had been doing "nothing" and were usually "bored". In practice this often meant they had been on their own watching television, playing computer games, or spending time with other similarly situated people. Their time appeared to be largely devoid of any meaningful structure or direction, and frequent lapses, new substance use problems, and homelessness were distinct, but reoccurring problems among the trapped group. Yet despite this, they still maintained as regular an attendance to Second Chance as the desisters did. This reinforced the fact that, despite problems and conflicting rationales, they wanted to be active and have direction, meaning and purpose in their lives. They wanted to pursue hobbies, improve their health, and have non-substance misusing friends. Life outside of Second Chance was lonely and frustrating however, and in the absence of social supports, their desistance, by their own definitions, was full of instabilities.

6.3   Informal Social Controls

Laub and Sampson (2003:194) found that their persisting offenders appeared to be devoid of 'connective structures', in particular those involving relationships which could provide social support and informal social control. Their persisters experienced instabilities in relation to housing, marriage, jobs, and a history of underachievement both in education and the military. The RSA (Daddow and Broome 2010) reported that their participants said the most important support they had received for their recovery had been that of having 'someone to talk to/company' (35%), and some form of emotional support (21%). As shown in the last chapter, this reaffirms the importance of social networks, informal social controls and residential stability. One of the central features among the desisters was that they were developing a variety of relationships with people who were important to them, and provided them with informal social controls and social support. They were also being

recognised by these significant others in ways which were meaningful to them. These relationships were found in particular with their immediate family, Second Chance, and the volunteering they were doing. These connections were positively related to their desistance. While the trapped respondents also described positive relationships with players and coaches at Second Chance, there was considerable less emphases placed on the coach. They also described a different set of social relationships outside of Second Chance, relating to new partners and newly born children.

Second Chance

Similar to the desisters the main reasons given by the trapped interviewees for starting Second Chance were to fill time and to play sport. As shown above some went to considerable lengths to get there and the programme was clearly meaningful to them. At the same time most also described with ease the fact that, as well as providing an escape from their situations at home, Second Chance was a place where they could spend time with friends. Sam for example said that while Second Chance kept him "out of trouble" he also wanted to be there because he enjoyed it and "had a laugh with the lads",

> *Sam [2]:*   *It keeps me out of trouble. So I'm not sitting bored, so I'm not going out using so it's keeping me out of trouble, basically.*
> *SL:*   *So it gives you something to do so you're not bored.*
> *Sam [2]:*   *Yeah and it's a laugh while you're down there, cos it's not just our football team that goes there, it's all football teams, it's the other people as well.*

Michael also said that he enjoyed the social aspect to the programme and the new friends he was making there,

> *Like I really look forward to going to the football on a Thursday, because like most of the lads there I know. The lads from Bluetown area I already know. But like there's a few lads through there who are from other areas and that. I'm gettin' to know them as well, d'you know what I mean? So like I've made new friends sort of thing. And like I really look forward to Thursdays because I like playing football. And it just gives us something to look forward to. [Michael, 1]*

Paul said that the fact he got on well with the players was what made him keep coming to Second Chance. He said that he wanted to "work hard" for his team,

I'm the captain; we all get along with each other. It's what makes you go back the next week isn't it really, if you liked the game but you hated your team mates you wouldn't go back! It's like you get that bond ... you want to work hard for your team. D'you know what I mean? [Paul, 1]

Over time, those who played football described having set positions on the pitch where they generally played, such as goalie or striker. They described the effort they put in to play well, and the recognition they gave and received from their team mates, for example,

I get a lot of praise from the lads. I mean when you're flying through the air at like 50 mile an hour trying to stop the ball and you're throwing yourself about every time as you stop the ball and the bloke who's hit it has put power into it and direction, then it takes some stopping power! It's the praise – makes me feel good – but also, like when I see a good challenge and my team get the ball, or they block the ball, or I see a good pass, things like that, [I'm like] 'well done lads! Well done! Want to see more of it!" [clapping]. It's both ways so it's like it's a confidence boost for the whole team. [Phil, 2]

Steve felt he was a "better character" when he was playing football,

Steve [2]:	*I'm a better character when I'm playing football. I love it, yeah. I love playing in goal, you know what I mean? And all the lads that go there, they always ask for me as well, you know what I mean? Without a doubt.*
SL:	*What does that mean to you?*
Steve [2]:	*It makes me feel good that people like me being there, you know what I mean? And even staff and that like me going, you know what I mean? Yeah, they like me going. It's good, I love it. Probably if I didn't come they'd miss me, you know what I mean?*

The football tournaments were also consistently cited during the research as particularly meaningful, both in terms of the competition and being with other people. Steve reiterated this in each of his interviews,

Meeting other people at the tournaments and that too is good. The competition is good. Brilliant. It's ideal. I think it's good. And the one's that they're doing now through Durham it's on grass pitches as well, 11-a-side, which is a lot better than the wee 5-a-side ones, you know what I mean? I think so. Plus there's a lot more people going as well and it's good. At one time there was hardly anybody there, now there's a good few people going now. [Steve, 3]

Jake described the value of spending time with his friends doing something positive which they all enjoyed together,

> *I just have a laugh and that when I'm there, know what I mean, just have a laugh and joke with the lads. They're all my mates and that, and we go down have a game of football and just have a laugh while we're down there. [Jake, 2]*

For some individuals the social connections found through Second Chance were more noticeable than for others, regularity of attendance was one common predictor and reasons for dropping out were another. Frequent references were made about wanting "to work hard" for their team, or identifying themselves as a "better character", or simply just having a laugh doing an activity unrelated to their substance use problem. The trapped respondents regularly cited the social aspect of Second Chance as an important factor which kept them coming back.

That said, some of the trapped respondents also had criticisms of Second Chance, and this emerged at several points during the programme. These problems were usually in relation to feeling that teams were not structured as they would like them to be, or that the organisation of the training sessions were not of a high enough standard. On a smaller number of occasions respondents felt they were 'talked down to' by coaches. Three respondents were disciplined for aggressive behaviour to other players, resulting in one person having recently been barred from the programme in the final interview. Meanwhile, two more of the trapped respondents stopped attending the football sessions, because they felt stigmatised by these aggressive attitudes, and that the training had become too rough. These respondents continued to go to the multisports. These situations call into question not only the in-programme factors, but, at least as importantly, the factors going on in the respondents' lives outside of the programme too.

Outside of Second Chance, however, virtually no references were made to family or friends noticing or encouraging the fact that they were playing sports. Thus, the turning points which were experienced by the desisters did not develop to the same extent among the trapped respondents. Any transforming identities which may have been taking place through Second Chance were largely restricted to the programme.

Outside of Second Chance, three interrelated themes emerged with regard to the trapped respondents' social networks. First, some respondents said they spent most of their time on their own in an attempt to avoid other substance users. Second, respondents spent time with other similarly situated people. The third theme to emerge was that of new partners and/or the birth of a child which suddenly took up virtually all the respondents' time. However each of these situations was associated with problems which appeared to further challenge the respondents' desistance. The following section examines these themes in turn.

Other Substance Users

The desisters reported that keeping away from current users, even if they knew those people well, was very important. However difficult that might be at first, they were clear that those people had the potential to have a negative influence on their desistance, and most referred to them as "associates" rather than "friends". The desisters' routine activities meant that they could live in the same area but still avoid these associates, while at the same time develop new relationships. Laub and Sampson (2003) found that routine activities were different for people without jobs, permanent addresses and other stable forms of social, community-based life. As a result their persistent offenders spent time with other individuals who were similarly situated. This was also the case for the trapped respondents who described weak family ties and few meaningful routine activities. But while most were well aware of the influence other users could have on their desistance, without other social supports, cutting off ties was felt to be especially problematic. Not only were those individuals often the only people they knew, they were also people whom the trapped respondents had known for many years. Especially in the absence of close family bonds (like the desisters described), the trapped group still considered some of these people as friends. Michael and Phil described in their follow-up interviews,

> *Michael [3]: I still don't speak to my mam and dad or any of my family really anymore you know? Don't speak to them, don't want to. Saw my mam and dad the other month in Greytown – I walked straight by them and they walked straight by me without even a glimpse.*
> *SL: Did that bother you?*

> Michael [3]: No. Like my family now is my friends. They've been there for us for the past 4 year more than my family have been for the past 10 year. So they're better than family. I mean fair enough some of them are backstabbing two-faced little gits, but sometimes even I can be.

Attempting to detach himself from his peers in order to avoid using drugs, Phil described the difficulties he found in doing this,

> To be honest, I've been keeping trying to keep away from most of the people I know...me best mate, Jay he lives over there and I used to spend a lot of time over there. He's been smoking pot since and the rest since he was 11-year-old. There's no chance that he can give it up. I mean he's on it every day without fail. And when I'm over there that's another influence, you know what I mean? He says, 'have half of this'. Now normally I'd be 'yeah, aye', but I've kept away from him for the last week and a half. They don't understand what I'm trying to do. But keeping away from me mates is a hard thing to do; before I spent a lot of time with me mates, with me friends, but also I've got to consider myself. I've got to start thinking about myself a lot more than me mates. So that's what I've been doing, just think about myself. That's all I can really...I mean although it's being selfish, but I really need to get off this fucking shite. [Phil, 2]

The trapped respondents described that, from their perspective, virtually everyone they knew used alcohol and drugs, as Phil had said "everywhere I go there's drugs. Everyone I go see in the town uses drugs. No matter where you go, all my mates, everything". This theme was described with remarkable consistency during the follow up interviews,

> I walk around this town now and I get stopped every day 'Have you got 20p for this, have you got 50p for that?' and you can tell from their eyes what they want it for. Like people are just drugged up. It's everywhere the towns full of it. [Phil 2]

> I'm not just saying it but it's the environment, all of them around here smoke it, take drugs - 80% of people in Bluetown take drugs. Smack, rock, coke, E, whizz, skunk, tag, anything. So it's difficult for other people to get off it, yeah, because everyone's on it around them. [Jake, 2]

> Well I haven't got many...I've got a lot of associates if you know what I mean? There's maybe two or three that I could call good friends, everyone else are users, other people who use drugs and that you know? Bill's always in though he lives in the next flat, next to me. Yeah. And he's there every morning do you what I mean to make sure that I'm not messing about with the drugs do you know what I mean? But he likes a drink too you know? [Steve, 2]

Every single one of my friends is on drugs, I don't think I've one mate that isn't on drugs. Like there's a bunch of pals who're like…not totally off drugs…but like the same as me more or less. It would help [me] if they were completely off drugs, but it's very rare you find them. Like to find a bunch of lads who are either off drugs, or just on weed or tack. [Michael, 3]

Some respondents said they had specifically moved to the North East in an attempt to disassociate from former substance using networks,

I can't go home again cos every time I go down there I relapse, every time. Every time I go down there on my own. Cos I get down there, I see my mates and then I just end up relapsing. Every time.

Yet in the absence of other routine activities and informal social controls, moving away from these people was not a sufficient reason in itself for respondents to desist. By their own admission, relapses or other problem behaviours still happened in the North East, as Sam described in his last interview,

SL: So how does being up here help you to stay clean?
Sam [3]:   Just being away from my friends at home really …. But then again, I've used here haven't I, so I dunno really.

Homelessness was closely related to the social networks of other users. Michael (aged 25years) had been homeless since he was 17 years old when his parents had kicked him out of home for using. When he was first interviewed he had been desisting from heroin for one and a half years, but was regularly using amphetamines and alcohol which related to on-going, violent, offending behaviours. Michael was clear that his social network was entirely other substance users (a group who were diminishing in numbers through fatal overdoses). Michael was homeless in each of his interviews. He attributed his homelessness to relationship problems, fighting, and his excessive other use drugs. Although he described some of his earlier days of rough sleeping as being "amazing" compared to hostels he had stayed in, he explained the scene was different now, and rough sleeping was increasingly dangerous,

Cos like when I've been in places to stay [hostels] I've been on drugs, just been sitting in, getting stoned, or fucking coked off my head and everything. But when you're on the streets with about 15 other lads, it's fucking amazing. Well the first few

months, it was like that – everybody looked after each other on the streets. But now it's getting beyond a joke, people have started to nick off each other, kick each other in, put each other in hospital. Just over the past few years, different people coming on the streets, so different groups of people formed … like the old people have been like going into the houses or like dying Like they died of an overdose. I mean out of the 15 people who were my mates there's only about 7, 8 left. [Michael, 3]

Michael's situation highlighted the sort of instabilities that most of the trapped respondents described. These factors did not provide solid foundations for successful desistance. The trapped group simply did not appear to have many friends who were not using, the ones they did were generally from Second Chance, but only two respondents described socializing with other players outside of the sessions. They were the first to acknowledge the problems associated with spending too much time with other users. However, they felt they were in a Catch-22 situation, because spending time on their own brought problems too, as the following section describes.

Spending Time On Own

With few occupations to provide a sense of purpose, the familiarity of former social networks, despite them being users, seemed harder to ignore. Nevertheless some respondents tried to avoid this trap by spending (often lengthy) periods of time on their own. But this isolation magnified emotional problems and left them vulnerable further to feelings of distress. As such these proved to be ineffective long-term strategies for their desistance. Paul (aged 26 years), for example, was living with his mother during the research, and had been doing so all his life apart from when his mother had kicked him out for using drugs during the height of his addiction. Paul felt that living at home was far from perfect, but he was certain that this was the only solution to avoid relapsing. In an attempt to avoid other users Paul rarely left the house, and this had been his situation for the past six years.

SL: *Who do you spend your time with outside of Second Chance?*
Paul [1]:   *No one. I don't go out me. I only go out on Thursday or if I've got to go to the chemist and that's it. That's my life. Most of the people I know use anyway, oh aye loads of them. Loads of them. Even if they weren't like 'haway with me I'm gettin some [heroin]', they'd obviously just get it themselves and I'd be there watching, you know what I mean? It'll just end up getting into me head, won't it? It's hard watching somebody*

> *doing drugs and you being not on them yourself, knowing you can't have none. It just gets in your head sometimes. They're high [and] you're not type of thing [laughs/sighs], they're chillin out and you're just sitting there bored.*

Six months later, Paul's situation was still the same,

> *I just stay in the house all the time, apart from when I have to go for my prescription. It's the only time I'm out when I'm through there [Second Chance]. I never go out with like the lads or anything like that. Like all my mates they're still on drugs … it's the same crap all the time and that. I just stay in the house. Keep out of the way and that. [Paul, 2]*

Paul described having had regular lapses, and that life had not changed,

> *Paul [2]:*   *I'm just doing the same, trying to keep meself clean, gettin fitter and all that. Well, as much as you can do like in one day for two hours a week. Not really going to get much fitter, but it's something it's better than nowt, but it's all I've got.*
> *SL:*   *What things would help?*
> *Paul [2]:*   *Doing more stuff.*

Being on their own for prolonged periods of time was associated with heightened feelings of loneliness, depression and isolation. These were risk factors which, as the de-addiction literature shows, posed threats to the trapped respondents' desistance. Other studies of desistance from crime, and recovery from addiction, show how successful desistance involves finding new social networks. This allows a breaking of immediate ties with other current users and former networks (see for example Biernacki 1986; Farrall 2001; McIntosh and McKeganey 2002). In a survey exploring how 107 former heroin addicts Best et al. (2008:4) found that "moving away from substance-using friends is seen as critical, as is peer support, underpinned by stable accommodation and, in many cases, religious or spiritual beliefs".

The trapped respondents wanted to break free from the addict lifestyle, but the alternative generally meant that they would be on their own, and this too brought consequences such as loneliness and isolation. They wanted to feel a sense of direction and purpose, but lacked meaningful routine activities and social supports to help them do this.

New Partners and Parenting

Laub,Sampson and Wimer (2006) found that being married predicted desistance. The informal social controls, such as supervision, provided by a spouse provided a strong protective role. Although Laub,Sampson and Wimer (ibid) placed emphases on the 'quality' of the institution rather than the marriage in itself, other research has found less positive outcomes. This is particularly the case for those partners who also have substance misuse or offending problems (McIntosh and McKeganey 2002). Theobald and Farrington (2011) found that their male respondents who married later in life (25years or older) were more likely to experience broken homes, drug use problems, and maintain contact with their male friends who also had substance use problems. Part of the reason for this was around the role of alcohol and drugs. Theobald and Farrington (2011:152) suggested that "perhaps the taking of drugs and the continuation of binge drinking from adolescence to adulthood complicated the ability of the late-married men to reduce their offending behaviour, even if they were in stable marriages". Schroeder et al. (2007) suggested that although it would be ideal if offenders could develop strong bonds to a prosocial partner (and if they could find stable employment then even better), what appears to be of more influence is the stability of the partner or spouse, as opposed to the quality of the relationship.

Among the desisters, only one respondent reported any new relationships with partners (which broke down following the partner's relapse), and only one desister had an existing long-term relationship. Their time appeared to be more focused around building bridges with their immediate family. The trapped respondents did not describe many positive relationships with their families. Even Paul who lived with his mother said that "we never see each other", and when they did they were "always arguing, all the time, I try to keep out her way. She watches TV downstairs and I'm in my room, it's always been like that". A more common theme however, described by six of the eight trapped respondents, was that of new partners and/or becoming a new parent. However unlike the social bonds which seemed to predict desistance in the previous chapter, this was not the case for the trapped respondents. Acknowledging the complexity of these processes, they were nonetheless common themes which emerged among the trapped group, and as such are mentioned here. Luke's case study

aims to highlight some of these emerging and complex themes, as they developed during the fieldwork.

When Luke was first interviewed he was about to move out of his hostel and into his own accommodation. While Luke felt this was a very positive step forward, he still had uncertainties about it. He had become familiar with his surroundings, comfortable living in the hostel for the past several months, and he described it as well managed and secure. He felt safe there and had people around him to whom he could turn to for help, day or night. Living independently meant being on his own again.

> *…in one way I do [look forward to moving] but in another way I don't cos it's back to being like single, by myself. I've got used to being in a big group, a lot of people. You've got people there to talk to in there, to help you and that, but when you're by yourself you don't. You have to do everything yourself. So more isolated. [Luke,1]*

At this time Luke's social network was the other residents in his hostel, and his friends at Second Chance.

Six months later

When Luke was interviewed six months later, he was desisting, living independently and he had a new partner who had also been a former resident in the hostel and drug service user. He was very happy and they were living together,

> SL: *How have you been finding not being in the hostel over the past six months?*
>
> Luke [2] *At first it was a bit like, I was getting quite depressed when I moved out because I'd got used to all the people being around me and then having the support workers, someone to talk to. And all that went and it was dead quiet and I used to sit in the house and think 'I can't hear a noise', 'it's so quiet'. There was no noise. I was a bit nervy … but I got used to it though. …. But since I met Alice and she's moved in here, it's just, like if there's any problems, I can talk it out with her and if she's got any problems, she tells me … she knows everything about me. I've told her everything. And she's told me everything about her, so...that's the kind of relationship; I can tell her everything personal and things I wouldn't tell other people.*

Luke went on to say they had got engaged, and that without her he would "be lost",

For a long, long time, that's all I wanted, to have a relationship and get married and have kids. They're the things I was missing. And then when I met Alice and she wanted the same things that I did, I think it brought us closer as well because she wanted the same as what I did. Probably without her, I'd be lost. [Luke, 2]

Luke had been spending his time making arrangements for his wedding, and they had bought a dog which also kept him busy. He did not spend time anymore with the people who he knew from the hostel, only Alice and the players at Second Chance,

SL: *Who have you spent your time with since we last met?*
Luke [2]:   *No-one now, but I see the people at Second Chance, but since I moved out and I got with her, I don't really see anyone. It doesn't really bother me. All I need is her and she needs me, so I don't really need anyone else at the moment.*

Luke still went to Second Chance and considered the other players there his friends, but he did not keep in touch with them outside of the sessions. Nor did he stay in touch with any of the people he used to be friends with from the hostel. His time was now spent with Alice and this was very important to Luke.

One year later

Luke was now married, and Alice was pregnant, and he was pleased with these developments, although he said he was also surprised life "doesn't feel any different" now that they were married. He had come off his drug treatment and he no longer saw his key worker which he also felt positive about. During the interview he also described some concerns which had been emerging over the past six months. Alice's family were "renowned" criminals and drug dealers, and Luke found them intimidating people to be around. He said they often used heroin when he was around which he found difficult, but he also said avoiding them was not always easy because at the same time they were also Alice's family, and Alice wanted to spend time with them. He did not have many other things to do with his time and he had lost contact with his former groups of friends, although he still went to Second Chance. Further, and to his increasing unease, he had recently found himself pressured to take part in several scams. Reflecting on his situation Luke commented,

> *Luke [3]:*   *When I met her I fell in love with her straightaway and I thought 'you'll have to take a chance'. And I still love her now ... but like when I married her it wasn't just her I married really, it was her family. And she's got like a big family, and the family is like…dodgy, always scheming and trying to rob people, dealing and that. And…sometimes I think [long pause]…they'll drag me down with them, so I'm trying to distance myself from her family and trying to get her away from that.*
>
> *SL:*   *How are you finding that?*
>
> *Luke [3]:*   *Hard, she wants to spend time with them cos they're her family, but I don't because they're trying to rob and scheme people, one of them is like selling drugs, so it's always around and that's one thing I don't want to…I <u>can't</u> be around. It's like I'm stuck in the middle and there's her, and there's her family, it's hard. I am managing, just!*

Luke said the fact that Alice was pregnant made matters more complicated. This was not a situation he could easily, nor wanted to, walk away from;

> *SL:*   *It doesn't sound easy?*
>
> *Luke [3]:*   *No it's not. Sometimes I think 'I've got rid of all this out of my life' and because I met Alice it's…creeping back into my life.*
>
> *SL:*   *In what way do you notice it creeping back in?*
>
> *Luke [3]:*   *With all the dodgy deals, and the drugs, I said to myself 'I won't get involved in that again', and sometimes I think 'was it worth getting married to get back involved with all the drugs and that'. But now she's pregnant and I can't walk away from that. But I feel if I took the drugs again that would be it for me. I wouldn't be able to go through it again. It's taken me near enough a year to get away from it and off it properly. It's been hard, she just keeps going 'its family, I've known them for years and years'. But then I say she's got a new family – me! And she's pregnant. I am trying. But there have been a couple of times I've been there and they've been jacking up in front of me and that's just more temptation for me. And for instance about a week ago they came up to me and they wanted me to con this woman ... I won't do it, but they're not easy people to say no to, you don't want to be on the wrong side of them type of thing. It's just things like that. I just don't want to get involved because…where's it going to lead? I've already been to jail and I don't want to go back. All this hard work will have been for nothing won't it?*

Luke was desisting during the research, and when asked what stopped him from using he said his thoughts of not wanting to go back to his former lifestyle and believing that he "couldn't go through that again". He also said that Alice, and the fact that he was going to be a father, were strong deterrents against any thoughts of using. When asked what support he had to help him stay clean Luke

said Alice, his own "self-will", and having things to do regularly like Second Chance. But aside from Second Chance he seemed to have very little to do apart from a course which was short-term and only took up two days per week. Alice was clearly an important support in Luke's life, as he said "probably without her, I'd be lost". But Alice also wanted to spend a lot of time with her family who were bound up in crime and drugs, and Luke said himself that was "more temptation" for him. Luke described how he had lost contact with his former hostel friends and only saw the players at Second Chance, but he did not see them outside of the sessions. So he found himself in a situation whereby spending time on his own was problematic, but spending time with his new family was also problematic. Luke felt that both alternatives were a threat to his desistance and when the interview closed he did not know what he was going to do. Luke was successfully desisting during the period of the research but his support network was based almost entirely with Alice (who was also desisting), and the people he associated with, apart from Second Chance, was her family.

Farrall (2002) points that offenders often find themselves drawn back into offending because of the complications bound up in families who also have similar problems. McIntosh and McKeganey's (2002) respondents similarly stated that having a partner who was using often predicted their own relapse, and was a particularly difficult situation to manage. Luke's situation was clearly complex, and there were many issues involved well beyond the remit and scope of this study. Nonetheless, it was notable that over half of the trapped respondents described surprisingly similar situations whereby a new partner, or the family of their new partner, was bound up in crime and/or drugs. This close proximity presented a real threat to the respondents. What is perhaps of more critical consideration, however, was that when asked the question "what things are helping you to stay clean?", the trapped respondents had relatively few answers. This was in considerable contrast to the desisters who, when asked the same question, described a variety of strategies to help them proactively manage their desistance.

New parenting was a second recurring theme for the trapped respondents. Peter and Steve already had a child but despite their desire to have more contact they did not see their children very much during the fieldwork. This was difficult for them, they saw their sons occasionally, but they wanted to see them more. They said this was one of their main reasons for wanting to desist,

I think if I never had our Bailie, I don't think I would care about myself as much, and want to look after myself as much. Do you know what I mean? To be honest with you, I'd probably be...I don't know. I'd probably be in prison or something. Do you know what I mean? Or I may be dead with an overdose or something. It's not a very nice thing to say, but I've had accidental overdoses in the past too. I mean, touch wood it never happens again, like. Do you know what I mean? But I don't know what would happen. Do you know what I mean? And like because I've got him, he makes us like think of myself; like I'm going to have to sort myself out. Do you know what I mean? [Peter, 1]

Like I was trying to get access to my boy as well, know what I mean, so when I was using I wasn't allowed any access to him. I don't blame her [mother] know what I mean? She was right. But it made me realise that I was wanting to see my boy, know what I mean, so it gave me a kick up the arse. [Steve, 1]

There was no doubt that Peter and Steve were genuine in their remarks. Their children were clearly deeply important, and their narratives often made reference to this in each of their interviews. However Peter lapsed several times during the research, at one point he went to prison, and Steve continued to have alcohol problems which he did not know how to address. These situations created profound feelings of guilt which, in the absence of a supportive network, did not have a positive influence on their desistance. This will be examined further later in this chapter.

Meanwhile, Jake and Sam's partners had children by the time of their last interview. They both spoke positively about this development, and their routine activities for a time were then solely devoted to these new roles. But when Sam's partner was pregnant he also relapsed, and Jake continued to deal once his child had been born in order to bring money in although he said he would "stop straightaway" if he could find a job. Jake reported that he had "settled right down" now that he was a father, but he also had been recently barred from the Second Chance programme for continually aggressive behaviour and fighting,

SL   How are things since we last met? Anna was pregnant?
Jake [3]:   Hard. The baby. He cries all the time, he never sleeps through the night. He doesn't go to sleep with her; he only goes to sleep with me. I'm the one that settles him so every night I've got to settle him. I don't even get a break man. It's stressful and we're skint all the time, but there's no work you know what I mean?...

SL	*How's your drink and drug use been?*
Jake [3]:	*I drink and smoke a lot less now … I used to smoke sixty quid of skunk a day and now I'm like ten/twenty quid.*
SL:	*How did you afford that?*
Jake [3]:	*Sell it. I still do.*
SL:	*So what is your main source of income now then?*
Jake [3]:	*Just the dole. And this [pulls out bag of subtstances] yeah? Its good money though, £100 a day, £700 a week. But if I had a job I would stop straightway.*

Isolation and a lack of meaningful occupations were recurring themes which emerged for the trapped group during the period of the research, and the new relationships made much sense for them. Maruna (2001) points out that, as criminologists, we are not relationship-studies experts. His concern about the 'marriage effect' was that – as the family-studies literature describes – marriages are complicated, give-and-take processes, that they fail as often as they succeed, and that they are not a 'silver bullet'. So it is with much caution that this research describes these findings. Children were clearly extremely important to the trapped respondents and finding a partner was a positive development. Still, these factors did not predict desistance, but rather appeared to be associated with further problems. McIntosh and McKeganey (2002) stated that without an internal desire to change for themselves, external factors, however important, were not sufficient reasons for their respondents to recover. The suggestion here is that without sufficient support (informal social controls, meaningful routine activities), and in the face of social problems and unresolved drug use problems, children and partners, as important as they were, were not protective factors for the trapped respondents' desistance.

6.4   Agency

The previous chapter described the subjective characteristics which emerged most clearly among the desisters, and outlined their alternative identities, hope and self-efficacy, management of regret and shame, and overcoming stigma. The suggestion was that each played an important role which informed the desisters' situated choice. In the same way that the desisters' subjective characteristics were interrelated, so too were the trapped respondents. The following section examines the trapped respondents' subjective characteristics which included low self-efficacy and little hope; stigmatizing shame and loneliness.

Low Self-Efficacy, Little Hope

Hser and colleagues (2007) examined predictors of desistance from heroin over a 33-year window and found that self-efficacy and psychological well-being were predictors of stable recovery. There were two groups which did not differ in deviant behaviours and family/school problems in their earlier lives. Both groups had tried formal treatment and non-formal approaches in order to desist. The non-recovered (i.e. having used heroin within the last five years) respondents were significantly more likely to use substances in coping with stressful conditions, to have spouses who also abused drugs, and to lack non-drug-using social support.

The desisters shared a clear sense of hope for their futures which, importantly, involved an articulated plan of how they aimed to achieve their aspirations (Snyder et al 1991). These plans included goals and the follow-up interviews identified that they were in the process of successfully carrying these out, such as through volunteering, mentoring and a commitment to keep "working on themselves" as some desisters described. The trapped respondents also had aspirations, they also wanted to have meaning and purpose in their lives, they wanted to be active, and they wanted to remain drug-free. However when asked about how they were planning to achieve these goals, their answers did not appear to be underpinned by steps or goals. The one exception to this was in relation to employment where, overwhelmingly, respondents said they were planning to become a football coach. In the knowledge that some coaching opportunities were indeed available through Second Chance, the trapped group felt that this was the most promising route into employment. The desire to be a coach was aspired to even more because the trapped respondents felt that, for them, any other chance of regular employment would simply never happen due to job unavailability generally, plus their previous criminal records, as Phil said,

> SL: *What's stopping you from working?*
> Phil [2]: *Nowt but finding the jobs here. I mean that's the hardest one because up here there's nothing. And when you think there's about a million people looking for work in the North East, what chance do I stand? I don't stand a chance, I have no chance. There's that many people applying for jobs, it's just not worth it. Once you take drugs and you mention that, I'm in a fix. Like say I've got ex-cocaine addict, ex-*

> *convict, four years since being in prison ... they'll read that go 'right*
> *that can go in that pile – <u>bin</u>'. That's how I feel, do you know what I*
> *mean? It's as if I'm just getting put to the side every time I apply for a*
> *job and it's just... I've had enough.*

Being a coach therefore was felt to be the best and most likely option, and several were taking steps towards this, by completing their FA Level 1 coaching. Phil and Jake, for example, in each interview adamantly talked about wanting to coach, and felt that this was what they would be best suited to do for a career. But no developments emerged in this regard, despite their continued optimism.

The desisters also had self-efficacy which, as Bandura (1989:1176) identified, is essential because,

> There is a growing body of evidence that human attainments and positive wellbeing require an optimistic sense of personal efficacy. This is because ordinary social realities are strewn with difficulties. They are full of impediments, failures, adversities, setbacks, frustrations and inequities. People must have a robust sense of personal efficacy to sustain the perseverant effort needed to succeed.

LeBel et al. (2008) pointed out that this is certainly the case for ex-prisoners, who need to overcome significant handicaps in order to survive, let alone succeed, once released. Despite such handicaps, LeBel et al. (ibid) identified the influence of an 'internal logic' which worked in both positive and negative directions. That is, a positive 'mind over matter' helped their respondents to overcome problems and make the best of their situations, while a negative frame of mind led to drift and defeatism in response to the same events. Acknowledging the very real, and often significant, obstacles they faced Maruna (2001:74) described his persistent offenders as 'reading from a condemnation script', and feeling 'doomed to deviance'. The trapped respondents also demonstrated this perspective in various ways during the research. Paul for instance was certain he would fall victim to assault if he left the house. He said there was "no point" in doing so anyway because the only people he could associate with were users which would inevitably mean he too would end up using. He was also unchanging in his view that he would be unable to avoid using if he either lived on his own, or had a job. Therefore staying in, avoiding people as much as possible had been his principal strategy for desisting for the past six years of his life. He said that until he felt more confident that he

could handle money without wanting to spend it on drugs, and until he was off his prescribed drug treatment, his situation would not change. Until that time his mother would continue to look after his "pay" (benefits).

> *When I go back [from Second Chance] I'm in the house really, I get paid [benefits] my mam gets all my pay ... so I can't go back to using again. That's why I don't want a job yet because I might last a month, no, maybe last a week. You get the money, and like it [using] comes straight into my head, it does all the time. I'll be back to square one. It's always in your head so…I'm not falling into that trap again! [Paul, 1]*

Yet, by his own admittance, he frequently lapsed, so his strategy of staying in and giving his mother his benefits seemed a poor long-term solution for his recovery. Paul said he lapsed when he was "bored" or arguing with his mother. In his second interview he said he had lapsed "a few times" the first time was after a regularly occurring argument with his mother who had been "constantly accusing" him of using, and threatening to throw him out if he had. At those times Paul said he had not been using, but in his frustrated defiance he decided that "might as well do it" as his mother was so sure that he was lying,

> *I was arguing with me mam and it was doing my head in. She proper did my head in because she was adamant that I was using drugs, and I <u>wasn't</u>, and so in the end I just went out and got it. She was saying I was still on drugs, and I wasn't! I just thought, 'alright, fine, if I'm gettin' accused for it, I'll just go out and do it'. So I went out and I bought some, I did it and I told her, I said '<u>now</u> I did some drugs.' [Paul, 2]*

Paul said that these arguments were a regular occurrence at home. Leaving him with feelings of defeat and defiance, Paul said these accusations had a direct impact on his motivation to use:

SL:	*Does it happen often?*
Paul [2]:	*Oh, aye, like when you're trying your hardest to stay off it and then some idiot says you're still on it!*
SL:	*How does that make you feel?*
Paul [2]:	*I hate it! It annoys us! That can drive you back to it [using] that. You know what I mean, getting accused when you're doing your very best, and then you're still like trying your hardest, you know what I mean? When I was on it I didn't get as much hassle.*
SL:	*How d'you mean?*

>   Paul [2]:   When she knew I was on them, it [hassle] was every now and again, she'd get on at us, or she'd kick us out, that was it. But now that I'm off it [drugs], it's every day or every other day. Like just saying 'you'd better not be on drugs!' and all this.

This theme continued during Paul's interviews. He often said he thought about moving into his own place, the advantages of which would include having his "own freedom" and "a social life". However at the same time he doubted his ability to stay abstinent if he lived on his own,

>   Paul [3]:   I want to see this housing advice lass, and see if she can get me a house so I can go like live by meself. I'll probably be better off; me mam will definitely be. Plus just I'd have me own freedom, you know what I mean? But then again, I could go back to me old ways and what have you. I don't know, that's the thing, innit? ...
>   SL: How do you feel about work now?
>   Paul [3]:   I'm not ready for work yet like. I want to get off the methadone and that before I start working, plus I don't want to earn money because I don't think I could be trusted with a lot of money yet. Mam gets most of my pay; I just get thirty quid a fortnight me!
>   SL: And what do you spend it on?
>   Paul [3]:   Taxis if I'm coming up here, taxis or…games, I buy quite a few computer games. But if ever I need money knowing me I can get it, if I needed 'owt.

Paul described various problems associated with living at home with his mother, but he did not feel confident in living on his own yet nor having a job. He wanted things to do which could help structure his time, and develop his confidence and ability to interact with other people in a positive, drug-free context. Even though he acknowledged he could probably find a way to get money from his mother if he "needed owt", he still felt safer under her supervision and with her monitoring his "pay".

The previous chapter showed that desistance is often facilitated by people acquiring a different perspective on their former criminal careers and this usually involves the offender showing regret for their crimes (LeBel et al 2008). But this pattern also has the potential to have the reverse effect whereby the deep internalisation of shame may trigger feelings of depression and powerlessness. Similar to the desisters, the trapped respondents often showed considerable regret for their past wrongdoings which had emerged along with their substance misuse problems. But while the desisters had ways of making sense of this and managing their guilt, the trapped respondents often struggled

with overwhelming feelings of regret and shame. This did not change during the research, if anything it appeared to get worse,

> *I do get really depressed; like some days, I get really, really depressed. Just when I think about things and like the way I am like. What I've done and what I've lost. Like my son, I mean he's six now, and because of the way I am I cannit see him as much as I'd like to, you know? He's going to grow up and I haven't been there for him. [Peter, 3]*

> *I can be all right for a few days and then I'll be really depressed for a couple of days. Do you know what I mean? And I'll not get a wash or nowt. D'you know what I mean? I'll just like be depressed and stay in the house and I won't go out and that. Do you know what I mean? But then like other days I'm alright. Do you know what I mean? I've been alright for the last few days but some days I do get like really depressed just like when I think back to like what my life could have been like. Do you know what I mean? If I hadn't have started taking drugs and ended up on the methadone. Having to walk to the chemist every day, d'you know what I mean? I might have had another job, I might have had a car and driving licence. I haven't got nowt like that. D'you know what I mean? I haven't got a car. I haven't got a driving licence. I haven't got nowt to look forward to. [Michael, 3]*

Sam had little hope that he would ever beat his feelings of unhappiness,

> *Well, I was on anti-depressants until I was 30, and for this last year, like, six months I haven't been on them so obviously, anti-depressants for ten years, it's a long time. And really I thought, what are they doing for me? I says 'I'd rather be depressed', because all they are are Serotonin boosters, and I think they've probably boosted enough Serotonin in me, and I'd rather be depressed every day than have tablets every day for the rest of me life. [Sam, 2]*

Yet Sam could not describe many strategies for dealing with his sometimes overwhelming feelings of depression. The previous chapter identified that the desisters also felt like this at times, but they differed in that they had a plan for how to deal with this when it arose.

Stigmatising Shame and Loneliness

The trapped respondents felt that, because of their past, they were now labelled by most people (for example other residents and any potential employers) as drug users, offenders, and generally people who had nothing of any value to contribute in society. Peter felt he was "labelled for life",

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It's like the first part of me life, that was like that [using drugs] and now the second half of me life is always going to be affected because of that. I've got no family, not ones that care and it's just shit. It's just, it's just I feel like I'm [still] paying for it ... it's like as if I'm labelled for life, and I'm just sick of it, it gets on your wick after a while. But that'll never change. [Peter, 1]

Paul felt that because people from his area knew he had drug problems he was therefore an easy target for abuse,

Paul [3]:   *It's a shithole round here! That's what it is. Honestly! A lot of arsehole young lads and that, they've had a few drinks, they think they're He-Men, think they're King Kong. Everyone thinks they're big and hard d'you know what I mean? It's a horrible place!*

SL: *So, what's that experience like for you, being around all that?*

Paul [3]:   *That's why I stay in I don't gan' out. I would end up fighting with someone; there's always some arsehole when there is a group of lads that wants to fight with you or something like that.*

SL: *Why is that?*

Paul [3]:   *Just cos they know I've been on drugs and that, that's all it is.*

These concerns by Paul about being beaten up were not delusions. Like others he had been a victim of assault several times before. Living in the same small town that he always had done, it was not surprising that he had these anxieties. Similarly, Peter reported that he was often beaten up, and had been assaulted two days before his second interview. His arm and finger had been broken and he had several stitches in his back and his head,

It always seems to be me that gets in trouble for things. Do you know what I mean? It always happens to me. I mean, at the beginning of the year I was badly assaulted by five people. I was in hospital for two days. Do you know what I mean? I was lucky there because I had head injuries and that, and the doctor said 'if they hadn't stopped like kicking you and that when they did', he said, 'you probably wouldn't have been here'. It's because like they know I've used drugs and all that. D'you know what I mean? They're just one look at you and it's "smackhead" you know what I mean? And this and that. Do you know what I mean? And that gives them the right to hit you. Because like I've got a drug problem, and they don't understand what it's like. But I'm the one that's got to live with it, <u>every</u> day. D'you know what I mean? It's hard. [Peter, 2]

In Peter's last interview he continued to feel that he had "nothing to look forward to" in the future because of his past drug using life. He said that it was inevitable that the day would come when he would use again, despite his efforts and his desire to be free from drugs,

> *Aye, I've got my life ahead of me, but it just doesn't feel like I've got anything to look forward to really. Do you know what I mean, because of what's happened in the past. It's hard to move on. Once something's been a part of your life for so long and then to try and move on from it, it's really hard. And it's always there. In the back of me head. It doesn't do nowt for us but like I still get cravings, like quite a lot. Especially when I've got money in my pocket. I mean, I've got money on us now, and like I just think to myself like, 'no. Just leave it'. And then I'll be all right for a few hours, and then it'll just come back to us. And I just think, 'no, I'll leave it'. But there <u>will</u> be one time, and I know there will, when I'll think, 'I'll just go and get it. I'll just do it this once'. And it's hard like. [Peter, 3]*

Despite some positive efforts and motivated narratives in their first interview, Phil, Steve and Sam felt there was simply no point in them looking for employment. For as Phil said, "one look at my record and I'm straight in the bin". Steve described wanting to be a painter and decorator in his first and second interview. But by his third interview this enthusiasm had notably reduced, as the following excerpts show;

> *SL:*   *Have you got any long term ambitions?*
> *Steve [1]:*   *I'd like to do painting and decorating, definitely. I've done a course in it, and I've been told I should be getting some work experience soon, so that'll be good. I could see myself doing that one day like, get a van and that, I think that'd be alright, aye.*
> *SL:*   *What are the advantages of working in your opinion?*
> *Steve [1]:*   *The money, but you feel good having earned it yourself, d'you know what I mean? Have gone out and worked for it yourself.*

Six months later

> *SL:*   *What are you current feelings about work, either in the short term or longer term at the moment?*
> *Steve [2]:*   *I don't know, there's not much about. They put you on courses and that down the jobcentre and they promise you'll get work right? But I've been on those courses and you don't get jobs from it …. I'd still do painting and decorating, but they said I'd get experience, you know like on-the-job experience? But nothin' ever came of it!*
> *SL:*   *Can you see any advantages to working?*

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> *Steve [2]:*   *Well aye, it'd be good to earn money and that but then again if I get a job I'd have to move flats cos the council's paying this, and if I'm working I couldn't afford the flat ... I don't know ... I'm stuck between a rock and hard place.*

One year later

> *SL:*   *Have you any long term ambitions?*
> *Steve [3]:*   *There's no point in looking for work cos there's nothing, and even if there was who's going to employ someone like me?*
> *SL:*   *Are there any advantages to working, for you?*
> *Steve [3]:*   *No really, if I'm honest.*
> *SL:*   *What about in the future?*
> *Steve [3]:*   *I'd have to move flats, and it's alright here, dyou know what I mean? I like it ... and I've got me pal next door and that ... I couldn't afford to work. There's no point to working.*

When Steve was first interviewed he was positive and optimistic about finding work in the future. He wanted to do painting and decorating, which he said he had been promised work experience in. He could see himself being good at this. He also felt there were advantages of employment which included feeling good about himself and working for his money. Six months later Steve was less hopeful about finding employment, and disappointed that work experience had not materialized. He said he had been on training courses but no jobs opportunities had come up. At this point he also had uncertainties around how this might affect him financially. A further six months later Steve said he did not want to work and he could not see that changing in the future. He did not think anybody would employ him due to his offending record, and he felt he was better staying in the perceived safety net of his benefits. The RSA report (2007:95) found this was a common situation among their respondents, referring to this as "the benefits trap".

These extracts from Steve's interviews are, of course, only one part of his experiences during the research. He had a growing alcohol dependency, as a result of which he had been arrested several times, and he was feeling ill-equipped to manage this. His narrative during the follow-up interviews reflected a decreasing sense of self-efficacy, and hope. Maruna (2001) pointed out that ironically the negative outlooks, such as those described by the trapped group, might in fact be accurate. Research on people who suffer from depression indicates that they might be more realistic about their prospects

than non-depressed people (Bandura, 1989). However research on recovery from alcohol and other drug use problems identifies that people who move into long term recovery frequently describe significantly more life satisfaction, and well-being, across a series of life domains, than they had ever experienced before (Best et al. 2008, Best 2008b).

6.5   Summary

Laub and Sampson (2003:38) showed that situational contingencies, and routine activities, can either lure people towards or away from crime. Their persisters had rather chaotic and unstructured lives across a range of areas such as living arrangements, work and family, and noted that their routine activities were 'loaded with opportunities for crime and extensive associations with like-minded offenders'. In various ways the lives of the trapped respondents were also loaded with opportunities to relapse. The limited meaningful and/or appropriate activities outside of Second Chance clearly reflected this. By contrast the desisters had several meaningful activities, including Second Chance, such as volunteering and developing family relationships. While these were each distinct domains, they shared commonalities which supported respondents' desistance. These included not simply a new social network but also informal social controls – such as values, customs, and behaviours through the activity and its social network. These conscious and unconscious mechanisms provided the desisters with the necessary 'tools' with which to begin to change their ways of thinking, and help them to live without alcohol and drugs. According to most of the trapped group there were very few other regular activities available. Most of those which were available were short lived, and thus had few, if any, longer term impacts. This caused considerable stress and frustration for them. If desistance is a process which evolves gradually over time then it is not enough to have short-lived activities.

Like the desisters the trapped respondents recognised that staying away from people who were still using was necessary to avoid temptation. But with few occupations, and only knowing other users, two patterns emerged for the trapped respondents with regards to their social networks. First, some stayed at home as much as possible in an attempt to avoid any other people. This however, as a long term strategy, by their own definition was ineffective, leaving them open to frequent negative thoughts,

emotions and cravings. Others, in the attempt to avoid that situation stayed with other similarly situated people, but with unresolved drug use problems, this also resulted in difficulties.

Maruna (2001:74) described the narratives of his persistent offenders as "doomed to deviance", and during the research there were times when the trapped respondents certainly shared this outlook. Most reported that, sooner or later, they would be sure to "give in" and use. Collectively they had a lack of self-efficacy, reinforced by lapses, unemployment, homelessness, a lack of "purpose" and direction, and they often described feelings of anxiety, stress and guilt. These were not happy narratives. Importantly, even when the trapped respondents were optimistic about the future or described aspirations, there were few plans of how these were going to be achieved. Future aspirations, in virtually every case, related to being a sports coach. However, aside from a Level 1 in coaching, there were no developments in this regard, and this did not change during the follow-up interviews. As far as any other employment prospects were concerned, the trapped respondents became increasingly convinced that even if money did create a "point to working" (and they could trust themselves handling money), there was simply no chance that they would ever find work. They based these views on their lack of experience, criminal records, and drug treatment status. Yet this is in stark contrast to the desisters who, despite these handicaps, shared a firm view that employment brought considerably more value than financial gain alone, and had a strong sense of hope, which involved determination along with planned goals. Moreover, the desisters felt they had something useful to offer *because* of their past experiences. The trapped respondents' situated choice was thus based around a lack of opportunities to further themselves, and a lack of belief in their abilities to succeed. Their informal social controls were largely found through other people who were in the same situations. They had frequent drug and alcohol appointments but (without undermining their importance), these appeared to reinforce the fact that they were people with alcohol and drug use problems, rather than creating alternative identities.

At the same time the trapped respondents often showed considerable resilience and resourcefulness. In each interview they maintained that they did want to be drug and alcohol free and, while some people did lapse, considerably more time was spent resisting their urges to use, and trying to find strategies to

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deal with their problems. Paul and Peter both found ways of taking their minds off their cravings by switching on the television or putting on a computer game. While he was rough sleeping, Phil found employment on a local fruit market and noticed how a new identity emerged in this role, and how the job gave him a purpose and made him happy. He was also concerned about his increasing alcohol use, however, though he rationalised his consumption saying that it was to help him keep warm during the winter spent on streets. This pattern of another problem substance use developing happened for other respondents too: Steve for example who described considerable anxiety about his alcohol use from the outset of the research. In Steve's first interview he was keen to find employment and keep developing his relationship with his son but he did not know how to manage his increasing alcohol use. He wanted to volunteer but said there were no opportunities for him to do this. He had been on many courses aimed at getting people back into employment but nothing had materialized. By Steve's last interview, his perspective had changed considerably to one where he did not see the point in working, thought he was "better off on benefits", and he had been arrested for several drinking related offences in the previous six months. That said, most were not offending regularly. A sceptical response might suggest that it was these resourceful qualities which left the trapped respondents feeling stranded – on the surface they were doing well. Most were not using, and they were not committing crimes. Yet neither did they feel equipped to move their lives forward.

7

Discussion

This chapter 1) reviews the study's aims and objectives, 2) summarises and draws together the key empirical findings, placing them in the context of the gaps identified in the literature review, and 3) reflects on the application of the theoretical framework to the present study.

7.1   Study Aims and Objectives

Using a life course perspective of informal social controls (Laub and Sampson 2003) this study prospectively examined desistance from substance misuse among a group of 19 adults. The respondents were engaging on a sports programme once or twice per week during the fieldwork, named Second Chance, as part of their early recovery from addiction. The research placed Second Chance in the context of participants' other routine activities and social networks, and explored the meaning which they attached to their lives day by day. In doing so, the research aimed to address the contributing role which Second Chance may have made in their desistance from substance misuse.

Turning points are a key concept in life course theories, defined as a change in the long term pathway which was initiated at an earlier point in time (Elder 1985). Hser et al., (2010) noted that turning points vary depending on the individual and the context, and that the same event can trigger a change in one person's drug use but not another's. Therefore, as Pinder (1994:213) pointed out, "the interesting question is not simply identifying the important turning points in a person's life, but exploring and identifying what it is that constitutes the turn".

The objectives of this study were:

1   To carry out three individual and in-depth interviews with respondents during the course of one year.

2   To examine the meaning which participants attached to Second Chance in the context of their other routine activities and social networks, and identify how their meaning-systems shifted and changed during the fieldwork.

3   To identify whether the concept of turning points was relevant to the study's aims, and, if so, examine what constituted this.

7.2   Summary of Findings

The empirical findings from this study suggested that Second Chance was a "window of opportunity for change" (Groshkova and Best 2011) within which some respondents were experiencing a turning point. The turning point was an identity transformation, and whether this happened or not was dependent upon personal agency, routine activities and informal social controls. Two patterns of behaviour emerged during the follow-up interviews, which allowed this conclusion to be drawn.

The Desisters: Eleven respondents were desisting during the fieldwork. They described the social connections which developed over time at Second Chance, both with the other players and with the coaches. The coaches played a key role in respondents' experiences on Second Chance and there was a strong therapeutic alliance between the coaches and the players. The coaches welcomed, laughed with and connected with the desisters, while at the same time challenging negative behaviours and encouraging the values of teamwork and discipline. The focus in the sessions was on sports but the desisters felt their coaches had an understanding of their situations. Some desisters talked to their coach about their personal problems, and they felt their coaches were willing to 'go the extra mile' for them. The desisters felt that the coaches helped them in ways over and beyond improving their sporting techniques and physical health. These attributes were meaningful to the desisters who as consequence wanted to work hard for their coaches. The informal social controls found in Second Chance were seen on various levels. For example directly via the other players and coaches, indirectly through the value participants placed on going to the programme, and internally as they leaned about

new ways of thinking and behaving through teamwork. These factors combined appeared to have a positive effect on the respondents' ability to desist.

In addition to Second Chance, the desisters were doing other routine activities which were meaningful to them. Most commonly those included volunteering, and the various activities which were related to support for their recovery, for example mutual aid. They were also spending more time with their immediate families. Examining the narratives in relation to these areas highlighted them as key parts of their desistance. Improving relationships with family, and responsibilities and roles in employment, were processes which developed during the research. Volunteering appeared to bring benefits such as new skills, social networks, a positive use of time, a sense of purpose and direction, and feelings of restoration. The follow-up interviews identified how the desisters attributed a gradually increasing set of meanings to family and volunteering, and how these provided additional support networks for them. In many ways, the attributes of the coaches as described by desisters, mirrored the narratives surrounding the attributes of particular key workers, or support groups. These included, believing in the individual, being a good role model, helping them find other sources of support, and offering encouragement, guidance and recognition.

At the same time, the desisters were developing in their levels of self-efficacy and hope. They were also in the process of transforming their identities. In relation to Second Chance, desisters were moving from their active addict identities, to becoming a sportsman, a coach, a team mate, or a player. These non-drug using identities were reaffirmed and reinforced by other players and coaches, and by their other social networks found through their activities outside of Second Chance. Taken together, the guilt and shame that had formerly been overwhelming, was becoming manageable.

The Trapped respondents: During the research the trapped respondents had the same level of attendance at Second Chance as the desisters. However, outside of Second Chance their lives were unstable and unstructured. Over half were homeless at least once, two of whom were rough sleeping, and others had problems with their primary or secondary addicting substance. Alcohol was the most common problem among the trapped respondents during the fieldwork. Highlighting further

instabilities, several respondents were arrested at various points, and two individuals served short prison sentences. These incidents were related to alcohol and drug use.

For most, the only routine activities outside of Second Chance were their alcohol and drug treatment appointments. These were rarely described in a positive light, but instead viewed as a reminder of their current problems. Frustrations were consistently expressed by the trapped respondents in relation to the lack of meaningful activities they had access to. Activities which they did have access to were generally short lived and stopped with little notice as to why. As a result, the trapped respondents' choice was situated in an absence of meaningful activities and informal social controls.

When asked about how they dealt with problems, such as cravings and feelings of depression, the trapped respondents had very few strategies. They were limited in their recovery capital, and their narratives reflected low levels of self-efficacy and hope, feelings of anxiety, stress, isolation and a lack of purpose. Although the trapped respondents valued Second Chance, there were also frustrations projected at the programme on several occasions.

Second Chance, Sport and Exercise: Coalter (2007) asserts that some sports programmes help some people only some of the time, and one of the tasks for future research is to examine the mechanisms within programme to account for when and why this is so. This research explored this by examining the meaning which participants attached to Second Chance in the wider context of their lives during the course of one year.

According to the interviewees, sport was something which they associated positively with. All the respondents enjoyed sports, and described positive memories of playing sports, particularly from their non-substance misusing years. Often sports had been something they recalled having been good at, and often it had been part of their family life growing up. Thus, sports was recalled in positive light, and part of their residual identities. This was of considerable importance when respondents came to attach meaning to the programme both at the start and during their time with Second Chance.

Prior to Second Chance only a small number had any access to organized sports on a regular basis, and so the opportunity to start Second Chance was welcomed by the respondents. The findings also suggested that Second Chance helped all the respondents by giving them something meaningful to do with their time which they identified with in positive context.

Second Chance and Social Connections: Research on sports based interventions and social inclusion largely draws on the social connections found through sports, and the ways they are delivered, rather than the sporting activity itself (Coalter 2007). In part this was certainly true for respondents, and the social connections developed during the research, at least for the desisters, was one of the most recurring and developing themes. It was explicitly clear from respondents' narratives that the coaches who stayed with Second Chance working with the same group of players made the most significant impact on respondents. These coaches were also seen by the respondents to be helping them in different ways, for example helping to link them into community resources. This was very meaningful to the respondents. This is an important point, and underscores the value of a strong therapeutic alliance between coach and player. However, it is also important to note that most of the research on sports based interventions are in relation to young people. While there may be some useful parallels life course theories of desistance emphasise the developmental and age-graded nature of desistance (Hser 2011; Sampson and Laub 1993; Laub and Sampson2003). In other words, what is meaningful and important to people changes over time. Therefore, it is not enough to expect that programmes working with young people can be easily replicated for adults with alcohol and other drug use problems as their needs are different. Although the social connections developed through Second Chance emerged most clearly among the respondents (especially the desisters), this should not detract from other meanings which respondents attached to Second Chance. Perhaps the two most important factors were the respondents' attachments to sports (in whatever context), and their desire to address their physical health as part of their rehabilitation from substance abuse.

Second Chance and Physical Health: In the field of mental health (which recovery models in substance misuse draws heavily on) sport and exercise are highly regarded and actively promoted among clients, both for the social and physiological benefits. Additionally, improving physical and

psychological health and wellbeing form the bedrock of recovery from alcohol and other drug use problems (Home Office 2010). This study did not set out to examine any physiological changes which may or may not have come about through engaging regularly on Second Chance. However, what is of more importance is that respondents were attracted to and retained on the Second Chance, certainly in part, because of a desire to address this aspect of their health. Moreover some respondents did perceive this to have happened, and this was an important part of their transforming identities, and recovery. It is notable that the individuals who did feel this was so were the desisters, suggesting that perhaps the stability in their lives outside of the Second Chance were contributing factors to their actual or perceived improving physical health.

Second Chance and Desistance: Maruna and Farrall (2004a:174) argued that academics should focus on how secondary desistance is achieved, which involves "the movement from the behaviour of non-offending to the assumption of a role or identity of non-offender". In this study, some respondents were assuming an identity of non-drug or alcohol abuser, and this process was theorised as a turning point, made possible through routine activities, informal social controls and personal agency (choice). Therefore, in order to help respondents successfully move towards secondary desistance, Second Chance had to be delivered in tandem with other sources which could provide further recovery capital. The literature identified that there are still relatively few studies which examine how people sustain recovery journeys. Recovery and desistance are not simply about having things to do, but rather depend on how those activities help people change their ways of thinking, so that they can successfully live without alcohol and drugs. By prospectively examining the recovery journeys of the desisters, it is hoped that this research has added to this area.

7.3   Life Course Theory of Informal Social Controls

Life course theories emphasise the importance of prospective approaches to understanding and predicting desistance. This point is made particularly well in what some have called the 'Robins paradox', namely, that antisocial behaviour in children is one of the best predictors of antisocial behaviour in adults, yet most antisocial children do not grow up to be antisocial adults (Robins 1978). In

retrospect, persistent adult offenders will almost always be drawn from the group of 'high-risk' children, but looking forward from high-risk children, it is not possible to predict who will desist or persist in adulthood. Therefore, each stage of the life-course must be considered, and turning points can provide a useful mechanism for identifying when, why and how change occurs. The life course theory of informal social controls (Laub and Sampson 2003) suggests that desistance and persistence from crime can be meaningfully understood within the same conceptual framework. The theory outlines that an accumulation of routine activities, informal social controls and purposeful agency (choice) predict successful desistance; whereas few routine activities, a lack of informal social controls, and purposeful agency predicts persistence. The life course theory of informal social controls emphasised the quality within routine activities and informal social controls was placed upon the quality within these institutions. So for this study the term 'meaningful' activity was used, and defined as

> An activity that yields a sense of personal accomplishment or the fulfilment of personal goals and a self-definition of work, value or ability. Engagement in an activity that is meaningful to the individual enhances quality of life, self-esteem and sense of wellbeing.

Agency was defined as 'choice' in this study, differentiated from rational choice, and situated in the social and environmental circumstances which were experienced at any given point in time. Thus choice is determined by a complex and dynamic set of interrelated variables which include a person's past and present experiences (e.g. drug use, homelessness), while at the same time constantly needing to move forward (Bottoms et al., 2006). The acts of doing things (routines, habits and practices) (Nettleton et al. 2011), as well as the cognitive processes involved in choosing to desist (Biernacki 1986), also influence choice, even when an individual cannot easily account for their actions, or do not want to (Gadd 2006). The interaction of the routine activities, informal social controls and agency was described as 'situated choice'. Applying the life course perspective to drug abuse, Hser et al., (2010) noted that turning points vary, and the same event can trigger a change in one person's drug use but not another's, and this will depend on the individual and the context (see also Zinberg 1984).

The literature identified that life course theories have rarely been applied to drug misuse research, and for the purpose of this study, the theory of informal social controls (Laub and Sampson 2003) was a useful framework within which to describe the findings. There were three main ways in which the framework worked well. First, the theory emphasises the prospective approach which is required in order to understand desistance. This meant that the present study, which focused on follow-up interviews over the course of one year, was well suited to the framework. Second, Coalter (2007) asserts that in order to understand why some sports programmes work for some people only some of the time, the circumstances under which they 'work' should be examined. For this study, Second Chance appeared to help some respondents desist but not others. Following Coalter's (2007) advice, and using the life course theory of informal social controls, made it possible to examine the circumstances as to why this was so. Finally, the framework is a developmental theory, and models of recovery from substance misuse are increasingly drawing on this approach to inform policy and practice (Groshkova and Best 2011).

7.4   Summary

The desisters had many of the same challenges to deal with as the trapped respondents such as poor health, feelings of inadequacy, anxiety, cravings and loneliness, former social networks, and criminal records. As two groups, there were no significant differences in their key characteristics. The marked difference between them was that desisters had coping strategies which they used in times of difficulty to help them make sense of and manage their situations day by day. These were found in their roles and occupations, their social networks, and their own personal agency. Developing these strategies was an on-going work in progress, and an active part of their desistance process. To successfully desist, the respondents needed tools to build their drug-free lives, namely, 1) meaningful activities, 2) a social network of other non-users, 3) the belief that desisting meant something better than the alternative of continued use, 4) the belief that recovery was possible, a plan for how they were going to achieve this, and the belief of another whom they valued (Gadd 2006).

It was interesting to note that the comments made by the desisters in relation to their coaches were considerably more positive and frequent than those made by the trapped respondents. Having a consistent coach was one correlation between positive comments from respondents. However, perhaps more striking was that those respondents who had more stability, or recovery capital, outside of Second Chance, appeared to benefit to a greater degree from the programme, and have less problem with it. This may suggest that while the attributes of the coach were of key importance with regards to instilling self-belief and hope, and helping respondents change their ways of thinking, this in itself was not sufficient in order to help respondents desist.

For the desisters, their recovery capital, gained partly through Second Chance and partly through the other aspects of their lives, equipped them with resilience with which to deal with problems in their lives day by day. The case studies in chapter five sought to highlight this process in detail by examining three of the most common problems, namely former social networks, feelings of guilt and regret, and, dealing with their drug using identities.

While most respondents had worked and gained some qualifications there was a paucity of recent or sustained work experience, along with offending and substance use records. In an economy mid-recession and a region rated the highest for unemployment in the UK, this did not place the respondents in confident positions to find work, leaving them frequently with little to do to occupy their new drug free time. Despite these handicaps, participants wanted to find work in the future, and many felt that that they had special skills gained directly through their personal experiences which made them very well suited to helping others with substance use problems.

Most people recover from alcohol and drug addictions (CSAT 2009). However, desistance and recovery are processes, and require a long-term (often lifelong) commitment to a change of lifestyle. Recovery is not guaranteed at any point, and there will always be a chance of relapse (Hser et al 2007). White (2008) has argued that, typically, the length of time which can pass before an individual may be regarded as stable, will be more than five years after their last use of alcohol, and between five and seven years after their last use of heroin. This makes explicitly clear then that supporting recovery

in the communities people live in is a necessary part of preventing against relapse. Recovery means different things to different people at different times in times in their lives. Therefore developmental, life course theories are well suited to the study of this field.

8

Conclusion

This final chapter draws together the main points in conclusion and specifically the theoretical contribution this research made.

Expanding the Concept of Agency

The life course theory of informal social controls (2003) suggests that the interaction of routine activities, informal social controls, and personal agency predicts desistance from offending. Using the same framework persistence in offending is predicted by a lack of routine activities, informal social controls, while agency is still active. Developing this theory from an explicitly social control theory (Sampson and Laub 1993), Laub and Sampson (2003; 2005) included, but did not advance, the agency component. Instead they focused on the concept of situated choice which is the interaction of informal social controls, routine activities, and agency (choice). Finding that their men were "active participants in constructing their lives", they noted that people choose to commit crime, even though that choice might not be rational. Further, choices are made by offenders, but those choices are often made under conditions which are not of those people's choosing. Stating that they were explicitly critical of structuralist approaches, Laub and Sampson (2003; 2005) urged further development and empirical testing of agency.

This research attempted to extend the concept of agency and situated choice, and examined how agency was apparent both in relation to resilience and coping strategies, and also in relation to duality of agency and structure. Agency in this study was defined in the following ways:

1   Agency was defined as choice, but differentiated from a rational choice (Laub and Sampson 2003). Implicit within this definition were that,

2 Agency is a process which emerges over time. It is informed and shaped by one's unique present circumstances, past experiences, but at the same time it is orientated towards the future. That said, at any one point in time individuals can be principally moved by any of those (past, present or future) depending upon a given situation (Emirbayer and Mische 1998).

3 The influence of routine practices, habits, and social networks shape agency; as do the person's sometimes conflicting rationale, the latent, and presumably those issues the respondents choose not to share.

It is hoped that this research has contributed to the life course theory of informal social controls by developing the concept of agency.

Agency – Resilience and Coping Strategies

Chapter five highlighted that the desisters had resilience which helped them to make sense of their lives and live successfully without alcohol and drugs, even in the face of adversity. Indeed this resilience was perhaps most noticeable when difficulties arose, for example following a lapse, a prison sentence, dealing with current users or coping with feelings of regret and shame. The desisters' agency related characteristics were four fold and included, 1) alternative identities; 2) hope (Snyder et al. 1991) and self-efficacy; 3) regret and shame (and the ability to successfully process this); and 4) overcoming stigma. These characteristics developed over time and came about through a complex interplay of internal and external processes.

In contrast, chapter six found that the trapped respondents' subjective characteristics reflected a lack of hope and low self-efficacy. Although reporting that they wanted to stay alcohol and drug free, they did not have articulated strategies to help them do this, and so their 'hope' for abstinence was missing the necessary component of a goal-related plan. Neither did they have a process through which to make sense of their feelings of regret and shame, emotions which left unmanaged typically trigger experiences

of depression and powerlessness (Maruna and Copes 2005). The trapped respondents did not have the networks of support and the recovery capital which the desisters did, and their narratives reflected anxiety, depression and loneliness.

The Duality of Agency and Structure

Donnelly (1998) outlined a distinction between 'agency theories' and 'structure theories', sometimes referred to as 'the two sociologies'. Agency theories tend to focus on the ways in which people attribute meaning to the world, and emphasise explanations of motivation, individual effort, and free will. In contrast, structure theories are based on the premise that actions are determined by social forces and social structures, and by rules and regulations. It is now widely acknowledged that desistance from offending is the outcome of a complex interaction between subjective or agency factors and social, structural or environmental factors (Le Bel et al., 2008). However, there has consistently been a tension among academics in reconciling these two approaches. Acknowledging the tensions that lie in studying the relationship between agency and structure in relation to desistance, Laub and Sampson (2005) argued that both must be included,

> Choice alone without structures of support, or the offering of support alone absent a decision to desist, however inchoate, seems destined to fail. Thus, neither agency nor structural location can by itself explain the life course of crime. Studying them simultaneously permits discovery of the emergent ways that turning points across the adult life course align with purposive actions and, yes, stable individual differences.

In this research it was clear that the desisters had internal characteristics that gave them resilience, even when things went wrong for them. It is a shame, and indeed a limitation of the research, that the structural circumstances of the trapped respondents did not change during the fieldwork. For it would be interesting to know if and how such changes might have altered their desistance and recovery journeys. What is clear however, is that even for the few trapped respondents who did have regular access to an activity in addition to Second Chance, this itself was not enough to maintain their successful desistance. The need for meaningful relationships, however positive or negative those may

have been, was one of the clearest aspects to emerge from all the respondents' narratives. The fear of loneliness was evidently worse than the fear of recourse to alcohol, drug misuse and offending.

In conclusion, it is hoped that this research has highlighted the 19 respondents differed not in their ability or desire to desist, but in the rules, resources and informal social controls which they had access to and which held the potential to influence how they could make sense of and interpret their lives day by day. The analysis throughout this thesis makes clear that there is a complex relationship between structural influences and agency factors in relation to desistance, and it is likely that this relationship changes from person to person. Such changes will depend on the individual circumstances, choices, positioning, relational and structural factors, which also shift across time and place. The life course theory of informal social controls usefully examines these dynamic patterns, by emphasising the importance of timing, space, place and human agency. This study hoped to develop the life course theory of informal social controls by providing a more explicit definition of agency, and then examining how this played out in the lives of the desisters and the trapped respondents. However, as complex as these relationships are, one thing is clear: desistance and recovery are not about giving people things to do, but are about how those activities can help people to change their ways of thinking so that they may choose to live successfully without alcohol and drugs.

Appendix 1   Interviewee Key Characteristics

Key

I1, I2, I3	Interviews one, two, three.
F	Football
M	Multisport
R	Residential Rehab
A	Structured Day Care Activities
C	Counselling
P	Prescribing
L	Low threshold
V	Volunteering
Paid	Paid employment
N	No employment paid or voluntary

Desisters

	Case No.	Gender	Age	Sport	1st Drug Problem	2nd Drug Problem	Months Since Last Use of 1st Drug	Treatment Status	Mutual Aid	Using 1st Drug	Using 2nd Drug	Any Lapse 1st Drug	Offending	Other Self-Reported Offending	Housing Status	Employment / Education
I1	1	M	45-54	F, M	Heroin	Alcohol	30	R	Y	N	N	N	N	N	R	V
I2								A	Y	N	N	N	N	N	Supported tenancy	V
I3								A	Y	N	N	Y	N	N	Supported tenancy	V, Paid
I1	2	M	25-34	F, M	Stimulants	-	11	C, A	Y	N	-	N	N	N	Parents	N
I2								C	N	N	-	Y	N	Y	Independent	V, College
I3								C	N	N	-	N	N	N	Independent	Paid
I1	3	M	35-44	F, M	Heroin	-	18	P, A	Y	N	-	N	N	N	Independent	N
I2								P	N	N	-	N	N	N	Partner	N
I3								P	N	N	-	N	N	Y	Partner	V
I1	4	M	35-44	F, M	Heroin	Alcohol	9	P,A	N	N	Y	N	N	N	Partner	N
I2								P	N	N	Y	N	N	N	Partner	N
I3								-	N	N	Y	N	N	N	Partner	N
I1	5	M	18-24	F, M	Alcohol	Stimulants	15	L	N	N	N	N	N	N	Partner	N
I2								-	N	N	N	N	N	N	Partner	V
I3								-	N	N	N	N	N	N	Partner	V
I1	6	M	35-44	F, M	Heroin	Stimulants (crack)	7	R	Y	N	N	N	N	N	R	N
I2								A,C	Y	N	N	Y	Y	Y	Supported tenancy	V
I3								A,C	Y	N	N	N	N	N	Supported tenancy	V
I1	7	M	35-44	F	Heroin	Stimulants (crack)	6	R	Y	N	N	N	N	N	R	N
I2								A,C	Y	N	N	N	N	N	Supported tenancy	V
I3								A,C	Y	N	N	N	N	N	Supported tenancy	V
I1	8	M	25-34	M	Alcohol	Stimulants, Cannabis	9	A,C	N	N	N	Y	N	N	Hostel	N
I2								A	N	N	N	N	N	N	Hostel	V
I3								A	N	N	N	N	N	N	Independent	Paid

	Case No.	Gender	Age	Sport	1st Drug Problem	2nd Drug Problem	Months Since Last Use of 1st Drug	Treatment Status	Mutual Aid	Using 1st Drug	Using 2nd Drug	Any Lapse 1st Drug	Offending	Other Self-Reported Offending	Housing Status	Employment / Education
I1	9	M	25-34	F	Alcohol	Stimulants,	8	L	N	N	N	Y	N	N	Parents	N
I2						Cannabis		L	N	N	Y	N	N	N	Parents	V
I3								L	N	N	N	N	N	N	Independent	V
I1	10	M	18-24	F, M	Stimulants,	-	6	A,C	N	Y	-	Y	N	N	Parents	N
I2					Cannabis	-		A	N	N	-	N	N	N	Parents	N
I3						-		-	N	N	-	N	N	N	Parents	Paid, College
I1	11	M	35-44	F, M	Heroin	Alcohol	12	P, A	N	N	Y	N	N	N	Independent	N
I2								P	N	N	Y	N	N	N	Independent	N
I3								P, A	N	N	N	N	N	N	Independent	N
							11.91									

Trapped respondents

	Case No.	Gender	Age	Sport	1st Drug Problem	2nd Drug Problem	Months Since Last Use of 1st Drug	Treatment Status	Mutual Aid	Using 1st Drug	Using 2nd Drug	Any Lapse 1st Drug	Offending	Other Self-Reported Offending	Housing Status	Employment
I1	12	M	25-34	F	Heroin	Alcohol	13	P	Y	Y	Y	Y	N	Y	Hostel	N
I2								p	N	Y	Y	Y	N	Y	Partner	N
I3								P	N	N	Y	N	N	N	Partner	N
I1	13	M	25-34	F, M	Heroin	Cannabis	15	P, C, A	N	N	Y	Y	N	N	Hostel	N
I2								P	N	N	Y	Y	Y	Y	Parents	N
I3								P	N	N	Y	Y	N	Y	Parents	N
I1	14	M	25-34	F, M	Heroin	Stimulants	17	P, A	N	N	Y	N	Y	Y	Rough sleeping	N
I2								P, A	N	N	Y	N	Y	Y	Hostel	N
I3								P	N	N	Y	N	Y	Y	Rough sleeping	N
I1	15	M	45-54	F	Heroin	Alcohol	13	P,A	N	N	Y	N	N	N	Supported tenancy	N
I2								P,A	N	N	Y	N	Y	N	Supported tenancy	N
I3								P,A	N	N	Y	N	Y	N	Supported tenancy	N
I1	16	M	25-34	M	Stimulants, Cannabis	Alcohol	9	-	N	Y	Y	Y	N	Y	Rough sleeping	N
I2					Cannabis			-	N	N	Y	N	Y	Y	Hostel	N
I3								-	N	N	Y	N	Y	Y	Rough sleeping	Paid
I1	17	M	25-34	F, M	Heroin	-	5	P, A, L	N	N	-	N	N	N	Hostel	N
I2								P	N	N	-	N	N	N	Partner	N
I3								-	N	N	-	N	N	Y	Partner	N
I1	18	M	25-34	F	Heroin	Cannabis	8	P,L	N	N	-	N	N	N	Parents	N
I2								P	N	Y	-	Y	N	Y	Parents	N
I3								P	N	Y	-	Y	N	Y	Parents	N
I1	19	M	18-24	F	Alcohol	Stimulants, Cannabis	3	L	N	Y	Y	Y	N	N	Parents	N
I2						Cannabis		-	N	N	Y	Y	Y	Y	Partner	N
I3								-	N	N	Y	Y	N	Y	Partner	N
							10.38									

Appendix 2   Interview Guide

This interview schedule was a general guide for the sort of areas I asked respondents to talk about during the field work.

Key Areas for Questions. Probe. Allow respondent to come back to questions of difficulty. Let respondent choose what area they want to discuss (i.e. *"I'd like to ask you about the past six months, in relation to……… What do you want to talk about first?"*). Encourage the respondent to describe, in as much detail as they feel comfortable with, the meanings which they attach to each of the areas. Be responsive and sensitive to how respondents are coping with question (e.g. if they are getting tired).

Interview Guide One

SECOND CHANCE

- How did you get onto Second Chance?
- Where did you hear about it?
- Why did you start and what appealed?
- When did you start?
- What were you hoping to get from the programme?
- What activities have you been doing so far?

SUBSTANCE MISUSE AND KEY LIFE EVENTS CHART

Ask respondent to talk around relevant parts of key life events chart. Probe into each area, in particular those related to the following questions:

- When, why and how did you start using alcohol and drugs?
- How did your use of substances progress, and escalate?
- How did you know use was a problem?
- How did you know you wanted to stop?
- What have your experiences been of giving up in the past?
- Treatment and mutual aid experiences.
- What things have helped you do this?
- What things have prevented you doing this or caused you to relapse / lapse?
- What do you understand by the term recovery?

Interview Guide Two and Three

Probe. Keep reminding respondent to think about previous six months (as opposed to past few weeks or further back than six months).

<u>SECOND CHANCE QUESTIONS</u>

- How has Second Chance been for you over the past six months?
- Activities?
- What have you been enjoying / not enjoying?
- What do you make of the players and coaches?
- What could be better?
- Any other comments

<u>SUBSTANCE MISUSE</u>

- How has your alcohol and drug use been?
- Treatment status / experiences
- Lapse / relapses – what has triggered these; how did you decide to stop; what helped you to stay clean?
- How are you managing cravings?
- What does it mean to you to be drug free?

<u>ACTIVITIES</u>

- How have you spent your time since we last met?
- Find out in relation to activities, education, employment, courses.
- Other forms of support networks
- Finance
- Housing

<u>SOCIAL NETWORKS</u>

- Who has respondent spent time with over past six months – i.e. family, friends and partners.

<u>OTHER</u>

- How do you look at yourself now compared to one year ago?
- What things have been going well over the past six months?
- What things have you been struggling with over the past six months?

Appendix 3   Key Life Events and Drug Treatment History

Drug and treatment history (12-34 years – continue age on reverse)	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Please indicate if any of the following 'key life events' have occurred to you, and at which age? (continue on separate page for ages younger than 12 and older than 34)																							
Age of first heroin use																							
Age of first heroin injection																							
Periods of dependent use																							
Periods of abstinence from heroin																							
Methadone maintenance treatment																							
Other substitute maintenance treatment																							
In-patient detoxification (mark if completed)																							
Residential rehabilitation (mark if completed)																							
Day programmes																							
NA attendance																							
Other mutual aid attendance (details)																							
Self-detoxification																							
Beginning of the recovery journey																							
Key turning points in heroin career																							
Other episodes of problematic substance use																							

Key Life events (12-34 years continue age on reverse)	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Please indicate if any of the following 'key life events' have occurred to you, and at which age? (continue on separate page for ages younger than 12 and older than 34)																							
Attended secondary school																							
Attended college / university																							
Were in full-time employment																							
Were in part-time employment																							
Married / cohabiting																							
Divorce																							
Birth of children																							
Periods of homelessness																							
Episodes in hospital																							
Bereavements																							
Periods of prison																							
First conviction																							
Other key life events																							

Appendix 4   Information Flyer

VOLUNTEERS NEEDED!

FOR SECOND CAHNCE RESEARCH

YOUR STORY MATTERS

Your information will be ANONYMOYS
and CONFIDENTIAL

Interviewees must be:

➤ 18 years or older
➤ registered with a drug or alcohol treatment service at the beginning of the research
➤ willing to take part in 3 interviews between now and December 2010. Each interview may last up to 2 hours.
➤ be prepared to be contacted by Sarah to arrange interviews
➤ share their personal experiences, feelings and views on drugs, crime, treatment and the Second Chance sports programme.

Interviewees will be paid £20 food or sports clothes vouchers for each interview for their time and commitment.

[On reverse]

Please circle

YES — I AM HAPPY TO BE CONTACTED ABOUT THIS RESEARCH
Name ....
Contact number (of you or your key worker)...

NO — I DO NOT WANT TO BE CONTACTED ABOUT THIS RESEARCH.

Thanks!

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Appendix 5   DIP Managers Consent Form

2ND CHANCE RESEARCH

I agree to Sarah Landale carrying out this research. I understand that the information the clients are providing is anonymous and will not be used for anything other than this research study.

I agree to Sarah conducting up to three in-depth interviews with each client between October 2008 and December 2010, each lasting up to 2 hours, and for Sarah to contact the clients to arrange the interviews. I agree to Sarah contacting the client's key worker if she has difficulties getting in touch with them directly.

I agree to Sarah offering a £20 food or clothes voucher to each respondent, for each interview, as payment for their time. I understand this is not intended as an inducement or a measure of the value of information being shared by the respondent.

Signature DIP / DAT manager…………………………………………………………………….

Signature Sarah Landale…………………………………………………………………………...

Appendix 6   Respondent Consent Form

2ND CHANCE RESEARCH

I agree to voluntarily take part in this research. I understand that the information I give is anonymous and will not be used for anything other than this research.

I agree to take part in three interviews between October 2008 and December 2011, each lasting up to 2 hours, and for Sarah to contact me to arrange the interviews. I agree to Sarah contacting my key worker between each interview, and for my key worker to pass on information about my whereabouts to Sarah for the duration of the research.

Signature Respondent …………………………………………..

Signature Sarah Landale …………………………………..

Talking about their own experiences of drugs can be difficult for some people. You may find that reliving this may cause emotional stress for you. If you find the stress is too great, you may ask to stop and resume at a later time. You are of course free to withdraw from the study at any time. Should you experience a level of distress that requires professional help, referral services can be recommended through your key worker or another professional.

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Appendix 7   Glossary

Bairn   Child

Bolshy   Insolent / Aggressive / Rude

Cannit   Cannot

Coke   Cocaine

Crack   Form of cocaine that can be smoked

Cushty   Great, excellent, cool

Da   Father

E   Ecstasy

Fix   Taking drugs

Gear   Heroin

Gouch / Gouching   Initial effect which is sometimes experienced after a heavy dose of heroin, symptoms include drowsiness, sedation, 'pinpricked' eye balls.

Haway   Come on!

High   Commonly used to describe the changed state of consciousness, or euphoria, caused by any intoxicant use and sometimes by any effort to alter consciousness states (Zinberg 1986)

Hit   Immediate effect from taking heroin

Junkie   Street term for people with drug (usually heroin) problems. Often an offensive term

Mam   Mother

Mint   Good

Rock   Crack cocaine

Screw   Prison staff

Score   Get some drugs

Skag   Heroin

Skint   No, or little, money

Skunk   Form of marijuana

Smack   Heroin

Tack   Cannabis

Weed   Marijuana

Whizz   Speed

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