7 Examining the Relationship Between Material Conditions, Long-Term Problematic Drug Misuse and Social Exclusion: A New Strategy for Social Inclusion

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Introduction

The intention of this paper is to examine the relationship between material conditions, long-term problematic drug misuse and social exclusion. It is the contention of the authors that, the issue of drug misuse, which many people see as one of the most serious social issues facing society, has been neglected as an area of interest for social scientists, one of the main reasons being, that drug addiction tends to be conceptualised as a medical problem, with social factors seen as peripheral. Whilst not ignoring the important contribution of medicine in the treatment and rehabilitation of drug addiction, this paper challenges the assumption that drug misuse is solely due to physiological or psychological pathology, the so-called 'addictive personality'.

Using the quantitative and qualitative data gained from structured interviews on Merseyside, England with 200 drug users between 1995-1997, the research examines the correlation between poverty, social exclusion and problematic drug use and suggests there is a relationship between:

- Structural changes in the 1980s' labour market
- The onset of large scale and long-term structural unemployment
- Widespread deprivation and poverty; and the
- Emergence of long term problematic drug misuse on a major national scale.

For the purposes of this paper, the term problematic drug misuse is used to refer primarily to heroin 'addiction'. Although drug misusers use various types of drugs, heroin was the primary drug of choice for the majority of young people in the mid-1980s (Pearson, 1987). It is significant that heroin is used clinically as a 'pain killer' (ISDD, 1991). When taken recreationally it gives users an initial sense of euphoria ('rush'), followed by a feeling of well being as all emotional, social and physical pain is numbed. Choosing a drug that kills pain is indicative of the social, economic and political circumstances that prevailed in the early to mid 1980s (Buchanan and Wyke, 1987). This generation of young people, their labour power no longer required, were victims of the Thatcherite revolution, in which they found themselves socially and economically excluded from the benefits of an apparently affluent society. The disturbing impact is highlighted by Stewart et al.:

> the mass youth unemployment for which the decades of the 1980s and 1990s will be historically famous, has eroded social restraints against offending and engendered a feeling of cynical apathy about the possibility of any kind of legitimate self improvement.
> (Stewart et al., 1994, p.102)

Social and Economic Context

Although certainly not unique in 1990s Britain, Merseyside does to some extent represent graphically the legacy of nearly two decades of Thatcherite economic and social policy 'reforms'. Merseyside has been designated 'Objective One' status by the European Union, highlighting the serious social and economic decline the area has suffered. This is an acknowledgement that the region contains some of the poorest communities in Europe, with domestic product per head of population (one of the most significant indicators of poverty) falling below the European average. Merseyside is the only region in the UK to be designated as such.

As might be expected, the region contains many of the indicators normally associated with communities under stress – infrastructural dereliction, shrinking economic base, significant levels of long-term ill health and unemployment, poverty, crime and widespread problematic drug misuse (Liverpool City Council, 1991). Indeed, Home Office records shows that since the mid-1980s, Merseyside has regularly recorded the highest number of notified drug 'addicts' in the United Kingdom per head of population (Home Office, 1987-97).

Doctors are required to 'notify' the Home Office when they are treating an individual for drug addiction.

At the time of Mrs Thatcher's election in 1979 there were just over 1.2 million people registered unemployed in the United Kingdom (Timmins, 1995). Indeed, under Labour during '74-79, unemployment had reached a post-war high and the Tories had used the fear of unemployment as an effective election winning strategy. The point should not be lost, however, that the Labour Party were still committed in 1979 to a policy of full employment. In an effort to ameliorate the scourge of rising unemployment, the Labour Government introduced a number of measures such as the Temporary Employment Subsidy, the Job Release Scheme and the Youth Opportunities Programme. It is estimated that in 1978 such schemes were providing employment for some 400,000 people and at the time of their electoral defeat in 1979 unemployment was actually falling (*Ibid.*, 1996).

Once elected Mrs Thatcher, intent on reducing inflation, jettisoned the policy of full employment in favour of economic liberalism and began restructuring the welfare state, as a consequence unemployment rates soared to over three million by the early 1980s (Gallie *et al.*, 1995). In less than three years the policies of the Conservative Government were responsible for more than two million workers finding themselves as surplus to economic requirements. It should be noted, moreover, that these figures were the official headline rates and given that the Conservative government changed the definition of unemployment on 33 occasions (Oppenheim and Harker, 1996, p.48) the real rate of unemployment was possibly much higher.

The distribution of unemployment was not evenly spread either between or within regions. Areas that relied heavily on manufacturing industries such as shipbuilding, steel production, heavy engineering and coal mining – once the wealth producers of the nineteenth century, now found themselves blighted with severe employment shortages. With little regard for the social consequences, many of these industries were sold off to private enterprise or closed down. For places like Merseyside, with a reliance on such industries, New Right economic policy resulted in the loss of thousands of jobs, and many people became long-term unemployed. In the period 1981-91 Merseyside saw an overall 16 per cent loss of jobs, and by 1991 six electoral wards in Liverpool recorded levels of unemployment in excess of 31 per cent (Liverpool City Council, 1993). For some sections of Merseyside, then, the economic situation since the late 1970s has been, and remains, desperate with little sign of any upturn. Whole communities are without work, as industries have closed or been relocated.

Indeed, some people now in their mid 20s have never known full-time permanent employment since leaving school - a position apparently well understood by the present government:

There is no more dreadful testimony to the last decade and a half than the position of the young unemployed and never employed. The lost generation is adrift from the working population, with no stake in society.
(Straw and Michael, 1996)

In addition, to suffering this ignominy, those excluded from employment have seen their meagre living standards further eroded as welfare benefits have been reduced (Becker, 1991). Indeed, since 1988, many young people have had their benefits reduced or withdrawn completely. Life, for the majority of these people, resembles the 'solitary, poor, nasty, brutish and short' world described by 17th century philosopher Thomas Hobbes, Leviathan, 1651.

Heroin: An Alternative to Unemployment?

This depressing picture as a result of the Thatcherite programme has been imposed at a colossal social cost, in which 'society is dividing before our eyes opening up new social fissures' (Hutton, 1996, p.106). It is the backdrop against which those between 18-30 years of age have progressed from youth to adulthood. It is a bleak picture of despair with few opportunities available to improve ones life chances. Many of these people are victims of a set of economic and social policies that have no need for their labour, and regard them as surplus to requirements. Not only are they denied any opportunity to earn a living, the State also castigates them for being in such circumstances, labelling them as 'workshy', 'scroungers' and 'cheats'. Faced with such a hostile environment many young people in the early to mid-1980s turned to heroin as a means of blocking out the pain of an existence without opportunity or hope. Merseyside experienced epidemic proportions of problematic drug misuse (Newcombe and Parker, 1991). Sadly, writing in 1998, and in spite of the ubiquitous 'regeneration' strategies, for many people the situation shows little improvement with drug use and drug problems still increasing.

Right wing politicians and academics (Murray, 1996 and Dennis, 1997) have labelled drugs users, along with many other victims of the social and economic policies of the Thatcher era, as an 'underclass'. This thesis, a reworking of the 'cycle of deprivation' theory espoused by Sir Keith Joseph

in the 1970s (Holman, 1975), suggests that an over generous post war welfare state was responsible for creating 'deviant' sub-cultures. Having rejected wider societal norms and values, these people are said to prefer a life of welfare benefits, criminal activity and anti-social behaviour. Within the confines of this paper it is not possible to debate the underclass thesis which the authors strongly reject. It is acknowledged however that many victims of the Thatcherite economic revolution - problematic drug misusers included - have through economic and social necessity developed alternative survival strategies.

Excluded from a shrinking labour market, for these people the chance of finding work is minuscule. Work gives people the opportunity to meet their needs, to satisfy their wants and have a personal identity and social status within a network of relationships (Commission for Social Justice, 1994). Denied this opportunity most problematic drug users have become part of an elaborate and well developed alternative economy involving petty crime and minor drug dealing. Having experienced poverty and deprivation for almost two decades, this alternative economy has become a major source of income and exchange of goods within deprived communities. The sale and purchase of stolen goods, is the only way that many families are able to partake in the trappings of an affluent society. It will require a major shift in social and economic policy to counteract this alternative economy.

Far from being lazy or workshy, problematic drug misusers work surprisingly hard to secure their daily supply of drugs. The need for heroin provides routine, purpose, structure, stress, rewards and most important of all it occupies the hours of each day. Figure 7.1 below describes the daily cycle of a typical problematic drug user.

1. The person wakes up anxious, concerned about generating sufficient funds, usually around £50-80 worth of heroin is needed to get them 'sorted'.
2. Without access to opiates they will begin to experience withdrawal symptoms of sickness, stomach cramps, aches and sweating, referred to as 'turkeying'.
3. The person 'plans' for the day ahead providing him or her with a focus.
4. The person goes out 'grafting', a euphemism for stealing. Many hundreds of pounds worth of goods will need to be stolen each day.
5. The stolen goods are sold at a fraction of their true value, often to people living in impoverished communities.

6. With cash in hand they seek a place to purchase heroin, - referred to as going to 'score'.
7. Once they have acquired a wrap of heroin they enjoy the pleasures of their hard work.
8. At this point having taken heroin the person will be able to sleep and rest.
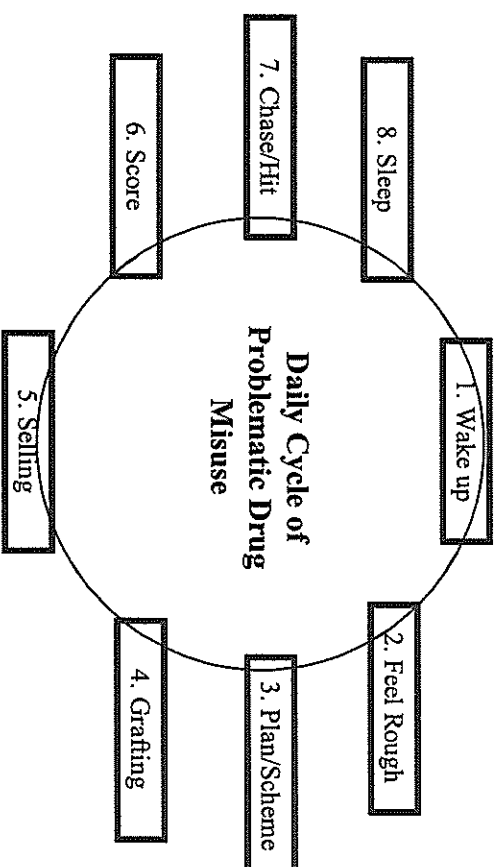

Figure 7.1   Daily cycle of problematic drug misuse

In many respects this daily routine provides similar experiences found in a demanding job – routine, purpose, goals, skills, identity, stresses and rewards. It occupies the hours of each day that would otherwise be mundane in comparison. The person can feel a sense of satisfaction at the end of the day having achieved what they set out to do, and like most people who work hard they appreciate the pleasures and rewards for their efforts. However, drug users are also driven by fear to continue this ritual. Unless they acquire opiates on a daily basis, they will suffer severe physiological and psychological withdrawal symptoms, leading to painful and sleepless nights.

This alternative existence is not confined to people who began taking drugs in the mid 1980s. Structural inequalities, lack of opportunities and poverty has continued to blight large sections of society and the number of

people using drugs continues to increase, to the extent that drugs are becoming more readily available and part of youth culture generally. The British Crime Survey in 1996 identified nearly one in two of those aged between 16-29 years of age have at some point in their life, tried a prohibited drug (Home Office, 1997a). Clearly, the drug problem has become a major social issue, which is now permeating all sections of society. Home Office data (Home Office, 1997b) graphically illustrates the extent of the growing drugs problem in the United Kingdom.
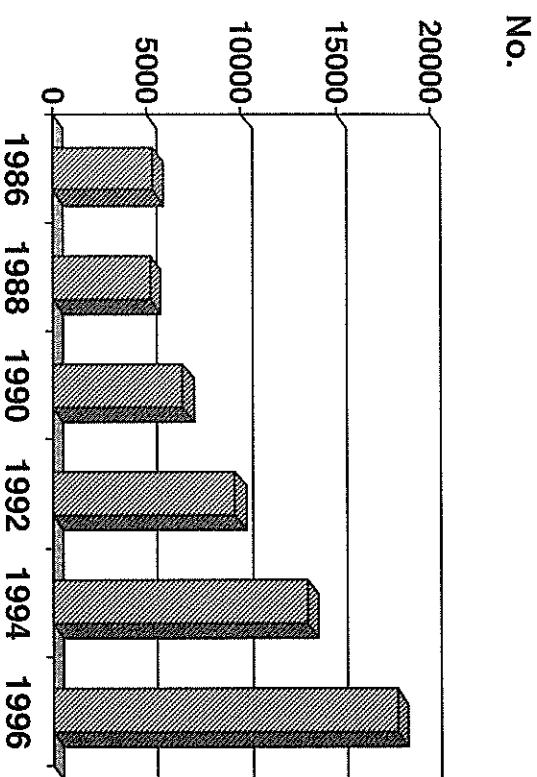

Figure 7.2   Number of new notifications of drug addicts to the Home Office, 1986-1996

Since the emergence of the heroin 'epidemic' the number of new 'addicts' has risen sharply since 1990. The total number of 'addicts' registered (new and re-notifications) has also shown a similar upward trend from 24,703 people in 1992, to 43,372 in 1996 (Home Office, 1997b). Furthermore, the figures below indicate the growing number of individuals cautioned or found guilty for drug defined offences, again with a sharp rise from 1992 onwards. By 1995 the number of people cautioned or found guilty had risen to 93,631 (Home Office, 1997c).

Number of people cautioned or found guilty or dealt with for drug defined offences (Home Office, 1997c)	
1986	23895
1987	26278
1988	30.515
1989	38.415
1990	44922
1991	47616
1992	48927
1993	68480
1994	85691
1995	93631

Figure 7.3   Number of people cautioned or found guilty or dealt with for drug defined offences (Home Office, 1997c)

Profiling the Long Term Drug User on Merseyside, England

This section examines the relationship between social exclusion, poverty, and drug misuse. The findings, based upon quantitative and qualitative data, are gained from three separate research studies (Goldson et al., 1995; Buchanan and Young, 1996; Buchanan and Young, 1998) carried out on Merseyside between 1995-1997. Of the 200 people interviewed, 134 men and 66 women, more than half were over 26 years old. Ninety nine per cent of the sample were currently unemployed. Only nine of the 200 interviewed identified themselves as black, this reflects the under representation of black people within drug services (Goldson et al., 1995, p.19).

Heroin was identified as the main drug of addiction. Fifty-five per cent defined their drug use as stable and in control, a further 18 per cent said they were now drug free, while only 27 per cent of these long term problem drug users described their drug misuse as chaotic and out of control. This data

challenges the image of all problem drug users being out of control and unable to function 'normally'. The majority of people had been taking illegal drugs for seven to 13 years, and therefore began their drug career between 1983 and 1989. This correlates with the 'drug epidemic' which became apparent in the mid-1980s. It is perhaps surprising that over 30 per cent began their drug career pre-1983 and continue to seek help. In the most recent study (Buchanan and Young, 1998) the average age of the drug misusers was 30 years old with an average length of drug use of 12 years, and therefore began using drugs in 1985. This again correlates with the time when opiate use became endemic to most major cities in the United Kingdom.

Some experts in the drug field have spoken about a ten-year drug misuse 'career cycle' - after which time drug misusers grow out of a drug centred existence and return to 'mainstream' society. These findings seriously question whether the notion of a ten-year cycle has relevance to today's drug misusers. In the 1960s it might have been possible for drug users to return to previous occupations, interests or lifestyles. However, the drug misusers involved in this research generally have no previous work experience to return to, and few if any, viable options are available to them. Faced with these circumstances it is difficult to see how drug misusers can gain access to mainstream opportunities.

Education is at the outset, a key factor in enabling individuals to have access to a wider range of opportunities. Significantly, 47 per cent of the research sample (n=200) did not continue their education beyond the age of fifteen. Furthermore 52 per cent of the sample have gained no qualifications, educational or vocational. Similar patterns emerge from research involving young offenders aged 17, 20 and 23 in 1991, 80 per cent left school without any qualifications, while 15 per cent of the 23 year olds had never had a job (Stewart and Stewart, 1993). It is also interesting to note that the 1997 DfEE performance tables for Secondary Schools in England and Wales (DfEE Web Site, 1998) indicated that only 8 per cent of pupils failed to achieved at least one GCSE grade A* to G. This suggests that for the research sample, the process of social exclusion began a number of years before they started using drug. This exclusion continued into employment, with 14 per cent of the sample having never had a job, 54 per cent of the sample had been unemployed for more than five years.

It is argued that these people have been subject to marginalisation and exclusion prior to becoming drug users. However, once a drug using identity is ascribed, a process of stigmatisation, marginalisation and exclusion is initiated by wider society. This is legitimised by government policy that

portrays drug users as an 'enemy within' and wages a 'war on drugs'. This sadly often results on a war on drug users (Ashton, 1992). This process is described in the following diagram:
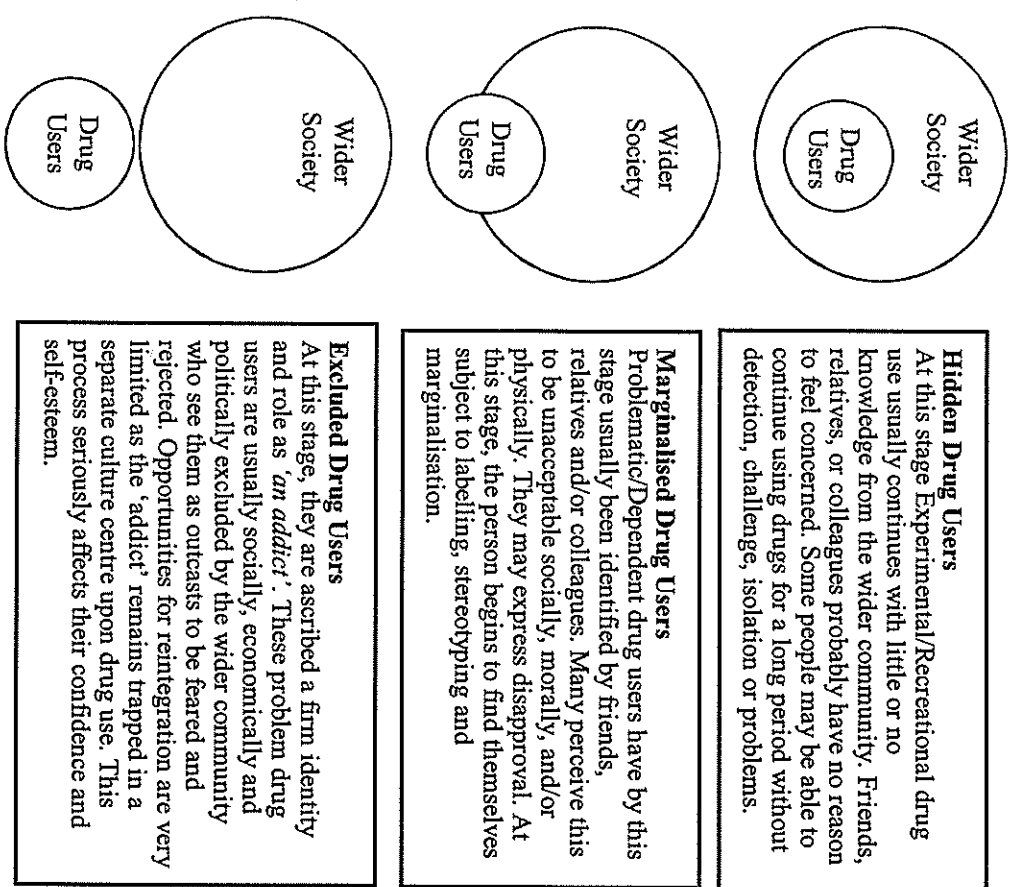

Hidden Drug Users
At this stage Experimental/Recreational drug use usually continues with little or no knowledge from the wider community. Friends, relatives, or colleagues probably have no reason to feel concerned. Some people may be able to continue using drugs for a long period without detection, challenge, isolation or problems.

Marginalised Drug Users
Problematic/Dependent drug users have by this stage usually been identified by friends, relatives and/or colleagues. Many perceive this to be unacceptable socially, morally, and/or physically. They may express disapproval. At this stage, the person begins to find themselves subject to labelling, stereotyping and marginalisation.

Excluded Drug Users
At this stage, they are ascribed a firm identity and role as '*an addict*'. These problem drug users are usually socially, economically and politically excluded by the wider community who see them as outcasts to be feared and rejected. Opportunities for reintegration are very limited as the 'addict' remains trapped in a separate culture centre upon drug use. This process seriously affects their confidence and self-esteem.

Figure 7.4   The marginalisation and exclusion of drug users

The distinct position and outlook of problem drug users who regularly use opiates was highlighted in a research report by Demos (Joseph Rowntree Foundation, 1997) which stated they:

> are generally more isolated than young recreational and non-drug users. Their comments emphasised a lack of close friends, a distrust of authority figures and feelings of stigmatisation. They appeared to have a less confident and more fatalistic outlook than others.

Developing a Strategy for Inclusion: A User Perspective

The issues that face long term problematic drug users are the same issues facing the long-term unemployed. The difference being, that drug users are subject to double discrimination and exclusion. Tackling this major social issue of exclusion is an enormous task that requires attention at a multiplicity of levels. No one single approach or strategy will prove to be 'the answer'. When fifty drug users themselves were asked what they felt they needed, interesting results emerged (Buchanan and Young, 1996). Three quarters of the sample expressed an interest in doing an educational course. The most popular choice being Basic Adult Education closely followed by English, Sociology and Psychology. These subjects possibly reflect a desire to understand and explore their own life experience as well as equip them better to engage in society. When asked why they chose these options, their statements illustrated the need to prove themselves, to be successful at something, and to be seen as capable in some way:

> It's something positive to show my child.

> I didn't really get anything from school so I'd really like another try.

> It would let me do things I've always been interested in but never had the chance.

> To prove to myself that I can do it.

Ninety-four per cent expressed an interest in recreational activities with netball, photography, snooker, football, stock car racing, outdoor pursuits and swimming being the activities most favoured. Interestingly, many of these activities are readily accessible in local communities, but the findings of the

research indicate that drug users lack confidence and feel inhibited approaching organisations or groups of non-drug users.

Ninety-eight per cent expressed an interest in participating in a vocational training course. Catering, painting and decorating, hairdressing and furniture construction and restoration being the most preferred courses. Their aspirations are modest. They are practical courses that would provide them with some basics skills, which could be used informally within their local community, if they were unable to secure proper employment.

When asked what might prevent them from participating in educational, recreational or training courses they identified a range of factors:
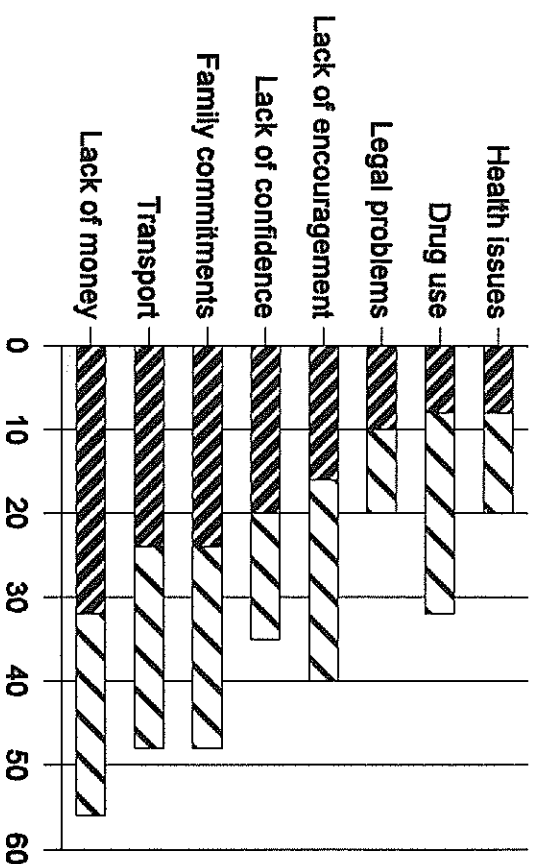
Blockages to Progress

Figure 7.5 Blockages to progress

It might have been expected that drug misuse itself would have been the major problem, or indeed health related issues, however, the chart above indicates that it is issues related to poverty (finance, transport and family

commitments) that pose the greatest hindrance to progress. It is interesting to note that the major 'blockage' is said to be a lack of money, when drug users themselves obtain a considerable amount of income through criminal activity. However, it would appear that problematic drug misusers regard the money they obtain through crime, solely as a means of satisfying their addiction. The shortage of money therefore, should be understood not simply as a financial issue, but an expression of the lack of opportunity to earn a legitimate income. The exclusion from the employment market also denies these people a 'normal' existence. Other factors such as a lack of encouragement and a lack of confidence could be seen as associated factors that are often the symptom of systemic marginalisation. The least problematic factors are those more likely to be directly associated with drug taking (legal, drugs and health issues). Comments from the drug users illustrate these points:

It doesn't matter about anything else if you don't have confidence.

If I had a bus pass I wouldn't need to worry about getting there.

It is difficult to start these things without help.

Dinner money would help.

When asked what could be done to remove these blockages the focus was again on alleviating some of the damaging effects of poverty rather than any major focus upon drug misuse. The need for finance, confidence and transport were highlighted as issues to address.
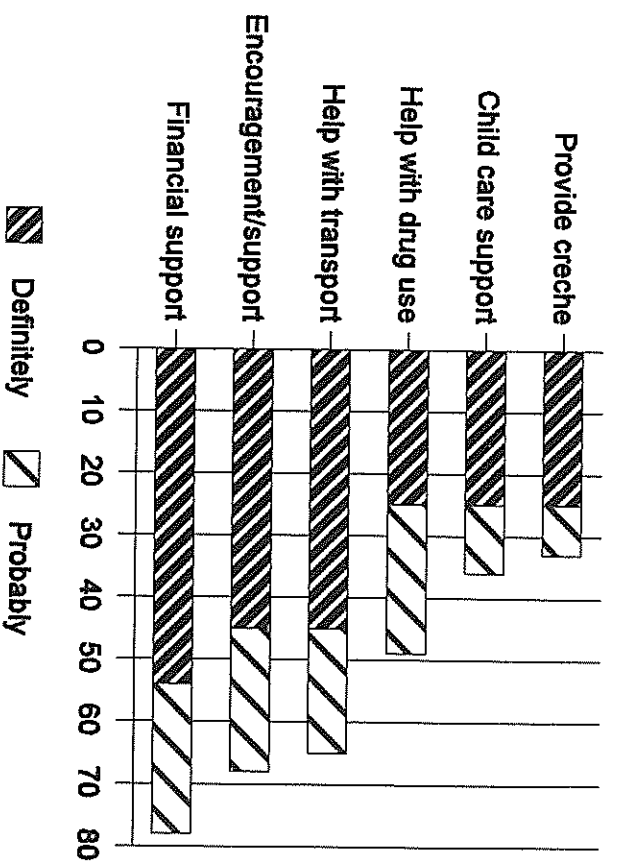
Figure 7.6   Removing or lessening the blockages to progress

When asked about what may assist them to stop using drugs, the sample mentioned employment more than any other option. Denied the opportunity of employment, their time was largely spent, watching television (36 per cent), or 'looking after the kids' (30 per cent), nearly two-thirds said that they would rather spend this time in paid employment. When asked about the notion of a structured day programme, to facilitate access to educational, vocational and recreational opportunities, each person interviewed believed it would have a significant impact in assisting in the process of rehabilitation and social inclusion.

If I'll get people motivated to get up and do things.

There is nothing to do in the Bootle area for drug users or other young people.

Users need a higher profile, people need to be shown that (methadone) users can do the same things as others.

Second Chance Structured Day Programme

Following user led research (Goldson *et al.*, 1995), the Second Chance Structured day programme for recovering drug users was established in Liverpool city centre. The authors of this paper were commissioned to assess the impact of the programme upon the lives of the drug users and to provide ongoing action research. The study was undertaken between September 1995 and August 1997. The twelve week programme at Second Chance consists of the following:

* 6 week Vocational Module
* 4 week Personal Development Module
* 2 week Moving On Module

The research process comprised of in-depth interviews, at strategically identified points, with the aim of tracking a student's progress over a period of twelve months:

1. Six months prior to starting the programme
2. At the start of the programme;
3. At the completion of the programme
4. Follow-up interview three months after completing the programme.

In total one hundred students were interviewed over a two-year period. Of these 58 were available at the completion point. Twenty-two of these students were followed up three months after leaving Second Chance. Each student was asked the same set of questions on each occasion and asked to comment upon their development in relation to a number of pre-defined areas; Relationships, Confidence and Self-Esteem, Offending, Drug Use, Health, and Aspirations. In addition to qualitative comments, quantitative data was obtained using a five-point satisfaction rating: 0 (very poor), 25 (poor), 50 (okay), 75 (good) and 100 (very good). A summary of the finding are as follows;

Relationships

Thirty-six people who had children indicated a substantial improvement in their relationships with their children from an average satisfaction rating of 67 per cent at point of entry to an impressive 89 per cent rating at the point of

completion. This was the greatest improvement achieved in any area measured during the period of the twelve-week programme. Potentially this has implications for agencies concerned to improve the quality of parent - child relationships.

> Since I've come here I've started to help my oldest with her homework and I'm reading to my youngest which I haven't done for a long time.

Confidence and Self Esteem

Prior to starting the programme students lacked confidence and felt less than 'okay' (44 per cent) when approaching a person who doesn't use illegal drugs. Encouragingly this had progressed to an average 69 per cent satisfaction rating at point of completion. The difficulty students' sense is well portrayed in the following comment;

> It is difficult you feel divorced from the mainstream, I want to get back into it.

Offending

The likelihood of drug related offending (100 per cent = highly likely) dropped significantly during the course of the programme in relation to theft and or deception. The average likelihood of offending was 35 per cent prior to entry. This dropped to 11 per cent at point of completion, and further to zero at the three month follow-up stage.

> I've changed dramatically. I've realised how far out of character it was for me. I'd have to start very heavy use to fall back into that.

Drug Use

Substantial improvement occurred in the expectations of students in respect of their desire and capacity to be drug free in twelve months time. Prior to entry it stood at 40 per cent (100 per cent = Highly Likely) and continued to increase at every stage to an average 85 per cent at the three month follow up stage.

It's my target. I understand that I can't continue to use heroin and get back into the mainstream. I'm getting older and I don't want to end up on the scrap heap.

It's given me a sense of focus. You need a reason to be drug free. You have a higher chance of employment.

Health

Students recorded improvements in relation to all aspects of health; *sleeping pattern, diet, weight and fitness.* The most impressive improvement was in respect of sleeping patterns which recorded a considerable and steady improvement from an average 36 per cent satisfaction rating to an average 63 per cent at the follow up stage. The following students' comments illustrate the process of improvement;

I was going to bed at dawn and getting up at midday and I was speeding all night. (prior)

It's got better as my health has improved. (start)

Good since I've been coming here, you get into a routine. (finish)

Aspirations

When caught up in a drug centred lifestyle the students had very little aspiration or expectations for themselves. However, this improved significantly as soon as they began at *Second Chance*. When asked how highly (100 per cent = very highly) they rated their ability and expectations of being able to 'hold down' a job the figure rose steadily throughout from a starting point of 32 per cent, to an eventual score of 83 per cent at the follow up stage. For many, new opportunities and developments increased confidence and opened new doors;

I came here to get my life sorted and I have done that plus I've got voluntary work with homeless people and I may get a job out of it and I've started a basic counselling course.

The detailed findings show that the vast majority of students reported improvements in virtually all areas of their lives as a direct result of taking part in *Second Chance*. Moreover, although 'getting a job' was the ultimate objective in taking part in *Second Chance* all students were realistic in their aspirations and appreciated their involvement in the programme was only the first of many more steps, towards achieving this objective. Confidence and self-esteem are crucial to this process and it is clear that *Second Chance* has a significant impact in this area of the students' lives. Indeed, in the three-month (post-programme) follow-up interviews, it was shown that confidence and self-esteem continued on an upward trajectory. This is a considerable achievement given the low starting point for the majority of students. The importance of this issue was highlighted in research carried out by Angela Devlin who interviewed people in prison to explore the relationship between social disadvantage and offending. In her conclusion she emphasised: *'The importance of praise and the fostering of self esteem cannot be over estimated'*. (Devlin, 1995, p.178)

Having spent three months at *Second Chance* a number of common themes emerged that illustrate an increased confidence, a stability and direction in life, an awareness of new opportunities, and a motivation to continue to progress:

• 47 per cent of students who completed specifically valued the positive contribution of the staff. A number of students were clearly impressed by the way in which they were treated with respect as fellow human beings and not as 'drug users'.

• 48 per cent of students made comments which illustrated that they valued the impact of the programme in regenerating their confidence, inspiring trust, developing social skills, relationships, hope and social integration.

• 31 per cent of the students appreciated the structure of the programme as it gave them a clear focus and order to their lives. This is an indication of their lack of involvement in mainstream social structures.

Students had a realistic notion of the limited chances of employment, but still tended to believe that attending *Second Chance* had to some extent made them more employable. *Second Chance* facilitated and enabled

students to feel more confident, to have a sense of achievement, and to begin looking forward to a future not dictated or constrained by drugs. This is no mean feat, and provides a successful model for engaging with this serious social problem. Whilst it would be too much to expect such programmes to eradicate poverty, nevertheless, they are an important part of the strategy to address the issue of social exclusion. Only then, will it be possible for students to begin to socially integrate and take advantage of opportunities to improve their material conditions and quality of life. These issues are vital as they reflect the marginalisation and social exclusion experienced by the vast majority of problem drug users. There is therefore, a need for values that promote a socially inclusive society, rather than those that have divided society. This has been recognised by Vivien Stern who has long been promoting the rights and needs of offenders:

Whilst the numbers of the socially excluded grow, the structures that exist to re-integrate them into society are being weakened. (Stern, 1996, p.15)

Strategies for Inclusion

Interestingly, while it is generally assumed that exclusion from the social, economic and cultural life of the community is a direct consequence of having become a problematic drug misuser, the research indicates that for the majority of the students interviewed, this process of social exclusion began prior to taking illegal drugs. Long-term drug use may be a response to social exclusion rather than the reason for their social exclusion. The major structural changes that have taken place in the labour market since the late 1970s, have effectively excluded this section of society from the economic activity and life of the community. The qualitative comments from students in the sample suggest that the long term impact of this dislocation has led to a negative internalised identity, epitomised by low self esteem, isolation, a lack of confidence and low expectations.

I never even had the confidence to come to town before.

They [wider society] look down on me as scum of the earth and as someone not to be associated with.

No prospects for someone like me, I gave up years ago thinking I could get a job, I might as well reach for the moon.

These findings indicate that a strong relationship exists between a negative educational experience, limited educational achievement, and a lack of job opportunities, long term unemployment, poverty and problematic drug use. '*Steps to Reintegration*' outlines the phases and difficulties that drug-users experience in their attempts to reintegrate back into the wider non-drug using community. Importantly, it also shows the role and importance of structured day programmes, like *Second Chance*, in breaking this cycle as few agencies work at this level with a particular focus and understanding of the needs of long term drug users.
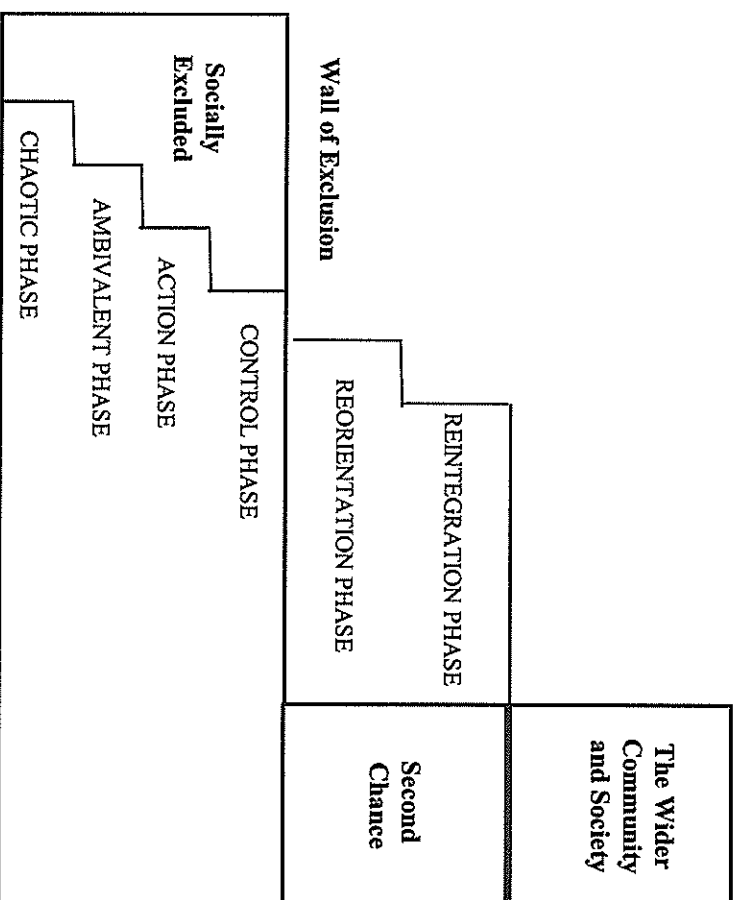

Figure 7.7   Steps to reintegration

Phases

1. *Chaotic:* The person has little insight and no real desire to change their pattern of drug taking.

2. *Ambivalent:* The person sometimes expresses some motivation to change their pattern of drug taking but quickly relapses to 'old' habits and thoughts;

3. *Action:* The person is clear about their future direction and makes a determined and positive effort to do something about their drug use.

4. *Control:* The person becomes stable and in control of their drug taking, they may even stop taking illegal drugs completely.

This process can for some people take many years with relapse occurring frequently at any phase in the process. However, having achieved the 'Control Phase' recovering drug users seek and need, reintegration in wider society but are usually prevented from gaining access, and are denied opportunities that are available to others. This discriminatory process can be described as a Wall of Exclusion. It is reinforced externally by societal prejudice and discrimination against drug users, who are publicly portrayed as the social enemy consisting of addicts, muggers, and burglars who are devious, dangerous, potentially violent people not to be trusted. When asked how they thought others saw them students commented;

People think you're scum.

They thought I was dirt.

They would look at me in disgust.

So strong and pervasive is this oppressive stereotype that the identity has, to some extent, become internalised and has led to a lack of confidence, low self-esteem, low expectations and a real deficit in terms of marketable skills.

By providing an empowering environment structured day programmes can support students through the difficult and challenging Reorientation Phase which enables students to develop qualifications, skills, self-knowledge and a belief in themselves as human beings with value and worth. Many Second Chance students appreciated the opportunity to develop social relationships for the first time in many years. They find this

a refreshing change from what they describe as 'acquaintances' whose only real interest was in the 'substance' rather than the person. At Second Chance this rediscovery of social relationships involves facing up to emotions, recognising responsibilities, becoming accountable and learning to trust and be trusted, by others. It also involves experiencing acceptance, respect and trust which has for too long been denied to those labelled 'addicts'. Peter McDermott a writer and researcher on drug matters has first hand experience when he states;

I can personally assure you that no matter how stable you are, or how useful your activism is, once you are 'outed' you will experience serious discrimination that can be very difficult to overcome. (McDermott, 1997, p.10)

Recovering drug users in this research, have shown a desire to constructively participate in society and engage in 'normal' every day activities from which they have largely been excluded. While major structural factors need tackling at a national level, structured day programmes like Second Chance do provide a new and important strategy to begin the process of social inclusion at a local level. Tony Blair recognised 'The most meaningful stake anyone can have in society is the ability to earn a living and support a family'. (Blair, 1996, p.11)

Conclusion

There are lessons to be learnt from the past two decades that have left many citizens with little or no opportunity to participate in society. The fragmentation of social cohesion is the most disturbing outcome of the major structural changes that took place under Thatcherism. Large sections of society were economically and therefore socially excluded. In the 1980s many young people, particularly non-academic school leavers, faced the prospect of life long unemployment, boredom and poverty. These are the circumstances in which heroin addiction reached epidemic proportions in the mid 1980s. Sadly, little has changed as the millennium approaches.

The majority of students who took part in this research were the young heroin users of the mid 1980s who have been socially excluded for most of their adult life. Attending Second Chance therefore, was for them a 'First Chance' to gain access to opportunities, and prove their capability to

themselves, their families and the wider community. Significantly, the certificate they received for successfully completing the Second Chance programme was for many their first formal qualification. Recently, increasing recognition has been given to the need for the reintegration of excluded sections of the population. The Kennedy Report on further education suggested the Government should make a major shift in policy to focus upon the educational needs of people who left school with little or no qualifications (Kennedy, 1997). The important contribution then, of structured day programmes should not be understated, they play a crucial role in enabling marginalised groups to take up educational, training and employment opportunities. Without such programmes many of these people would not be in any position to participate in the governments 'welfare to work' initiatives, due to the corrosive impact that long-term social exclusion has had upon their confidence, self-esteem and identity. As one student acclaimed;

It's the best thing that ever happened to me. It's a starting point for life without drugs.

* Second Chance is now called Transit.

References

Ashton, M. (1992), *Release White Paper on Reform of Drugs Laws*, Release Publications, London.

Becker, S. (ed.) (1991), *Windows of Opportunity: Public Policy and the Poor*, CPAG, London.

Blair, T. (1996), 'Battle for Britain' in *The Guardian*, 29th January 1996.

Bootle Maritime City Challenge (1993), *Baseline Monitoring Report*, Sefton MBC Economic Development Unit.

Buchanan, J. and Wyke, G. (1987), 'Drug Abuse, Probation Practice and the Specialist Worker', *Probation Journal*, vol. 34, no. 4, December, London, NAPO, pp. 123-26.

Buchanan, J. and Young, L. (1996), *Drugs Relapse Prevention: Giving Users a Voice*, Bootle Maritime City Challenge.

Buchanan, J. and Young, L. (1998), *The Impact of the Second Chance Structured Day Programme for Recovering Drug Users: A Student Perspective*, Social Partnership, Transit, Liverpool.

Commission for Social Justice (1994), *Social Justice: Strategies for National Renewal*, Vintage Press, London.

Dennis, N. (1997), *The Invention of Permanent Poverty*, Institute of Economic Affairs, London.

Devlin, A. (1995), *Criminal Classes*, Waterside Press, Winchester.

DfEE Web Site (1998), Performance Tables 1997 GCSE, www.open.gov.uk/dfee/dfeehome.htm.

Gallie D., Marsh, C. and Vogler, C. (eds) (1995), *Social Change and the Experience of Unemployment*, Oxford University Press, Oxford.

Goldson, B., Kennedy, J. and Young, L. (1995), *Second Chance Opportunities: A Service Users Perspective*, Liverpool Drug Prevention Initiative, Liverpool.

Holman, R (1975), 'Poverty: Consensus and Alternatives', in E. Butterworth and R. Holman (eds), *Social Welfare in Modern Britain*, Fontana/Collins, Glasgow.

Home Office (1987-97), Home Office Statistical Bulletin, Statistics of Drug Addicts Notified to the Home Office, United Kingdom, Government Statistical Service, London.

Home Office (1997a), *Study No.172 Drug Misuse Declared in 1996: latest results from the BCS*, London, Home Office.

Home Office (1997b), *Home Office Statistical Bulletin*, London, Government Statistical Service.

Home Office (1997c), *Statistics of Drug Seizures and Offenders Dealt With, United Kingdom, 1995 Supplementary Tables*, Government Statistical Service, London.

Hutton, W. (1996), *The State We're In*, Vintage Press, London.

Joseph Rowntree Foundation (1997), *Findings Social Policy Research 133*, November 1997, Joseph Rowntree Foundation, York.

ISDD (1991), *Drug Abuse Briefing*, Institute for the Study of Drug Dependence, London.

Kennedy, H. (1997), 'Learning Works' Report of the Kennedy Committee on Further Education.

Liverpool City Council (1991), *Liverpool Quality of Life Survey*, Corporate Policy and Information Unit, Liverpool.

Liverpool City Council (1993), *Census Key Statistics, Liverpool Wards*, Liverpool, Central Policy Unit, Liverpool.

McDermott (1997), 'Will Drug Users Respond to the Challenge' in *Drug Edition*, Issue 12, March 1997, Release, London.

Murray, C. (1996), *Charles Murray and the Underclass: The Developing Debate*, Institute of Economic Affairs, London.

Newcombe, R. and Parker, H. (1991), *Drug Misuse in Wirral: An Endemic Problem?* A Report for the Wirral Home Office Drug Prevention Team (unpublished).

Oppenheim, C. and Harker, L. (1996), *Poverty the Facts*, 3rd edition, Child Poverty Action Group, London.

Pearson, G. (1987), *The New Heroin Users*, Basil Blackwell, Oxford.

Stern, V. (1996), 'Let the ex-cons back in' in *The Guardian*, 2nd May 1996.

Stewart, J., Smith, D., Stewart, G. with Fullwood, C. (1994), *Understanding Offending Behaviour*, Longman Press, London.

Stewart, G. and Stewart, J. (1993), *Social Circumstances of Younger Offenders Under Supervision*, ACOP, London.

Straw, J. and Michael, A. (1996), *Tackling the Causes of Crime*, October 1996, Home Office, London.

Timmins, N. (1995), *The Five Giants: A Biography of the Welfare State*, Fontana Press, London.

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