

**The Utility of Qualitative Approaches in the Investigation of the Relationship
between Substance Misuse and Crime**

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May 2010

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Abstract

The aim of this thesis was to examine the relationship between substance misuse and crime. Whilst extensive research exists in this area, there remains a paucity of research utilising qualitative methodology. A narrative review demonstrates the complex nature of the drug/crime relationship and provides an argument for the use of narrative in examining the aetiology of a complex relationship. This relationship is further examined in Chapter 3, where Interpretative Phenomenological Analysis (IPA) was used to analyse the narratives of 6 participants. The use of substances contributed to various types of offences for these participants as well as being apparent in the literature appertaining to sexual offending. Chapter 4 examines an intervention conducted with an alcoholic sex offender in treatment at a community drug and alcohol service. The intervention described enabled the client to identify pertinent risk factors (i.e. alcohol misuse) of recidivism without relinquishing his stance of 'categorical denial'. A critique of the Substance Abuse Subtle Screening Inventory 3 (SASSI-3) is provided in Chapter 5. Examination of psychometric properties suggests that the SASSI-3's validity is questionable raising concern regarding its appropriate application. The author concludes that this thesis will enhance current understanding of the relationship between substance misuse and crime.

Acknowledgements

I would like to thank my supervisor Dr. Catherine Hamilton-Giachritsis not only for her academic guidance but also for reminding me that the end is in sight. I would also like to thank Dr. Alasdair Goodwill for providing initial advice and guidance and Dr. Michael Larkin for giving his time to discuss issues pertinent to the application of Interpretative Phenomenological Analysis. Furthermore, I would like to express my thanks to Dr. Tim Horsburgh for his interest in my research and giving his support for this research to be conducted. Also many thanks to the staff and management of the featured treatment agency for assisting in the recruitment of participants and sharing their knowledge and expertise in the field of substance misuse.

I am grateful to 'Poppy', 'Laurie', 'Glenn', 'Callum', 'Daniel' and 'Simon' for giving their time and sharing their individual narratives with willing candour in a way which was not only informative but also deeply moving. I am also thankful of 'Ron' for giving his consent to act as a case study and I wish all these individuals the very best for the future.

I feel it important to acknowledge my appreciation of our centre manager Sue Hanson, who has not only been supportive on a professional level but who has also shown great kindness at a time of enormous transition in my personal life.

A big thank you to Lynn for being such a brilliant friend whose support and encouragement has been unwavering and to Sonja who has the innate ability to put everything into perspective when I have completely lost mine.

To Mom, Dad and Tina for encouraging my return to education, basically, I couldn't have done it without your emotional and practical support. Finally to two very special individuals - my daughters T. and J., thank you for being so good while I have been finishing my work and we will be having our new dog and that holiday very soon, I promise.

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Chapter One

Introduction

There can be little doubt that we live in an era where there is a collective anxiety appertaining to risks of all kinds (Prins, 2005). The general public share a fear of crime and potential victimisation (Merrill, Alterman, Cacciola & Rutherford, 1999), much of which may be age and gender dependent. The association between criminality and illicit substance misuse is a regular feature of media speculation (Boland, 2008; MacDonald, 1999; Reuter & Stevens, 2008) reinforcing the concerns of the public and, by extension, politicians (Reuter & Stevens, 2008). Although there are current concerns about the alleged rise in alcohol use, arguably it would seem that the use of illicit substance is of more general concern (Reuter & Stevens, 2008). Therefore, it has been suggested that political policy aimed at reducing drug use originates from an agenda of crime reduction rather than one of health care provision (Hodgson, Parker & Seddon, 2006). Thus, questions have been raised as to what extent health care providers and criminal justice professionals are equal partners in addressing issues appertaining to substance misusing offenders (Hunter, McSweeney & Turnbull, 2005).

Boland (2008) raises the concern that assumptions made about the 'drug problem' are based upon inaccurate and misleading information. Whilst few would dispute the existence of a relationship between crime and substance misuse (McSweeney, Stevens, Hunt & Turnbull, 2007), the association is far more complex than the image of the drug user who commits crime to 'feed' their addiction. A typical perception is of the individual who obtains funds through shoplifting or violent acts of robbery injuring or even killing innocent bystanders in the process (Resignato, 2000). Conceptualisations such as this are common; Resignato (2000) states that there is a tendency for policy makers to assume an automatic causal link between illegal drug

use and violent crime, despite this association being vehemently disputed by those who have examined empirical research findings. Hough (2001) suggests that around 5% of the population are responsible for the consumption of illicit substances and chaotic risk-taking individuals represent a very small minority of that group. In a review of several official studies, Drugscope (2005) also concluded that drug-related crimes are committed by the minority and that the majority of illicit substance misusers are only responsible for offences which relate directly to their drug usage, such as 'possession' (Bean, 2004; Drugscope, 2005). It is important to remember that not all drug users commit crime to fund their drug use (Robson & Bruce, 1997; Williams & Parker, 2001) and not all drug use is illegal (Bean, 2004; Hammersley, 1999).

Alcohol, for example, is a legal drug yet frequently contributes towards offending behaviour, particularly those offences which involve sexual violence (Finney, 2004). This can occur via multiple pathways (Rickert, Vaughan & Wiemann, 2002) such as facilitating sexual assault through a lengthy grooming process (Walsh & Wolak, 2005) or incapacitating adult victims (Kintz, 2007). Alcohol is frequently used as a disinhibitor in the commission of sexual offences (Auburn, 2005) and its use has also been linked with other forms of interpersonal violence (Hammersley, 1999; Matthews & Richardson, 2005; Summers, 2002). Alcohol also features in acts of domestic violence committed by intoxicated partners (Abbott & Williamson, 1999; Galvani, 2006; Kahler, McCrady & Epstein, 2003; Mignone, Klostermann & Chen, 2009) often against victims who "drink to cope" (Kaysen et al., 2007; Tolman & Rosen, 2001). Drinking in young adults is of much current debate, for example, it has been reported that young adult (18-24 years) male 'binge drinkers' are almost twice as

likely to commit violent offences when compared to females or those males deemed 'regular drinkers' (Matthews & Richardson, 2005). Furthermore, acts of criminal damage are committed by 14% of young male binge drinkers compared to 4% of young adult females who also binge drink (Matthews & Richardson, 2005).

However, although there are those who only misuse alcohol, alcohol is frequently used in conjunction with other substances and it is important to note that single substance use is rare in those who use illicit substances (McBride, 2002).

Rates of Illegal Drug Misuse

Focussing on illegal drugs, many authors have questioned the true extent of substance misuse given the veil of secrecy which frequently surrounds regular drug use (Orford, 2001). However, it has been estimated that out of a population of around 51.5 million (Office for National Statistics, 2010), approximately 330,000 people in England are dependent upon heroin and/or crack cocaine (Hay et al., 2008) and at any given time 16% of all problematic drug users are in prison (National Offender Management Service [NOMS], 2005). It has been suggested that the greatest numbers of drug users are contained within the prison service as opposed to other criminal justice arenas or health care providers (NOMS, 2005). The National Treatment Agency for Substance Misuse (NTASM, 2006) report that of the approximately 130,000 offenders in the prison service annually, around 84,500 have problems with drugs and at any time one can expect to find in the region of 49,000 prisoners with current drug problems.

However, the Department of Health (2009) estimate an annual figure of around 65,000 individuals receiving drug treatment whilst in prison. NOMS (2005) suggest that approximately 55% of the prison population report severe drug problems with 80% reporting some drug misuse prior to incarceration. Additionally, penal

institutions that receive prisoners straight from court, report that around 80% of new detainees will test positive for Class A substances upon arrival (NOMS, 2005). It has been reported that of the approximately 188,000 individuals who entered community treatment programmes in 2008, at least 25% were identified via the criminal justice system (DOH, 2009).

Notwithstanding the availability of such statistical information, the full extent of the problem cannot be accurately estimated given that there are individuals who use illicit substances and do not come to the attention of the authorities (Forsyth & Barnard, 2003; Hammersley, 1999; Orford, 2001; Robson & Bruce, 1997; Williams & Parker, 2001). For example, the NTASM (2006) report that 70% of drug users in treatment are male, however not all treatment is compulsory and women will have different considerations about entering treatment (Sheard & Tompkins, 2008). Sheard and Tompkins (2008) suggest that such figures misrepresent the amount of substance abuse in women, as those with parental responsibility will not readily identify themselves to treatment agencies through a fear of losing their children to the care system. Other authors point out that there are individuals who have the financial resources to legitimately fund illegal drug use (Robson & Bruce, 1997; Williams & Parker, 2001). Conversely, there are those who can manage their substance misuse without attracting unwanted attention or can at least conceal their activities and/or difficulties, illegal or otherwise (Hammersley, 1999; Orford, 2001; Williams & Parker, 2001).

Association with Criminal Behaviour

It should not be assumed that drug users are simply turned into criminals by the substances they use (Davies, 1992; Hammersley, 1999; Lockley, 1995). Bean (2004) provides the articulate argument that such misconceptions are frequently advocated by drug users seeking to vindicate or minimise criminal behaviour, when it may be the case that they would still be offenders regardless of whether or not they are drug users (Bean, 2004). This is not to say that drug use does not contribute to or increase criminal activity. In using drugs with associates, some users are liable for offences of 'supplying' and in extreme cases, culpable in manslaughter proceedings (Jones, 2006). With the proceeds of apparently unrelated crime, some offenders may begin to experiment with different substances (Hammersley, 1999). Drugs of all kinds are frequently used by offenders to suppress their inhibitions enabling the commission of offences (De Haan & Vos, 2003), for example, significant numbers of sex offenders identify intoxication as contributory (or as the sole cause) in the commission of their offences (Auburn, 2005; Marshall, Thornton, Marshall, Fernandez & Mann, 2001).

Being dependent on drugs such as heroin and/or cocaine has been frequently linked to acquisition type offending (Hough, 2001; Gossop, 2003). Similarly, cocaine and heroin use has been found to be highly prevalent amongst sex workers (Church, Henderson, Hart & Barnard, 2001; Kuyper et al., 2005; Surratt et al., 2004; Vaddiparti et al, 2006). Although, it is not disputed that some male drug users become prostitutes, it has been found to be a more probable 'occupation' for their female counterparts (Neale, 2004). Neale (2004) found that men and women were relatively similar in committing theft-style offences but men were more likely to engage with acts of violence, vandalism and gang-related crime. It has been

highlighted that such women have problems other than addiction to contend with, as many have limited personal resources combined with low levels of educational attainment (Surratt et al., 2004). With all the associated dangers of the sex trade, it could be argued that such women share more with victims than they do with offenders. However, much of the available research in this area focuses more upon the transmission of infection as opposed to examining the life events (i.e., experiences of violence) of prostitutes (Church et al., 2001). Thus, when investigating associations between substance misuse and crime, it would be remiss not to examine the relationship or relationships between drug use and victimisation (Neale, Bloor & Weir, 2005).

Drug Misusers as Victims of Crime

It is important to note that the distinction between victim and offender is not a distinct dichotomy, as any individual can be both an offender and a victim depending on individual circumstances and situational factors. However, having considered drug users as the perpetrators of crime, the other side of the issue is that drug service professionals are encountering increasing numbers of abuse disclosures from their clients (Griffith, 1998; Pirard et al., 2005; Thompson, Arias, Basile & Desai, 2002). It is well documented that many sexual assault victims fear being blamed for their experiences resulting in a reluctance/refusal to approach the relevant agencies (Campbell & Wasco, 2005; DeLahunta & Baram, 1997). These difficulties are further compounded when the victim of sexual and/or physical abuse also engages with illicit substance misuse. Yet, it has been reported that victims of childhood trauma frequently self-medicate emotional pain by using substances (Chambliss, 2008; Hyman et al., 2007; McEvoy & Daniluk, 1995). In appreciating that both drug users

and/or offenders can be victims of personal trauma, professionals can be empathic without being collusive. Personal responsibility and self-regulation are widely advocated in psychological therapies (Mearnes & Thorne, 1999) and is of particular pertinence when working with forensic populations (Sims, 2003).

Issues of Responsibility and Autonomy

Self-efficacy features predominantly in the literature on addictive behaviours (Sklar & Turner, 1999) and concepts of personal autonomy and agency feature in many criminological theories (Paternoster & Pogarsky, 2009). Criminologists applying rational choice theory to the actions of offenders assume that individuals are fully aware of the costs and benefits of their criminal activities (Chamlin & Cochran, 2000; De Haan & Vos, 2003; Stickels, 2007; Ward, Stafford & Gray, 2006). Perhaps, this is too simplistic an assumption given that individuals have many different characteristics which impact upon their decision-making processes (Lane, 1995; Lehtinen & Kuorikoski, 2007). It needs to be appreciated that people make different decisions if feeling stressed or overwhelmed by situational factors (Lane, 1995; Monroe, 2001) or are under the influence of a mind-altering substance (Hayward, 2007). Additionally, to suggest that someone is capable of positive decision-making assumes they are fully aware of potential alternatives (Paternoster & Pogarsky, 2009).

This is not to say that drug users are incapable of making rational, considered and informed choices. Drug users demonstrate their ability to think and plan in the activities they undertake in order to obtain their substances of choice; they decide whether to engage or disengage with treatment and when committing crime, they reason between offences they deem acceptable and those they do not. Additionally,

drug users/offenders determine which offences would yield the most in financial terms (De Haan & Vos, 2003). Such attitudes may seem reprehensible, but this demonstrates how cognitive processing occurs in the substance user committing crime; albeit such reasoning may be temporarily or otherwise distorted. However, such individuals are likely to have limited belief or trust in their ability to change, thus impacting upon their capacity to be fully autonomous agents (McLeod & Sherwin, 2000).

This lack of belief may have been reinforced by repeated cyclical ventures into treatment followed by episodic relapse (Merrill et al, 1999) or as a result of life experiences which have damaged their capacity to trust themselves and/or others (Hall, 2000; McLeod & Sherwin, 2000). This is an issue which can add to the despondency of both clients and professionals, however, it has been hypothesised that repeated treatment can be cumulative; in that each episode acts as a stage of reinforcement in an on-going psychological process for the individual concerned (Merrill et al., 1999). Alternatively, some individuals will desist from illegal drug use and/or offending as they age, while the problems of others will persist and intensify (McMurrin, Hodge & Hollin, 1997). Issues of trust will not only impact upon the capacity to engage with treatment but also upon a willingness to act as research participants (McLaughlin, McKenna & Leslie, 2000). Additionally, it has been reported that many researchers are reluctant to utilise drug users as research participants deeming them to be untrustworthy, unreliable or unwilling to participate (Davies, 1992; Hser, Anglin & Chou, 1992).

Challenges of Research and the Case for Narrative Inquiry

Whilst much of the research in this field is largely statistical in nature, Larkin and Griffiths (2002) advocate an approach which examines the subjective experience of addiction. In other words, they recommend asking drug users to provide accounts of their 'lived experience' (Larkin & Griffiths, 2002). It is perhaps, partly, the debate around 'recovered memories' (see Alpert, Brown & Courteios, 1998 for a review) that dissuades some from contemplating a story-based approach to research. Many authors dispute the accuracy of adult recollection (Widom & Shepard, 1996) and others question the value of any kind of self report data from those who use illicit substances and/or commit crime (Davies, 1992; Hser et al., 1992). However, as pointed out by Zechmeister and Romero (2002), the objective accuracy of recall is not necessarily as important as the narrative provided. For example, an issue which is omitted from an account does not mean it did not happen. Conversely, something which is reported may not have happened as the narrator describes. Therefore, the story recipient can assume that omissions are not critical to the personal story or by extension, the individual (Zechmeister & Romero, 2002).

Crank and King (2007) remind us that the social scientist has a duty to explain any given phenomenon and in turn, inform and inspire those who endeavour to enquire. Interestingly, Moghaddam (2004) makes the assertion that issues explored in literature are frequently those pursued in academic psychology despite the fact that currently, psychology is more inclined to scientific inquiry as opposed to examining the stories individuals tell (Killick & Frude, 2009; Koch, 1998; Mair, 1989). However, it has been argued that scientific applications, as opposed to discovering objective truth, can inadvertently create a diversion away from the fundamental

realities of human life (Crank & King, 2007). Moreover, Gadd & Farrall (2004) advocate that participant subjectivity should not be devalued in enhancing existing knowledge of forensic and criminological issues. It should be noted that the use of narrative or a 'story-telling' approach is established within psychotherapy enabling individuals to address 'inner disturbance' (Rennie, 1994) and it has been suggested that such modes of application could enable the investigation of subject matter not readily accessible via traditional research methods (Killick & Frude, 2009).

Narrative has been described as a form of 'personal story-telling' and demonstrates the way in which individuals order experience and construct meaningful 'realities' (McAdams, 2001; McAdams, Diamond, St Aubin & Mansfield, 1997; Waldram, 2008). Smith (2007) advocates that people understand themselves through the stories they tell and those they consider themselves a part of; thus developing a concept of self (Stokoe & Edwards, 2006). Although narratives are personal, they are also fundamental to social interaction (Smith, 2007). The meanings individuals attach to their experience are extremely important and simply because a 'meaning' is subjective, its value is not diminished in aiding the understanding of issues appertaining to certain individuals or groups (Frank, 1987; Zechmeister & Romero, 2002). For example, in a study examining the resilience of survivors of childhood sexual abuse, it was found that the resilient participants were those who were less likely to blame themselves for the experience (Liem, James, O'Toole & Boudewyn, 1997).

Applying Narrative to Forensic Psychology

In a literary sense, Herzog (2002) discusses how crime is solved by the writing of its narrative. Thus, by extension, narratives could be incorporated into making sense of various forms of deviance. It is understandable why some, or indeed many, would be reluctant to listen to the 'voices' of those deemed unreliable or untrustworthy (Crank & King, 2007). In an effort to avoid manipulation there is a tendency not to accept (at least, not at face value) what groups such as offenders and/or substance misusers have to say (Davies, 1992; Hser et al, 1992.) Whilst listening to an individual's story is important, this is not about simply accepting what is said. Many offenders (for example) will try to justify their actions to themselves and others by the manner in which they construct their stories. Therefore, there is a necessity for researchers to be interpretative, enabling the detection of the feelings and cognitions of the narrator that are not readily apparent in the initial instance (De Haan & Vos, 2003).

It is not disputed that issues of forensic pertinence have occasionally been examined by qualitative methodologies. For example, Eatough and Smith (2006) used IPA in a single case study to examine the anger experience of an adult female who misused alcohol. Gadd and Farrall (2004) examined the life-stories of two men allegedly desisting from criminal activity and identified significant life events which potentially contribute to desistance, such as marriage-type relationships (also see Sampson & Laub, 2003). For drug users, being arrested for the first time may prove to be a significant event which can potentially instigate change (Braithwaite, 2001). Again, it depends on what that experience actually means to the individual thus determining the extent of its impact. In short, investigation into how offenders make sense of their lives and life events enables an understanding of how criminal careers develop and

also facilitates examination of the experiences that lead to a process of desistance and/or personal change (Burnett & Maruna, 2004). Therefore, it would be insufficient to use a methodology which identifies a theme and records how often that theme occurs (i.e. content analysis), instead one is needed which allows analysts to interpret what is being said or indeed, what is *not* being said by the individual participant.

Interpretative Phenomenological Analysis

The use of IPA has been gaining momentum in academic psychology over recent years and is increasing in its popularity as a research method (Reid, Flowers & Larkin, 2005). Although IPA seeks to ‘give voice’ to groups who might otherwise not be heard, it would be inaccurate to describe it as a purely descriptive methodology (Larkin, Watts & Clifton, 2006). The respondent is afforded ‘expert’ status in the area under investigation (Reid et al., 2005) and the analyst becomes an inclusive part of an ever-evolving process (Smith, 2004), one which requires constant and on-going reflexivity (Langbridge, 2007). It is insufficient to simply collect information and represent the stories provided by participants; there is a necessity for analysts to engage with a deep exploration and examination of the provided data (Larkin et al., 2006). In other words, the requirement to apply a ‘double hermeneutic’ with a duty to ‘make sense’ of the participants’ attempts to ‘make sense’ of their ‘lived experiences’ (Smith, 2004). It would seem that the majority of published IPA studies have been conducted in the arena of health psychology with some studies identified within clinical and social psychology (Reid, Flowers & Larkin, 2005). Therefore, the application of IPA in forensic research can potentially supplement and enhance existing studies in the field and enable expansion of substance-related knowledge.

Aims of this Thesis

The aims of this thesis are to outline existing knowledge regarding the relationship between substance misuse and criminality and add to this by utilising qualitative methodology. In doing so, attempts will be made to ‘enter the world’ (Koch, 1998) of the participant/client as far as is possible in both research and practice.

Outline of Chapters

Chapter two consists of a narrative review of existing quantitative and qualitative research regarding the relationship between drugs and crime. This review also provides an argument for the utility of a story-telling approach in the investigation of substance misuse and associated offending. In chapter three, a research study is provided which uses IPA to analyse the narratives provided by current and former drug users, examining how their drug use related to crime. In chapter four the relationship between alcohol and sexual offending is explored; this chapter consists of a case study in which an intervention was conducted with an alcoholic sex offender who remained in ‘categorical denial’ throughout the process of assessment and treatment. Chapter four has been included in this thesis as it not only provides an example of how a legal substance can contribute towards the commission of serious offences but also because the offence-specific phase of the intervention involved the author ‘entering the world’ of a client in therapy as opposed to that of a research participant, thus providing an alternative means by which an in-depth account of an individual's experience (i.e. his offence) can be obtained. This was done by using a Cognitive Interview, a procedure that is frequently used to gather detailed information can be obtained from witnesses, victims and offenders during police investigations (Milne & Bull, 1999) although its use has also been advocated in a therapeutic

context (Aldridge, 1999). Chapter five provides a critique of the Substance Abuse Subtle Screening Inventory – 3 (SASSI-3) which was used in the assessment process of the aforementioned case study. The SASSI-3 is an assessment which is widely used in drug and alcohol services and claims the ability to detect subtle substance misuse (and associated problems) in clients who are reluctant or unable to acknowledge the full extent of their difficulties. This thesis concludes with a full discussion in chapter six.

Definition of Terms

Throughout this thesis the term ‘addiction’ has been generally avoided although brief reference is made in chapter 5 because it is a term used by the authors of the SASSI-3. The term ‘dependence’ has been used infrequently with ‘use’ and ‘misuse’ being used interchangeably when referring to the consumption of ‘illicit’ or ‘illegal’ substances. It is worth noting that not all substances with pharmacological properties are illegal and that legal substances, such as alcohol or prescription medication for example, can be comparably misused. With the exception of chapter 4, the association between alcohol and criminality is not examined and therefore issues appertaining to alcohol are not explored unless alcohol is used in conjunction with illegal substances. The terms ‘multiple drug use’ and ‘polydrug use’ will also be used interchangeably and when the word ‘drugs’ is used, this refers to illicit substances. Little reference is made to the mechanism of drug action as this is not the focus of this thesis.

Chapter Two

Exploring the Relationship between Substance Misuse and Crime –

A Narrative Review

Abstract

The aim of this chapter was to review published literature which examines the relationship between substance misuse and crime. Searches of electronic databases were conducted (PsychoINFO, MEDLINE, EMBASE, ASSIA and the Social Science Citation Index) for research studies examining the association between substance misuse and criminal offending dated between 1996 and 2010. Wide search terms such as ‘drugs and crime’ were employed, as were more specific terms which combined specific offence types with substance misuse, some of which were specifically qualitative such as ‘offender narratives’ and ‘drug narratives’ and with various combinations of these terms. The retained papers (n=118) were narratively reviewed and 6 main themes were identified which could potentially explain the aetiology of drug use and offending and thus produce a trajectory of experience and behaviour from childhood through to adulthood. These are issues of childhood and adolescence; homelessness and the sex trade; the adult drug user, social networks and a career of ‘drugs and crime’; the role of self and the concept of ‘identity transformation’; and the journey out of substance misuse and offending. Although, a wealth of published works exist, current research is mainly of a statistical nature and thus, a need has been identified for qualitative research to be conducted which can supplement and enhance existing knowledge and understanding of a complex area of inquiry.

Introduction

It is reported that the majority of offenders use illicit substances at some point in their lives (Makkai & Payne, 2005). For example, in a sample of 2000 male prisoners, 57% reported regular drug use, 68% acknowledged that they had a history of drug use, whilst 46% had previously been involved in selling drugs and 32% did so regularly (Makkai & Payne, 2005). However, the factors which lead an individual into substance dependence/misuse are many and varied governed by personal and environmental factors (Finch, 2001) and many authors have attempted to establish whether crime leads to drugs or whether drugs lead to crime (Hammersley, 1999). It is suggested that there is a two-way relationship in that some individuals will develop a drug problem in the course of offending, whereas others do not engage with criminal behaviour until dependence has been formed upon a substance, illicit or otherwise (Hammersley, 1999). Alternatively, it has been suggested that the two develop simultaneously in individuals who engage with both types of behaviour (Hammersley, 1999). Although, the association between crime and drugs is strong, it would seem there is no single or unilateral causal link (Sevigny & Coontz, 2008; Simpson, 2003) and concern has been raised regarding the apparent 'oversimplification' of the relationship between the two (Hough, 2001; Simpson, 2003).

Existing academic publication relating to substance misuse is not contained within the remit of any one discipline, but extends across many areas of health and criminal justice research (Pearson, 2000). Keene (2005) reports that drug use and criminal behaviour are mediated by a range of psychological and social variables and thus simple causal relationships are unlikely to exist. Therefore, although much published research exists in this area, there is necessity for further research which examines the

ambiguous link between drug use and crime in order to develop effective approaches and successful treatment outcome (Keene, 2005). Other authors have commented that the majority of knowledge is derived from research conducted with participants in drug treatment and/or legal custody (Robson & Bruce, 1997). Furthermore, it has been argued that not everyone who misuses substances becomes a ‘problematic addict’ (Boland, 2008; Williams & Parker, 2001) and not everyone with a ‘problem’ enters treatment (Robson & Bruce, 1997).

Notwithstanding the aforementioned issues, it is probably fair to say that for the majority of substance users who engage in crime, their criminal behaviour is something which does not occur instantaneously but rather develops over time. Therefore the aim of this review to examine the life experiences of both offenders and drug users in order to establish the factors present in the aetiology of substance abuse and associated offending. A systematic search identified papers that were narratively reviewed by looking at identifiable themes.

Method

Searches of electronic databases were conducted (PsychoINFO, MEDLINE, EMBASE, ASSIA and the Social Science Citation Index) for qualitative and quantitative research studies which examined the association between substance misuse and criminal offending dated between 1996 and 2010. Wide search terms such as ‘drugs and crime’ were employed, as were more specific terms which combined specific offence types with substance misuse, some of which were specific to qualitative studies such as ‘offender narratives’ and ‘drug narratives’ including various combinations of these terms.

Studies which could inform a potential trajectory of substance misuse and associated offending were retained, whereas studies which focussed upon the mechanisms or pharmacological properties of drugs were excluded. The reference section of retained papers were also searched in order to identify further studies of pertinence and sources of relevant information; thus papers outside of the original date remit were also identified. Papers were only included if available in English and were published works. Official government and charity websites were also searched to obtain statistical information regarding the prevalence of factors identified in academic literature (i.e. homelessness).

Studies which only examined the relationship between alcohol and crime were excluded with the exception of one paper (Shinebourne & Smith, 2009), because the methodology (IPA) employed does not appear to have been used elsewhere in examination of illicit substance misuse and its application could prove beneficial in aiding current understanding of the relationship between illegal drugs and offending behaviour. Otherwise papers referring to the misuse of alcohol were kept only if alcohol were used in conjunction with illegal substances.

Results

The 118 identified papers revealed several themes or categories which could potentially explain the aetiology of drug use and associated offending and thus produce a trajectory of experience and behaviour from childhood through to adulthood. These are issues of childhood and adolescence; homelessness and the sex trade; the adult drug user, social networks and a career of 'drugs and crime'; the role

of self and the concept of 'identity transformation'; and the journey out of substance misuse and offending.

Issues of Childhood and Adolescence

Research has highlighted the far-reaching impact of child abuse (Hall, 2000; Harris, Lieberman & Marans, 2007; Merrill, Guimond, Thomsen & Miller, 2003; Newton & Vandeven, 2009) and childhood exposure to domestic violence has been found to precede experiences of abuse in adulthood (Chambliss, 2008; El-Bassell, Gilbert, Schilling & Wada, 2000; Fergusson & Horwood, 1998; Markoff, Reed, Fallott, Elliot & Bjelajac, 2005). Sexual abuse in childhood has been found to precede maladaptive sexual behaviour in adulthood (Merrill et al, 2003) and traumatic childhood experiences have been identified in the misuse of both legal and illegal substances (Abelson et al., 2006; Douglas et al., 2010). In a sample of 145 adult women on methadone treatment, El-Bassell et al. (2000) found that 50% of participants had been subjected to child abuse, one third had been exposed to domestic violence and 75% had experienced sexual and physical violence over their lifetimes (El-Bassell et al, 2000). In a qualitative study examining the adverse life experiences of 33 drug users in Trinidad and Barbados, two thirds of the sample had experienced parental rejection and/or abandonment as children (Valtonen, Padmore, Sogren & Rock, 2009). It has been reported that approximately 50% of drug users in treatment disclose histories of physical and/or sexual abuse (Pirard, Sharon, Kanga, Angarita & Gastfriend, 2005). Hyman, Paliwal & Sinha (2007) found in a sample of 91 cocaine-abstinent participants in treatment, Hyman et al., 2007) found that 95% reported abuse/mistreatment in childhood. Gutierrez and Todd (1997) found that four out of

five women and two out of five men in treatment reported some form of historical abuse (also see Cohen, et al., 2000; Locke & Newcomb, 2003).

In a study utilising a prospective cohort design with matched controls, the relationship between childhood victimisation and the risk of substance abuse (and associated issues) in middle adulthood was examined. An increased risk of substance misuse was found in women who had been neglected or abused but not so for men (Widom, Marmorstein & White, 2006). This may be in part because males in general appear to have a greater propensity for misuse of substances and overall, females are at greater risk of all forms of abuse (Widom et al., 2006). However, it is possible that men are less willing than women to disclose the experience of childhood abuse (Sorsoli, Kia-Keating & Grossman, 2008). Whilst abuse in childhood does not necessarily lead to adult disorders, such as substance dependence, it seems that survivors of such experience have an increased propensity to psychological disorders when compared to non-abused populations (Coffey, Leitenberg, Henning, Turner & Bennett, 1996) and yet it would seem that many professionals are reluctant to inquire about the potential existence of trauma which has not been disclosed by clients or participants (Miller, Wilsnack & Cunradi, 2000). In part, this may be explained by some professionals considering that they do not have the necessary training or skills to enable them to deal with disclosures of abuse adequately and appropriately. Alternatively, there may be professionals who have received such training but find the subject matter problematic on a personal level. Furthermore, it is reported that victims of childhood trauma frequently self-medicate emotional pain by using substances (Chambliss, 2008; Hyman et al, 2007; McEvoy & Daniluk, 1995); therefore it would seem that despite the difficulties of addressing such issues, there is a necessity to do so given

that issues of childhood abuse are well documented in research appertaining to substance misusing adults.

Hall (2000) obtained the narratives of 20 American women who were former cocaine users and had been victims of childhood abuse (defined as verbal maltreatment, neglect, physical and sexual abuse which had occurred before the participants were 18 years old). For these participants the first use of illicit substances occurred between 11 and 21 years of age, although mostly between the ages of 11 and 14 when introduced to the use of alcohol and/or drugs by a substance using primary caregiver (Hall, 2000). Abusive, emotionally unavailable or otherwise ineffective parents impact upon a child's ability to engage with the school system and positive peer groups (Hall, 2000) and often, abused children find they have no-one to confide in or when they attempt to do so, they may experience inappropriate responses or not be believed (Dalla, 2001) which in turn impacts upon their ability to trust others and form healthy relationships in both adolescence and adulthood (Dalla, 2001; Draucker, 1992; Hall 2000; Walsh & Wolak, 2005).

In the absence of positive relationships with adults and peers, young people attempt to find others with whom they share commonalities which frequently mean becoming involved with adolescents who commit crime and/or misuse substances (Baron & Kennedy, 1998). It has been reported that delinquency in adolescence typically encompasses a range of behaviours such as poor educational attainment, risky sexual behaviour and substance use (Cooper, Wood, Orcutt & Albino, 2003). Ford (2005) suggests that both substance misuse and delinquency are linked to social bonding (Ford, 2005). Additionally, a social bond weakened by past delinquency elevates the

potential for future delinquency in much the same way as the misuse of substances (Ford, 2005). In other words young people engaged in delinquent behaviour will continue to be involved in such behaviour in order to 'belong', becoming further detached from conventional society (Baron & Kennedy, 1998). Activities such as drug use and criminal behaviour will be actively encouraged and regularly reinforced by deviant peers, in the absence of positive social relationships (Baron & Kennedy, 1998).

In a study which recruited 449 (87% male) American young offenders on probation with a mean age of 15.5 years (range 13-17). The relationship between substance use and delinquency was examined over a 12 month period using four waves of data, whilst controlling for gender, age, ethnicity and time spent in custody (D'Amico, Edelen, Miles & Morral, 2008). It was concluded that the relationship between substance misuse and delinquency is one which is reciprocal in nature and relatively stable over time (D'Amico et al., 2008). Newcomb, Galaif and Carmona (2001) conducted a prospective study with a community sample of 470 adult participants using postal surveys over a period of 4 years and found that retrospective reporting of multiple drug use in adolescence predicts both polydrug use and criminal behaviour in adulthood (Newcomb, et al., 2001). Furthermore, it was found that driving under the influence of substances (legal and illegal), arrests, convictions, theft and a lack of social and professional support in adolescence also predicted drug problems in adulthood (Newcomb et al. 2001).

Involvement in risky behaviours such as drugs use, alcohol and sexual activity were found to be associated with increased levels of violence, in a study examining the role

of life satisfaction and self control in a stratified cluster sample of 5414 adolescents (McDonald, Piquero, Valois & Zullig, 2005). The proximal effects of drug and alcohol use were examined in the self-report data for 506 male adolescents contributing to the Pittsburgh Youth Study (White, Tice, Loeber & Stouthamer-Loeber, 2010). Those who committed offences whilst under the influence were more likely to do so with associates and were arrested more frequently, although participants were engaging with illegal activity with their peers whether or not they were under the influence of drugs and/or alcohol (White et al, 2010). Additionally, they may have used substances regardless of whether they committed offences thus a causal relationship between the two factors should not be assumed. However, it was concluded that acts of violence were more likely to be committed under the influence of substances than any other illegal acts (White et al., 2010) and increased substance use is linked to an increased risk of expressed violence (Lisak & Beszterczey, 2007).

Other authors explain the potential for some perpetrators to develop PTSD because of what they have inflicted upon others, thus becoming 'victims' of their own aggression (Evans, Ehlers, Mezey & Clark, 2007; Kellogg & Triffleman, 1998). Lisak & Beszterczey (2007) articulate that trauma frequently precedes substance misuse and increased exposure to trauma has been shown to increase the use of substances. It has been found that young people exposed to violence in their communities (when compared with controls) were at increased risk of the misuse of marijuana and alcohol (Voisin et al., 2007). They were also at increased risk of unsafe sexual practice (i.e. intercourse without condoms), suicide threats and/or having partners who misuse substances (Voisin et al., 2007). In a qualitative study of death and disability among young black men, Rich and Grey (2005) found a heightened risk of traumatic stress

combined with substance misuse in young men who felt vulnerable (also see Thompson, McManus & Voss, 2006). In turn, they would seek to defend their vulnerability by acting increasingly violent, leading to further injury to themselves and thus, further trauma. Following hospitalisation they would return to communities where they experienced constant exposure to threat (Rich & Grey, 2005). Thus, examination of family and community factors is essential in understanding the process of drug misuse and associated offending. However, there are other potential trajectories into substance misuse and criminality for those who seek to remove themselves from their communities and/or their families.

Homelessness and the Sex Trade

Whilst many young males may gravitate towards delinquent peers, it has been reported that abused adolescent girls will run away with older men or boyfriends they have not known for very long (Dalla, 2001). However, this is not a clear cut gender distinction, as both boys and girls will leave the family home after being abused and/or neglected and, for many, street-living is a probable outcome (Hall, 2000; Kidd, 2003; Wincup, Buckland & Bayliss, 2008). In 2007, the British Government reported 8,350 young people were homeless in England (approximately 7450 16/17 year olds and around 900 care-leavers aged between 18 and 20), constituting 9% of the homeless population (Department for Communities and Local Government, 2007). However, such figures fail to reflect the numbers of young people amongst the 'hidden homeless', i.e. those who have not applied for classification despite meeting the necessary criteria (Crisis Org., 2008) and it is estimated that there are around 400,000 'hidden homeless' in England alone (Crisis Org., 2008).

Another homeless charity reports that individuals aged 25 and under represent one third of the 'new homeless' in 2006 and that their complex problems include substance misuse, poor mental health, offending behaviour and a lack of educational skills (Fairbridge Org., 2006). Furthermore, for every rough sleeper, there are approximately 500 'hidden homeless' and between 30-50% of rough sleepers suffer serious mental health difficulties and around 83% of the homeless population have drug/alcohol problems (Fairbridge Org., 2006). However, research conducted for the Joseph Rowntree Foundation reports that 75,000 young people experienced homelessness in 2006/07 with 50,000 being homeless at any given time (Quilgars, Johnson & Pleace, 2008). Furthermore, within the same period, 31,000 non-statutory homeless young people made contact with homeless agencies without appearing in government provided statistics (Quilgars et al., 2008). In short, those recorded as statutorily homeless only consist of those who have approached their local authorities for assistance (Crisis Org., 2008). Adolescent runaways (under 16 years), including those who have run away from the care system, will have very good reasons for not approaching official agencies and thus it has been suggested that reliable estimates of such numbers are not available (Centrepoint, 2008).

Many adolescents leave home following conflict (often violent) with parents/step-parents, resulting in sudden homelessness, without any form of prior preparation (Quilgars et al., 2008). Troubled or traumatised adolescents in need of surrogate parents or positive interaction with adults are frequently the targets of predatory and/or manipulative adults, many of whom will readily supply them with drugs and alcohol (Walsh & Wolak, 2005). Lacking the requisite knowledge of how to obtain the appropriate assistance coupled with the immediate necessity to fend for

themselves, young people are rendered vulnerable to crime and prostitution (Wincup et al., 2008). Thus, it stands to reason that homelessness would have a relationship with substance misuse with one factor increasing the likelihood of the other occurring (Kemp, Neale & Robertson, 2006). In turn, adolescents who live on the streets have extensive problems with co-morbid trauma and substance abuse (Thompson et al., 2006). It has been articulated that homelessness in itself is sufficient to induce severe and complex psychological trauma; before even taking into account the other traumatic life events of homeless individuals (Goodman, Saxe & Harvey, 1991). Other research highlights the co-morbidity of PTSD and substance misuse in young people (Deter, Novins, Fickenscher & Beals, 2006), particularly those who live on the streets (Thompson et al., 2006).

Rew (2003) utilised Grounded Theory in examining how 15 young people negotiate their circumstances, learning to survive with limited resources whilst being exposed to constant threat. This study reiterates the need to examine the meanings individuals attach to their experiences and how such meanings impact upon behaviour. For example, those who perceived leaving home as a positive move (i.e. escaping physical and sexual abuse) developed strategies for coping on the streets, such as having dogs or carrying weapons for protection; these young people took pride in becoming self-reliant (also see Kidd, 2003). Participants would start fights in order to develop a reputation for 'toughness', perceiving that this enhanced personal safety (Rew, 2003). Additionally, they were aware of areas or people considered dangerous and would actively avoid older drug users believing these individuals also posed threat. However, alcohol and drugs were regularly used to self-medicate past experiences and to counter long periods of boredom and inactivity (Rew, 2003).

In a study of 190 runaways, Rotherham-Borus and colleagues (1996) examined the relationship between sexual abuse, substance use, emotional distress, sexual risk behaviour and conduct problems. Again, it was found that those who had been sexually assaulted were more likely to use alcohol and drugs, have unprotected intercourse and more sexual partners than their counterparts. Of the sample, 37.4% had experienced sexual abuse within their families; 11.6% had experienced onset at 13 years compared to 25.8 with an onset of less than 13 years. However, it was found that recent involvement with sex work was not significantly related to gender, age, ethnicity or having a history of childhood sexual abuse (Rotherham-Borus, Mahler, Cooper & Langabeer, 1996). Adult studies, however, have found that those who have been sexually victimised often consider prostitution 'easier' than they would have done had they not been abused, considering that their sexuality has already been damaged and compromised (Jarvis, Copeland & Walton, 1997; Senn, Carey, Coury-Doniger & Urban, 2007).

Maxwell and Maxwell (2000) found an association between early onset prostitution and property crime, whilst drug dealing coincided with late onset prostitution. It was found that approximately 50% of drug using women ($n = 311$) engaged in prostitution, the use of crack cocaine was related to age of onset, frequency and prevalence of sex work, whereas the use of other drugs was not (Maxwell & Maxwell, 2000). However, this suggests that increased drug use also occurs as women attempt to cope with the psychological distress induced by sex work (Hall, 2000) and they can become further immersed in a cyclical pattern of continuous drug use and prostitution (Young et al., 2000). In a study of 387 male prostitutes having sex with male clients, it was found that involvement with the sex trade was significantly associated with the

use of crack cocaine, injection drug use, childhood maltreatment and homelessness (Newman, Rhodes & Weiss, 2004). The qualitative analysis of life-story interviews with Israeli male prostitutes revealed that the use of illicit drugs and alcohol were a significant feature of their participants' lives before prostitution; however, the use of substance intensified in amount and frequency when they became sex workers (Liechentrirt & Arad, 2005). In other words, prostitution serves as a means by which drug use is funded, and drugs are utilised as individuals attempt to 'numb' their experiences of sex work (Hall, 2000; Jarvis et al., 1998; Young et al., 2000).

Furthermore, sex workers tend to use the most addictive and expensive types of drug, such as heroin and crack cocaine which in turn reinforces the relationship between their work and substance misuse (Church, Henderson, Hart & Barnard, 2001).

However, Anderson (2005) offers an alternative view, in that those who pay for sex may also be initiated into using illegal substances through contact with an illicit economy. Although, sex is frequently exchanged for money or drugs (Smith & Marshall, 2007) many women will also trade sex for physical protection (O'Leary & Martins, 2000). Additionally, many female drug users do not perceive forced sex as rape if it occurs within the context of a drugs sale (Goodman et al., 1995).

Dalla (2001) conducted in-depth interviews with 31 street-based sex workers utilising a methodology of phenomenological descriptive analysis and taking a developmental perspective. Whilst healthy family-type relationships were problematic in childhood and adolescence, adult relationships were also fraught with difficulty for women in such circumstances particularly those of an intimate or sexual nature. A woman's intimate partner is commonly her pimp (Dalla, 2001; Hall, 2000) and such

relationships are frequently violent (Dalla, 2001) and based upon a foundation of shared/mutual drug use. Also, prostitution frequently provided the means to fund the drug use of male partners, some of whom were former clients (Dalla, 2001). In general terms, these women felt that they had little or no alternative than to become involved in relationships with men who expressed an interest in them, rather than perceiving opportunities to develop positive adult relationships (Dalla, 2001).

Although, it was not uncommon for drug using men to insist their partners remained in prostitution, other participants told of how they were introduced to sex work by older sisters who had had similar life experiences and were also working as prostitutes (Dalla, 2001).

Involvement with the sex trade will expose any individual to a subculture of violence (Bagley, 1999; Surratt, Inciardi, Kurtz & Kiley, 2004) and other dangers such as HIV infection (Newman et al., 2004). Furthermore, the sex trade is associated with homelessness in that many individuals will turn to prostitution in order to provide for themselves (Quilgars et al., 2008; Surratt et al, 2004). However, experiences of homelessness differ between men and women. For example, Neale (2004) suggests that men are more likely to sleep rough as housing priority would be given to women who have custody of their children, although women may have more debt-related problems due to falling into arrears with rental payments (Neale, 2004). However, in America, for example, the number of homeless women continues to rise (Douglas, Jimenez, Lin & Frisman, 2008) and it has been argued that, for many reasons, homeless women are more vulnerable than their male counterparts (Benda, 2006; Padgett, Hawkins, Abrams & Davis, 2006; Washington & Moxley, 2008) experiencing more trauma and disruption in their lives (Milburn & D'Ercole, 1991).

For example, women are at increased risk for physical and sexual assault prior to becoming homeless and whilst living on the streets. For example, one study identified a 97% lifetime risk in their sample of 99 episodically homeless mentally ill women (Goodman, Dutton and Harris, 1995). Additionally, homeless women are at higher risk of unintended pregnancy than women with stable accommodation with rates of 10% of homeless women compared with 5% of women of reproductive age in the USA (Herndon et al, 2003). It is suggested that this is because of victimisation associated with the sex trade, substance misuse, mental illness and other considerations such as a lack of storage space for personal possessions, i.e. contraceptives (Gelberg, Lu, Leake & Anderson, 2008).

Motherhood or potential motherhood provides additional challenges for these women, in that the necessity to support a drug habit remains (Dalla, 2001). However, it has been reported that female involvement in prostitution is not always about funding a drug habit. In a study of stressors in the lives of 69 Canadian sex workers, it was found that many were compelled by poverty and a need to make time for their children as opposed to a problem with substance misuse (Jackson, Bennett & Sowinski, 2007). Thus, women with limited personal resources attempt to address the stresses of poverty and child care but become traumatised by the nature of the work they have undertaken (Jackson et al., 2007). Potentially, this could lead to a drug problem not already present (Young, Boyd & Hubbell, 2000). Other qualitative research suggests that female prostitutes fund drug habits and provide for their children by drug-dealing and/or committing 'paper crime' (i.e. fraud) considering these to be the only viable alternatives to sex work (Ferraro & Moe, 2000; Hall, 2000). However, respite from the physical dangers of sex work is replaced by the

potential for heavier custodial prison sentences than those associated with prostitution, thus providing alternative stressors in their lives, particularly regarding caring for and retaining custody of their children (Ferraro & Moe, 2003; Hall, 2000).

McClelland and Newell (2008) conducted a qualitative study with a convenience sample of 20 women in the North of England. These authors examined the experience of motherhood for women engaged in street-level prostitution and substance misuse. It was established that these participants had developed drug dependence prior to engaging with sex work (McClelland & Newell, 2008). However, despite a multitude of complex personal needs, the women were aware of the potential psychological and physical danger of their work and drug use upon their children. They also expressed their fears regarding the various threats posed to their children by their clients (McClelland & Newell, 2008). Another qualitative study identified that many drug addicted women have few options other than prostitution open to them, and thus it is far from being a chosen pathway. It was established that 45% of the sample studied were, in fact, homeless (Surratt et al, 2004).

The Adult Drug User, Social Networks and a 'Career' of Drugs and Crime

Anderson (2005) offers an alternative to what is referred as a narrative of 'pathology and powerlessness' regarding women in the discourse of drugs and crime. Although not denying that women are frequently victimised within male-dominated illicit networks, Anderson (2005) suggests that women's contributions are central to the existence of such an economy arguing that aside from subsidising male drug use, women have significant roles to play in the buying and selling of illicit substances. Additionally, with women being more likely to have domestic responsibilities

(Anderson, 2005; Neale, 2004), they can provide sustenance and accommodation for active members of the drug world. Whilst supporting and facilitating criminal partners for example, they can provide for themselves and their children and maintain their homes, thus, it is suggested that some women can be powerful agents within an alternative economy (Anderson, 2005). However, it could be argued that such a lifestyle is not one of choice but one borne of necessity to provide for children in the absence of alternative options. Additionally, such scenarios may have more to do with women who live off the proceeds of drugs without having serious dependence issues.

Hill, Boyd and Kortge (2000) examined variation in suicidality in 208 African American women abusing crack cocaine. These women lived with stress and poverty, had many accidental children and had low educational attainment, only 19% were in stable relationships and only 25% were in any form of legitimate employment thus lacking personal and social support networks. It has been reported that drug using women with limited social networks are more likely to use cocaine and be in violent relationships (James, Johnson & Raghavan, 2004). Whilst the lack of personal networks presents certain risks, the importance of existing networks cannot be underestimated in the examination of the relationship between drug use and related offending. In a study of drug users in residential treatment (n = 128), it was found that in the month prior to admission, participants reported an average of 95 crimes each (Best, Hernando, Gossop, Sidwell & Strang, 2003). Less than 20% of the sample spent no time with other users and it was concluded that time spent with users increased the likelihood of committing crime; mainly consisting of drug offences, shoplifting and other forms of theft (Best et al., 2003).

The dynamics of social networks and HIV risk behaviours were examined in an American study assessing changes for a sample group of 409 injection drug users; findings indicated that positive changes in social networks were associated with decreased risky injection behaviour (Costenbader, Astone & Latkin, 2006). The narratives of 60 low income HIV positive drug users illustrated that participants did not talk about 'friendship', but more about short-lived affiliations based upon the premises of drug use, where trust is tenuous and easily broken down (Mosack, Abbott, Singer, Weeks & Rohena, 2005). In contrast, in a sample of 2549 substance users, also in residential treatment, it was found that having positive support networks facilitated positive psychological change; enabling individuals to develop further positive relationships and effective long-term treatment outcome (Gifford, Ritsher, McKellar & Moos, 2006). Thus, in examination of both qualitative and quantitative literature, it can be seen that the existence of positive social relationships are an essential component in prevention and/or successful rehabilitation.

Whether or not, one uses drugs or commits offences in the company of others, substances contribute to crime in many different ways. Nor does this always relate to the purchase of drugs. In a qualitative examination of the experiences of street robbers, De Haan and Vos (2003) found that offenders who disliked or feared the experience would use substances to facilitate commission of the offence. However, although drug dependence featured in the accounts of some participants, others told of how they committed robbery to provide for their families in times of economic hardship. Alternatively, some participants wished to fund a lifestyle (going clubbing) and/or the purchase of non-essential consumer goods such as designer clothes and popular music. Others maintained that they robbed passersby to impress peers or

simply have the experience of committing such an offence. De Haan and Vos (2003) differentiated between those who committed robbery for ‘thrills’ and those who perceived it as an offence which held no prestige but rather constituted an opportunistic act of desperation (Allen, 2005).

The disinhibitive effect of illicit drugs and alcohol has also been touched upon when examining their relationship with sex work, but this is also something which is a frequent issue in sex offender literature. It is well documented that not only will sex offenders use substances during a sexual assault, but will also seek to minimise their offences by attributing their behaviour to the use of the substance (see Auburn, 2005). Sex offenders are not alone in minimising their behaviour in this way; it is far from uncommon for many drug users to attempt to excuse any negative behaviour in a similar manner (Davies, 1992). Mason (2002) examined 12 criminal cases in America where defendants attributed their violent offences to the use of anti-depressant medication as opposed to acknowledging personal responsibility.

Another complexity of the relationship between drugs and criminality is that not all drug-related crimes are committed by substance dependent offenders. One should not forget the lucrative business opportunity that exists for those with the presence of mind to work within an illegal economic system. For example, Dorn, Oette and White (1998) conducted qualitative research with 15 individuals who had been convicted of drugs importation offences. In addition to this, they interviewed 10 participants who worked as informants for customs and excise. From the conducted analysis, Dorn et al. (1998) established an organisational business structure of illicit drug trade including the ‘career’ opportunities available and the relationships between different

employees at varying levels. They were able to examine the risk strategies employed in importing drugs and avoiding detection and the roles undertaken by specific individuals (Dorn et al. 1998). Another study of drug trafficking found that the roles which occupied the most risk (i.e. courier) would be undertaken by women, whereas men would take roles such as 'lookout' and therefore not be in possession of illicit substances (Harper, Harper and Stockdale, 2002). In short, such activities are pecuniary enterprises sharply contrasting with crime committed to fund the use of drugs (Dorn et al., 1998). Thus, the association between criminality and substances exist in many ways and on varying levels. Moreover, becoming an adult drug user and/or offender is a lengthy and complex process and therefore, before any change can occur, there is a necessity to examine issues of self.

The Role of 'Self' and the Concept of 'Identity Transformation'

A sense of self is dependent upon social development in infancy and how children perceive themselves in relation to other people; thus a child subjected to sexual abuse (for example) within their family may have problems in negotiating who they are and who can be trusted (Dalla, 2001) . This is an issue which is likely to pervade their development and may potentially impact upon the adult they become (Cole & Puttnam, 1992; Grella, Stein & Greenwell, 2006). Subsequently, individuals who have engaged with specific types of behaviour over prolonged periods may have constructed a sense of self related to that behaviour, thus 'changing' frequently means losing one's identity (Hughes, 2007).

Issues of 'self' are frequently examined in qualitative studies of crime and/or addiction. For example, in their study of the experience of alcoholism, Shinebourne

and Smith (2009) identified how their participant had a dual concept of self, in that she distinguished between the 'me' who drank and the 'me' who did not, perceiving and presenting a dichotomy of self. The participant believed in an alternative personality that could only be accessed by the use of a substance (Shinebourne & Smith, 2009). In an analysis of the talk of current and former substance users, Hughes (2007) discusses how drug use becomes integral to one's sense of self and thus, drug cessation equates with losing one's old self and becoming a new or different person. Libby and Eibach (2002) refer to this as a concept of 'identity transformation' which occurs in the process of recovery from substance misuse. Such self interpretations are not unique to substances misusers but have also been found in studies of the experience of living with cancer, for example (Libby & Eibach, 2002).

The 'self' can be various different entities depending upon the stage a person is at in their life and/or personal development (McAdams, 2003), an issue which has long been of concern in contemporary philosophy (O'Hear, 1985). This may, in part, be due to individuals experiencing difficulty negotiating past behaviour, now deemed unacceptable, into current thinking (Kellogg & Triffleman, 1998). McAdams (2003) discusses the innate necessity of human beings to examine their own histories and formulate these into a coherent story in order to make sense of one's life and thus one's self. In terms of forensic application, the relevance of this will depend upon whether an individual's offending behaviour is current or historical. For example, Gadd and Farrall (2004) discuss differing attributions made to the self by 'desisters' and 'persisters'. It is suggested that when constructing a new 'self', desisters tend not to blame themselves for past actions which belonged to their 'old' selves and maintain that their 'new' selves are 'honest' and 'responsible', in turn, the 'new' self becomes

the 'real' self. Moreover, 'desisters' are able to put a positive slant on their past by perceiving it as a learning process (Gadd & Farrall, 2004).

In the process of constructing a new self, there are many factors to address before drug use and/or offending can be definitely and permanently consigned to an individual's personal history. For example, by living alongside his research participants, Contreras (2009) reported that male drug robbers construct their masculinity through criminal activity and the subjugation/manipulation of female associates. He also asserts that men of low income define their manliness through violent and unpredictable lifestyles; also enhancing their sense of self through the derision of other males they deem weaker than themselves (Contreras, 2009). This clearly has implications for intervention and the likelihood of change.

The Journey out of Substance Misuse and Offending

Given the apparent dearth of research into those drug users who do not come to the attention of official agencies, it may be that for some they simply decide to stop and manage to do so successfully. Alternatively, such individuals may possibly engage in some form of home detoxification without any form of professionally sanctioned treatment, possibly using 'street' methadone to combat withdrawal symptoms (Vlahov et al., 2007). It is worth considering that for some individuals, drug use may be a behaviour that one may grow out of with age and life experience (McMurrin, Hodge & Hollin, 1997).

Notwithstanding the argument that criminal convictions can set an individual on a life-course of criminal activity (Soothill, Ackerley & Francis, 2004), being arrested

may prove to be a significant turning point (Braithwaite, 2001). For those in treatment, intervention is frequently the result of a court appearance whereby treatment is a condition of parole or part of a community sentence (Malloch, 2004; Parker, 2004). Although concern has been raised regarding the motivation of those compelled to treatment, Braithwaite (2001) suggests that for individuals caught within a cycle of crime and drug use, arrest can act as a catalyst for change and they can begin to appreciate the negative impact of their behaviour upon others. Additionally, contact with the criminal justice system allows for the diversion of drug users to be diverted into appropriate treatment programmes, providing an opportunity for intervention which might not have otherwise occurred (Crossen-White & Galvin, 2002; Kinner, George, Campbell & Degenhardt, 2004).

When considering a pathway out of substance abuse, the issue of drug treatment comes to the fore. All of the aforementioned issues will impact upon whether or not a person will engage with treatment and many factors will influence treatment outcome. Several authors have suggested that women face more (and/or different) barriers to treatment than their male counterparts (Beadnell et al., 2003; Greenfield et al., 2007; Pinkman & Malinowska-Sempruch, 2008; Sheard & Tompkins, 2008). For example, mothers with custody of their children may find that parenting responsibilities and childcare issues may prevent their full participation with treatment (Kauffman, Dore & Nelson-Zlupko, 1995). Alternatively, many women are unwilling to engage with treatment for fear of children being removed from their care (Sheard & Tompkins, 2008). Other authors purport that the life experiences of women and girls are fundamentally different to those of men and boys; thus advocating a need for service

provision which recognises the differing needs of male and female clientele (Daley et al., 2000; Greenfield et al., 2007; Locke & Newcomb, 2003; Malloch, 2004).

It has been suggested that an intervention should be delivered which aims to meet the needs of the individual with due consideration to their contextual environment (Smyth, Goodman & Glenn, 2006; Wechsberg, Luseno, Lam, Parry & Morojele, 2006). Additionally, concern has been raised about the tendency for individual problems to be treated in isolation (and often by different service providers), rather than the adoption of a global, holistic or systemic manner of treatment delivery (Locke & Newcomb, 2003). Other authors advocate the need for early intervention from a preventative perspective. For example, it has been suggested that PTSD sufferers be educated regarding the potential of developing substance problems (Stewart, Grant, Ouimette & Brown, 2006).

Other authors advocate conducting preventative work with child victims of abuse to minimise the potential of developing substance misuse in adulthood (Chambliss, 2008; Grella et al., 2006) or that such issues should be addressed early in drug treatment with adults (Douglas et al., 2010; Hill et al., 2000). Other authors point out the need to consider current and historical domestic violence with substance misusing women, not only to address previous trauma but also in terms of current and on-going abuse and its association with substance use (Bennett & O'Brien, 2007; Galvani, 2006).

Platt (1995) in a literature review identified gainful employment as fundamental in successful rehabilitation, whilst acknowledging that working needs to be in

conjunction with being drugs and crime free (also see Sampson & Laub, 2003). Having a job/career one values can, in itself, provide the motivation to cease or at least curtail ones misuse of substances (Williams & Parker, 2001). However, stigma plays a significant role in providing a barrier to such employment. It has been reported that substance misusers face a 'double disadvantage' because their substance problems are frequently combined with having a criminal record (Klee, McLean & Yavorksky, 2002).

Kazemian and LeBlanc (2007) discuss the implications of having a criminal record and its impact upon the motivation to desist from a criminal career. They suggest that those whose crimes go undetected may continue to offend because any potentially negative consequences are outweighed by significant personal gain. However, those unable to evade convictions may not desist believing they have little in the way of alternative options (Kazemian & LeBlanc, 2006). Thus, the role of personal autonomy and self-belief is an important factor in desistance from crime (Gadd & Farrall, 2004; Sampson & Laub, 2003) and/or drug misuse (Smith & Marshall, 2007). However, there is a necessity to examine the reality and extent of self-reliance; as excessive levels may cause an individual to underestimate the need for professional intervention (Jackson, Wernicke & Haaga, 2003).

Shivy et al. (2007) suggest that counselling professionals consider that ex-offenders may be experiencing trauma associated with the stigma and/or experience of former incarceration. Hall (2000) warns against the erroneous assumption that drug users with significant trauma histories will automatically be able to engage with successful employment once a treatment programme is completed. Developmental issues will

impact upon their ability /capacity to obtain suitable and sustainable employment. It is suggested that former drug users have needs in the workplace which differ significantly to individuals who have not had their personal development disrupted by drug misuse (Hall, 2000; Shivy et al., 2007). Shivy et al. (2007) highlight the social aspects of the workplace and how these can both hinder and enhance an individual's experience. Hall (2000) explains that ex-users will be exceptionally vulnerable in areas where they are exposed to drugs or alcohol or individuals currently engaged in substance misuse. In short, the ideal of a supportive working environment is advocated, whereby the former user and their supervisors are mindful of the ever present threat of relapse (Hall, 2000; Shivy et al., 2007).

Discussion

From examination of available literature, it becomes apparent that it would be wrong to assume an automatic causal link between substance misuse and criminal offending (Keene, 2005; Simpson, 2003; Sevigny & Coontz, 2008). Existing relationships between the two factors are complex, fragmented and exist in many forms and varying levels. Perhaps, the association between drugs and crime may be best understood from an economic perspective in that both factors co-exist within an illicit economy. Furthermore, it is important to distinguish between those who *profit* from that economy and those who *contribute* through their drug dependence. It would certainly seem that it is bordering on the impossible to develop a model applicable to all drug users and/or offenders; therefore there is a necessity to consider the pathways into the substance misuse and associated offending of specific individuals. Whilst, it remains questionable whether crime comes before drugs or drugs come before crime, it is evident that victimisation and trauma frequently occur before either.

Although, it would seem that the majority of offenders have used illicit substances at some point in their lives (Makkai & Payne, 2005), it is important to acknowledge the paucity of literature appertaining to those who do not come to the attention of the judiciary (Robson & Bruce, 1997). Current research supports the association between adverse childhood experiences and negative outcomes in adulthood (Newton & Vandeven, 2009) and it can be seen that many drug users have histories of abuse (Abelson et al., 2006; Douglas et al., 2010 Hyman et al., 2007; Markoff et al., 2005; Pirard et al., 2005). Adolescents living on the streets frequently report leaving abusive and dysfunctional families (Kidd, 2003; Wincup et al, 2008; Quilgars et al., 2008). In turn, homeless adolescents commonly have extensive problems with co-morbid trauma and substance abuse (Rotherham-Borus et al., 1996; Thompson et al., 2006) whilst having to find ways in which to cope with living with constant exposure to danger (Rew, 2003). If substances are used to self-medicate, then they have to be paid for and this in turn can lead to crime or prostitution, exposing already vulnerable individuals to further threat of exploitation. Once involved with the sex trade, the amount and frequency of substance use will often intensify (Leichentritt & Arad, 2005) to the extent where an existence of sex work and drug use becomes cyclical and all-consuming (Young et al., 2000).

The role of communities and social networks cannot be negated and not just amongst the homeless. It can be seen that social isolation is problematic for drug using women (Hill et al., 2000) and that having drug using/criminal associates is significant in reinforcing drug using/criminal behaviour for adolescents (Baron & Kennedy, 1998) as well as adult men and women (Costenbader et al., 2006). Combined with issues appertaining to the construction of self, treatment providers are faced with many

challenges in addressing substance misuse and associated offending. The way in which individuals are integrated into their environments and the developmental process involved in forming the adult, all have to be taken into consideration when designing treatment/intervention. These issues are further compounded by gender-specific factors given the fundamental differences in the life experiences of males and females (Daley et al., 2000; Greenfield et al., 2007; Locke & Newcomb, 2003; Malloch, 2004).

Thus, in considering an individual in full context of their environment and life experiences, it is essential that inquiry is made about the potential existence of early trauma/abuse (Miller et al., 2000). If such inquiry is not made, professionals (both researchers and practitioners) are working with an incomplete story which in turn, will lead to the construction of models or treatment plans which are inaccurate, inappropriate and ultimately damaging; not only on an individual level but also when such information is used to inform policy. Thus, both researchers and service providers need to ensure that they are prepared to address difficult issues with the requisite knowledge, skill and prior preparation. It is important to remember that a 50% disclosure rate does not mean that only 50% of any given treatment population have been the victims of abuse (Pirard et al., 2005). Even if abuse is not the main problematic issue for a client, it will no doubt constitute a significant factor in a complex presentation (Sorsoli et al., 2008). It is important to remember that there are many other forms of trauma (i.e. bereavement) and therefore, if comprehensive life-stories are obtained, the pertinence of specific factors can be established and addressed. Thus, it is imperative that life course trajectories are considered and subsequently utilised in academic inquiry and therapeutic approaches.

Conclusions

Quantitative research provides much insight and understanding into the nature of drug misuse and offending and how these factors interrelate. However, despite the extensive research that has been conducted in this area, many questions remain unanswered (Keene, 2005), thus it is probable that qualitative methods would compliment and expand upon existing knowledge. This review is not exhaustive and it should be remembered that as the focus has been upon published works, it is more than probable that unpublished works such as academic dissertations or papers published in other languages would further aid understanding of what remains a complex subject matter. Nor does this review incorporate every possible factor or variable in the aetiology of drug use and associated crime. However, it does demonstrate how quantitative and qualitative approaches differ in the type of empirical knowledge brought to the field of substance research. From the qualitative studies identified, it can be seen how the ‘voices’ of participants can provide a depth as opposed to a breadth of understanding.

Whilst drug users/offenders may be deemed to be unreliable and untrustworthy in the pursuit of objective reality, it could be argued that there remains much value in examining what such groups have to say. Even if participants lie or attempt to manipulate, this still provides insight into cognitive processing and how they make sense of their lived experience and life course. In an era of increasing reflective practice in psychology, it may be time to give more consideration to incorporating participant subjectivity into routine academic endeavour. Thus, rising to the challenge of exploring meaning and providing articulate interpretations of what is found. It is important to remember that it is not only offenders who attempt to present as socially

desirable, therefore if other disciplines (i.e. health psychology) can utilise such methodologies, there should be no real barriers to those of a forensic persuasion to engage with such forms of research.

Chapter Three

Research Study

“Being ‘Different’ whilst inhabiting Alternative Worlds”-

Findings from an IPA Study exploring the

‘lived experience’ of using substances

and committing crime.

Abstract

The aim of this study was to explore the 'lived experience' of being an adult drug user and the relationship between substance misuse and crime. Recorded exploratory interviews were conducted with four men in treatment at a community based drug treatment agency in the Midlands. Further interviews were conducted with two female participants one of whom was in treatment at the same agency and another who had been substance free for almost a decade. Full verbatim transcripts were analysed using Interpretative Phenomenological Analysis (IPA). One superordinate theme (Feeling and Being Different) emerged which encapsulated five subordinate themes: Metaphoric Worlds; Perspectives and Attitudes towards Substances; Interpersonal Relationships; Crime and Associated Behaviour; and Professional Contact. The use of IPA revealed that drug users perceive themselves as 'different' and are perceived differently. In turn, they inhabit a world which is metaphorically juxtaposed to that of the non-user, with an alternative economy and alternative rules and boundaries, where psychological perspectives change drastically and the 'abnormal' becomes 'normal'. Participant narratives illustrated that entry into an alternative world is frequently a long and extensive process and that exit from such a world also involves a complicated and difficult journey. It was found that the relationships between substance misuse and crime are complex and varied. Furthermore, when investigating whether crime comes before drugs or drugs come before crime, it is evident that victimisation frequently occurs before either.

Introduction

For a generation of individuals, the anti-heroin campaign of the 1980s will be the enduring image of the stereotypical drug user. The television advertisement depicted 'Kate', a tired, spotty, unhealthy young woman with few friends and even fewer prospects. Thirty seconds in duration, the advertisement ended with the caption "don't be a dummy, heroin really screws you up" (Central Office of Information for the Home Office, 1985). Such images frequently appeared in newspapers, magazines and billboards, seeking to warn the unknowledgeable about the dangers of illicit drug use. At the same time, the British public were seeing the cast of children's drama *Grange Hill* warning us to 'Just say No' to heroin, reinforcing their message with a single of the same name entering the British music charts (Hand, 2008). Public education programmes may have challenged misconceptions (Barber, 2002), but the stereotypical drug user is arguably the image the majority of us hold. In the absence of any form of alternative knowledge, it is perhaps understandable why such stereotypes would inform our collective conceptualisation. This is not to say that some drug users do not resemble 'Kate', but it is important to remember that such a representation does not encapsulate every individual who uses or misuses substances (Hammersley, 1999).

In addition to media output, the 1980s saw a dramatic rise in specialist service provision for drug users in the UK with an emphasis placed upon the need for services to be community-based (Daker-White, 1997). However, it is probably a fair assumption that an increase in services did not equate with an increase in the drug-related knowledge and understanding of the general public. Arguably, many communities would have been unaware of illicit substance misuse in their midst

unless such activity directly impacted upon them. If, for example, such issues do not infiltrate the family unit, people are unlikely to appreciate drug addiction and its associated factors. There is perhaps a tendency for many to believe that substance abuse does not occur in 'decent families' (Cromer, 2004). Shillam and Goodwill (2009) report that many families feel their 'decency' immunises them against such problems; thus when they experience the contrary, they are exposed to many of the negative feelings usually associated with 'culture shock' (see Furnham & Bochner, 1986 and Ward, Bochner & Furnham, 2001 for a conceptual overview).

The Impact of Stigma

Families are also adversely affected by the stigma initially levelled at the drug user. As pointed out by Goffman (1963), stigma has a somewhat infectious quality in that it will contaminate significant family members. Goffman (1963) suggests that attributing stigma to an individual or group of individuals renders them as lesser beings and therefore distancing them from the rest of society. Those without stigma become the 'normals' who do not wish to identify with the excluded group. In turn, the 'normals' psychologically adhere to a sense of 'self-elevation', whereby they perceive themselves as superiorly different (Goffman, 1963). In an attempt to make sense of such a concept, Montada (1998) discusses that people typically react with either compassion or anger, sympathy and empathy can be afforded to those deemed victims of circumstance, however, when perceived as having created their own problems reactions are reproachful and judgemental (Montada, 1998). In considering oneself 'better than that', individuals can fall into the trap of blaming others for succumbing to pressures they too would have been unable to resist in similar circumstances (Monroe, 2001). Thus the stigmatised move into a world

metaphorically juxtaposed to 'normal' society, a world whose inhabitants who feared and/or despised by those who do not reside within (Shillam & Goodwill, 2009).

Drugs, Crime and Victimization

The idea of drug users as being offenders first and foremost is far from inconceivable, even if their offending is *only* for possession of an illegal substance (Bean, 2004).

This is not to say that drugs do not increase crime; for some offenders, being under the influence can act as a disinhibitor for offences which ordinarily may not have occurred, whilst previously non-drug using offenders may begin to buy and experiment with different substances using the proceeds from other crimes (Hammersley, 1999). It could be argued that simply moving within criminal circles improves one's access to any illegal item, not just those of a pharmacological variety. As to whether drug misuse leads to crime or crime leads to drugs is a contentious issue. However, some authors suggest that drug misuse and crime develop together as opposed to one causing the other (Hammersley, 1999). However, it is important to remember that not all drug users commit crime to fund their use nor are they all unemployed. Nevertheless, few would dispute the existence of a relationship between crime and illicit substances.

It is well documented that criminal acts with a pecuniary advantage are frequently linked to dependence upon drugs such as heroin and cocaine (Gossop, 2003). Neale (2004) examined the gender distinctions in drug-related crime and found that male and female users were relatively similar in committing theft-type offences such as fraud and shoplifting. However, it was more probable that males would engage with acts of vandalism, violence and gang-related crime with females more likely to work

in the sex trade (Neale, 2004). This is not to say that male drug users do not become prostitutes, but it is possible that men may find other criminal options more readily amenable and available to them. Incidentally, Jarvis et al. (1998) found that many sex workers attributed their involvement in prostitution as 'easier' because they had already been sexually victimised in childhood; thus their sexual identities were already damaged (also see Senn et al., 2007; Simoni, Sehgal & Walters, 2004). Thus, when attempting to engage drug users and/or offenders in effective treatment, the issues needing attention are complex and wide ranging.

Working with Misuse

It is important to appreciate that few individuals present to drug services as *only* having a problem with addiction; providing effective treatment is far more problematic than many may appreciate (Davies, 1992). In recent years drug service professionals have had increasing numbers of clients disclosing histories of physical and sexual abuse (Griffith, 1998; Pirard et al., 2005; Thompson, Arias, Basile & Desai, 2002). Research suggests that drug misuse is also a major risk factor for homelessness in that one factor can increase the likelihood of the other occurring (Kemp, Neale & Robertson, 2006). Drug misuse puts an enormous strain on family relationships (Barnard, 2005; Shillam & Goodwill, 2009) and relationship breakdown has been found to be a significant precursor to homelessness (Kemp et al, 2006). Neale (2004) found that men were more likely to sleep rough than women, largely because women were housed due to having custody of their children. However, women were more likely to have debt-related problems, such as rent arrears (Neale, 2004).

The partner-style relationships of adult drug users are an important consideration in the treatment process. It has been reported that levels of domestic violence (both expressed and received) are consistently higher in drug users' relationships when compared to community samples (Walton, Chermack & Blow, 2002). Sheard and Tompkins (2008) report that female drug dependence is frequently juxtaposed with relationship dependence. In other words, many women fear that giving up drugs means giving up their partners (Sheard & Tompkins, 2008). Given that so many women still conceive their personal identities through their relationships (Friedman, 2000), it is not surprising that many feminist authors suggest that treatment agencies should be differentiating between the needs of male and female clients (McLeod & Sherwin, 2000). The concern being, that there is currently a professional attitude of 'one size fits all', or indeed, a unisex approach to service provision.

In this chapter the 'lived experience' of being a substance misuser will be examined utilising the narratives of 6 individual participants. Personal accounts of the aforementioned issues will be provided and what these experiences 'mean' to the individual concerned. It is important to note that the provided analysis is derived from the author's interpretation of verbatim interview transcripts combined with reflections upon her experience of interacting with participants in interview and close scrutiny of interview recordings. IPA has been chosen as a methodology as it allows in-depth exploration and interpretation of the stories provided by participants (Larkin et al, 2006), rather than analysing how often a theme occurs within an account. It also allows for the 'voices' of marginalised groups to be heard (Reid et al, 2005) and examination of published literature would suggest that this methodology has not been previously used with drug using offenders. Thus, it is anticipated that the application

of IPA in forensic research will supplement and enhance existing knowledge in this area. The analysis will take the form of a 'double hermeneutic' in that attempts will be made to 'make sense' of how participants 'make sense' of their respective lives and the experiences contained therein (Smith, 2004).

Method

Participants

The six adult participants in this study consisted of four males and two females. With the exception of one (Poppy), all were in drug treatment when interviewed. A rudimentary overview is provided identifying participants by pseudonym:-

Glenn

Glenn is 32 and has been using illicit substances since the age of 13. Although, he has children he has no contact with them. Glenn has numerous convictions notably an armed robbery at the age of 15 culminating in his first prison sentence. Glenn has spent a significant part of his adult life in and out of the prison system and his offences are numerous and varied. In recent years he has been diagnosed with schizophrenia but it remains unclear whether his mental health condition results from his drug use.

Daniel

Daniel is 38 and lives alone. He has two daughters, one he sees on a regular basis and one with whom he has no contact. Daniel was adopted as an infant and was physically and sexually abused by his adoptive father. Daniel has spent time in prison and has had periods of homelessness. He has used various different drugs in

adolescence and adulthood. However, Daniel reports a serious shoulder injury and maintains that his current drug use is for the purpose of physical pain relief.

Callum

Callum is 37 and works for the post office. He currently lives alone in a bought house. He has one child who he rarely sees, although he is currently seeking access to his daughter through the courts. Callum's house was raided and the police found copious amounts of cocaine and cannabis, following a tip-off from Callum's ex-partner. He was arrested on suspicion of being a dealer. Callum has no previous convictions maintaining that the drugs found were for personal use only. At time of participation, Callum was awaiting the result of further police enquires.

Simon

Simon is 24 and lives with his mother. Simon has no siblings and has never lived with his father; their contact is minimal and usually accidental. Simon uses heroin and cannabis and acknowledges that historically he has been a prolific thief. Although he has been arrested and charged on numerous occasions, he has never received a custodial sentence.

Laurie

Laurie is a 32 year old single mother; currently separated from her husband. Laurie entered treatment with a heroin and cocaine dependency, at time of participation she was not using illicit substances but taking prescription methadone and tranquillisers. Laurie has a history of physical abuse in childhood. She has custody her baby son but her 7 year old daughter lives with Laurie's mother. The relationship with her mother

is extremely strained and she has little contact with any other family members. Laurie has no convictions. She has ambitions to become a drugs worker in the future.

Poppy

Poppy is 37 and a qualified social worker working the field of substance misuse.

Poppy has an extensive traumatic history and has been sexually abused in childhood and as an adult. She used various substances in her adolescence and developed a severe heroin dependency in her early twenties. Poppy has experienced homelessness and acknowledges committing criminal acts in order to fund her heroin use. She has now been substance free for over 9 years. Poppy has an adult son.

Procedure

Initial inquiries were conducted with a drug treatment agency in the West Midlands to ascertain if it would be feasible to conduct this study with their client group. Ethical approval was obtained from the University of Birmingham and a detailed research proposal was submitted to senior management at the aforementioned treatment agency. The proposal was considered sufficiently robust as to be an appropriate application with potentially vulnerable clients. Subsequently, the researcher met with staff and the nature of the research was explained in full. Staff were requested to give consideration as to which of their clients may be amenable to act as participants. Case workers made tentative enquiries with their clients, when a client expressed an interest an informal appointment was confirmed to meet with the researcher.

The nature of the research was explained and participants were supplied with a participant information sheet (see appendix 1). Imperatively, at every stage

participants were reminded that they could withdraw at any given time without any implications for their treatment. Additionally, they (the participants) were under no obligation to answer any questions unless they felt completely comfortable in doing so and interviews could be terminated at any point at the request of the participant. A further appointment was then made in order to conduct recorded interviews.

Interview procedure

Each participant was interviewed on one occasion only. Interviews were conducted in counselling rooms at the treatment agency, in rooms that were familiar to and comfortable for the participants. Prior to commencing the interview, the intended procedure was further outlined and participants were given the opportunity to ask questions and raise any concerns they may have regarding participation. Full confidentiality was assured unless information was disclosed which could result in harm to the participant or a third party. It was also explained that the participant would be referred to by use of a pseudonym in all written paperwork. All participants gave fully informed consent and duly signed the participant consent form (see appendix 2). The participants were fully aware that the interviews were being recorded.

Interviews began with the researcher explaining that this was their account and therefore there were no right or wrong answers. Initial questions were open-ended, such as “*Can you tell me about your experiences of being a drug user?*” allowing participants to begin their narrative at a point they deemed appropriate. Free flowing speech was encouraged with the researcher interjecting for the purpose of clarification or when a more conversational tone was needed to maintain the flow of the interview.

The average duration of interview was approximately one hour, although Poppy's interview lasted for almost 2 hours whereas Glenn's interview concluded after 40 minutes. This was because interviews were participant-led and therefore dependent upon the manner in which a narrative was constructed the length of account the participant wished to provide.

Towards the end of the interview, the researcher asked further questions and ensured that the participant had said all that they wished to. Participants were also given the opportunity to ask questions and were debriefed regarding the content of the interview before finally concluding. Where participants spoke of sensitive issues, the researcher would enquire if the participant's drugs worker was aware of the issues spoken about. Where this was not the case and if the participant agreed, the researcher approached individual workers after the interview and discussed the pertinent issue.

Transcripts and Analysis

Following individual interviews, the researcher made note of initial thoughts and observations appertaining to the research experience. Interviews were transcribed in full. With the exception of the researcher, pseudonyms were utilised for every individual whose name was mentioned in interview. Each verbatim transcript also contained pauses in speech, references to emotional reactions such as laughter or tears or the accidental interruptions such as staff entering the room. The recording of such detail facilitated the analysis to be conducted within the context of the original experience. Transcripts were constructed to allow for extensive notes to be added to the section of interview being examined during analysis.

Each transcript was analysed using IPA and utilising the guidance advocated by the founders of the approach and/or authors experienced in its application (Larkin et al., 2006; Reid et al, 2005; Smith, 2004). Initial thoughts and observations were recorded on both the transcript and in a research log. This process involved much reading and re-reading of transcripts and included listening to the recordings on several occasions to aid the analysis, clarify areas of ambiguity and to aid contextual recall of the interview as it occurred. Sections were broken down and individual statements were thoroughly examined, often involving the researcher repeating a single statement to herself several times in order to ‘make sense’ of what was being said.

Initial themes and patterns of meaning were identified within individual transcripts (cumulative coding) and recorded on the transcript itself. Further analysis revealed themes and patterns of meaning across the six transcripts (integrative coding). This not only enabled comparison of shared or similar experiences between participants but also experiences, perspectives or thoughts which were unique to the individual. This was an ever-evolving process as it became apparent that many themes were being duplicated under different headings, thus there was a necessity to re-name and re-group certain components. One superordinate theme encapsulated the general sense of the findings and thus the five subordinate themes. These themes enabled an understanding and insight into the narratives provided by participants. A literature review was conducted to establish existing psychological theory which could be adequately applied to the findings of this study.

Ethical Considerations

Consideration was given to the potential vulnerability of participants' currently in treatment and therefore close liaison was maintained with case workers throughout the research process and with the full knowledge of the participants. It was ensured that all participants had the capacity to give fully informed consent. The nature of the research was explained in full and participants were reminded at every stage of the process of their right to withdraw at any time, this was done verbally and in writing. They were also informed that should they withdraw this would have no bearing on treatment related issues and that any paperwork or recordings appertaining to them would be completely destroyed. Participants in treatment at the time of interview were there of their own volition and therefore not subject of any form of legal requirement to attend. There were no financial payments offered or given to participants in this study. Although the treatment agency in question is a registered charity, participant information sheets were constructed in line with NHS guidelines. Both staff and research participants were made fully aware that the interviewer was a trainee and therefore not a fully qualified psychologist.

Findings

The analysis revealed much in the way of rich data with overlap between themes and themes which could belong to more than one category. These themes were grouped and re-grouped until manageable and meaningful subthemes could be established and encapsulated under one superordinate. The superordinate theme of 'Feeling and Being Different' recurred throughout the process of both interview and analysis, with all participants making reference to being different from non-users and being different to other users. For example, those who did not use heroin emphasised this issue and

those who had used heroin felt that they were deemed 'lesser beings' by non-users or users of other substances (subtheme 2 – perspectives and attitudes).

Table 1 demonstrates that the superordinate theme over-arches the other themes in that each of the subordinate can be linked to the feeling of being different. By living in an alternative 'metaphoric world' (subtheme 1) one is different and in the use of illicit substances an individual is 'different' to those who do not use the same substance. Interpersonal relationships (subtheme 3) contribute to, or are adversely affected by, the use of illicit substances making the experience of human relationships 'different'. By engaging in criminal activity (subtheme 4) drug users are further separated from conventional society reinforcing their status as 'different', an issue which can be further compounded by contact (particularly negative) with professionals working within health care provision or the criminal justice system (subtheme 5 – professional contact). The superordinate and the subordinate themes will be discussed with additional tables interspersed within the relevant section. Due to word limit restrictions, these tables have been constructed in order to provide more detail and further quotes to illustrate each theme identified. It should be noted that findings are not equally weighted between participants as some spoke for longer and in much more detail, whereas others told their stories in a more simplistic style and with less personal exploration of the issues.

Table 1 – Overview of the superordinate and subordinate themes with components identified in analysis of interview transcripts.

Superordinate: <i>Feeling and Being ‘Different’</i>				
Sense of identity “Who I am” (i.e.: identity through employment)		Tapping into stereotypes (i.e. what is a typical drug user?)		
Positive/negative attributions towards self and/or others		Being manipulated or manipulating others		
Self preservation/presenting a front		Being truthful with self or others		
Knowing me, my body, my needs		Capacity for trust/consequences of disclosure or revelation		
Subordinate				
<i>Metaphoric Worlds</i>	<i>Perspective and Attitudes towards Substances</i>	<i>Interpersonal Relationships</i>	<i>Crime and Associated Behaviour</i>	<i>Professional Contact</i>
Juxtaposed worlds	Initial introduction to substances	Good vs. bad families	Which came first? Drugs or crime	Utilising services vs. going through the motions
Entry into/exit of alternative worlds	Relevance of intimate relationships	Relationships with parents	Criminal acts perceived otherwise	Relationships with drugs workers
Alternative economies	Drugs as a living entity/ the personification of substances	Impact of parenthood	Imprisonment	Counselling or psychological input
“Normality in my world”	Minimising drug use	Significance of Mothers	Offence types or hidden crime	Contact with medics
Accessibility to illegal substances/items	‘Controlled use’/ a social or recreational activity	Differential treatment within family systems	Being victims or creating victims	Dealing with the police / the ‘knock at the door’
	“the only thing that matters”/ the fear of the rattle	Issues of biology/ replacement families including adoption	Exposure to or experience of domestic violence	
	“Acceptable drugs and divisions amongst drug users	Repeating behaviour within families	Media influences	

Analysis

In the story-telling process of each participant, it soon became apparent that whilst there were many striking similarities between them; their stories were very different and told in styles distinct to the individual. For example, Poppy's story was very chronological identifying the life events she deems significant in her personal development; whereas, Daniel's narrative oscillated between current and historical issues. It is important to note at this juncture, that the delivery of accounts is very likely to depend upon 'where they were' at the time they shared their stories with accounts varying in length and content. For example, Poppy has been drug-free for almost a decade, the other participants were at various stages of the treatment process. In essence, Poppy was able to provide a concluding chapter in her narrative, whereas the other participant accounts are somewhat open-ended in that they feel their stories are on-going and yet to be concluded.

With reference to the superordinate each subordinate theme will now be examined utilising quotes from participants.

Feeling and Being 'Different'

"You're just different you know and it's a two way thing, you feel differently and you get treated differently" – Poppy.

Early in the research process, there was a strong sense of participants feeling 'different' to those within society who do not use illicit substances. This issue came significantly to the fore during the analytic process thus became the overriding theme.

Additionally, it became apparent that participants frequently perceived or described themselves as being different to other drug-users. While on occasion they would readily identify themselves as drug users and thus ‘different’, there were times when there appeared an inherent necessity to portray themselves as ‘special’ amongst drug users (see Table 2). Generally all the participants were keen to express the message that drug users are not a homogenous group. It should be noted that participants did not maintain concrete standpoints on these issues expressing comments that illustrated their perspectives were somewhat fluid. Excluding Glenn, they all expressed in one form or another, that they were not the ‘stereotypical drug user’. Reference was made to the anti-drug campaign of the 1980s:-

“...and if you think about the posters that were out at that time, posters were stereotypical drug users...they were dirty people who looked scruffy with their mom’s wedding ring in their hand and that wasn’t me and I wasn’t them” – Poppy.

This short extract provides much insight into Poppy’s thinking processes during that era. At that time Poppy had a sense of who she was and was able to make positive self attributions. This shows that particular media campaign was utilised in a way the promoters had not intended. By tapping into stereotypes, Poppy processed the message in a way which suited her means. Having not reached the stage where she ‘*looked scruffy*’ or resorted to stealing her mother’s jewellery, she was able to tell herself that her drug use was recreational and under control; thus providing personal justifications and psychologically enabling continued use.

Poppy is not the only participant to distance herself from other drug users. One of Callum's fears about entering treatment was that his drugs worker 'Clare' may perceive him like other clients, he initially considered himself different because he is not a heroin user:

"..they're on heroin...coming to get their syringes and things...I was trying to perceive what Clare has to see people everyday [sic] ... is that how she's going to perceive me.."

Much of Callum's self concept equates to being in fulltime employment and never having resorted to crime to fund his use because in addition to his salary, he also profited from a lucrative investment in property, both of which financed his drug use. Callum is deeply ashamed of his arrest and fears losing his job along with the respectability that legitimate employment affords him, he added that he would not want to be in the position of committing crime to fund drug use. Although he considers himself different to other drug users, he believes that he is privileged as he has not resorted to funding drug use through crime as opposed to making claims that he is in some way superior to other users. In other words, he would seem to be displaying a level of non-judgemental empathy towards those he deems different to himself.

Table 2 – Summary of the Super ordinate illustrated by participant quotes

Feeling and Being ‘Different’

This theme relates to a sense of participants feeling and/or being treated differently. A sense of being different also relates to one’s concept of self, not only how they perceive themselves as different from non drug users but also how they distinguish themselves from other drug users.

Theme Components	Example Illustration
<p>This also relates to positive and negative attributions towards self and others, often tapping into stereotypes of what constitutes a drug user:</p>	<p><i>“my kids are immaculate, then...this girl’s got these kids [and] theym [sic] riffy [sic], I know for sure she’s using drugs, I thought how dare you keep those kids, give them to somebody who’ll look after them...” – Laurie</i></p> <p><i>“People lamp [sic] drug users together but you know there’s different types of drug users and there’s different groups within that and there’s a different hierarchy almost...” - Poppy</i></p>
<p>How they perceive themselves or feel they are perceived by others:</p>	<p><i>“I’m a drug addict for God’s sake” - Laurie</i></p> <p><i>“ they just think I’m a smackhead” - Daniel</i></p> <p><i>“... for you not to know me, you’re probably thinking oh well, you’re just a smackhead...” - Simon</i></p>
<p>How they could have been ‘different’ or ‘normal’ if they had not become involved with drugs and crime, particularly with reference to jobs or careers:</p>	<p><i>“I probably would have gone through school, got a job... normal stuff I suppose” - Glenn</i></p> <p><i>“I used to be... an assistant manager of a care home...I used to be somebody” - Laurie</i></p>

Laurie seeks to distance herself from other drug users. This was apparent when she spoke of some of the behaviour she witnesses in the reception area of the treatment agency and how she finds much of this distasteful (see first quote in Table 2). Like Callum, she also considers the role of paid employment in developing one's self of identity; she spoke of her plans for the future:

“I want to be a drugs counsellor...I'm not old, I'm young, I might have wasted so, [sic] at least people at the school [other parents at her children's school] can say she used to be a drug addict, but she's a bloody drug's counsellor now!...”

This extract also demonstrates not only how Laurie wishes to perceive herself but how she wants to be perceived by others.

In explaining who he is Daniel speaks of being well known on the break-dancing circuit as a teenager and his achievements in this area recur throughout his interview. It was also an area of concern for Daniel not to be perceived as an addict;

“...I've never really bin [sic] a heroin addict...I know I'm on methadone...I've been on it a while but, I gone onto [sic] that because I had a bad shoulder from break-dancing.....”

Daniel's main message was that his drug use was for the purpose of pain relief and therefore legitimate and by extension distinguishing himself from other drug users. Simon also makes attempts to do the same:

“...the whole time of my drug use, I’ve managed to keep myself looking a lot healthier than most people, you know what I mean?”

Simon insinuates that he is in better condition than other users in doing so he is attempting to convince himself and others that he remains in control, particularly when compared to other heroin users. Simon is reluctant to acknowledge that should he continue in his current lifestyle, he may eventually bear a resemblance to those he distinguishes himself from. Simon’s narrative demonstrated that he has experienced few negative consequences as a result of his actions in any area of his life. This is an issue that will be further examined when examining criminal activity. Subsequently, Simon uses illicit drugs but in many respects continues to ‘get away with it’.

Glenn’s sense of feeling ‘different’ is not about any form of ‘self-elevation’. He readily identifies himself as someone who has used numerous substances and although there is a sense that he feels embarrassment and regret, he talks openly about the mistakes he has made in his life. He spoke extensively of a 7 year prison sentence he received in his teens and his feelings upon release:

“...I couldn’t handle the way things had changed, how everyone had changed and I hadn’t changed, hadn’t grown up really, I was still like a kid but like in an older person’s body like...”

In speaking to Glenn, one detects a sense of sadness regarding lost time and opportunity. He goes onto talk about how his life would have been had he not become involved in drugs and crime at such a young age. He describes an alternative

life that would have been ‘normal’. Additionally, Glenn is schizophrenic which further reinforces feelings of difference and abnormality. However, it is apparent that he is working towards a more positive future, stating that treatment has enabled him to think and feel differently. Changes in perspective throughout the course of treatment have led some participants to acknowledge that they are not so different after all:

“...you like to think you’re not them [other drug users] because I’ve got a job, a house and everything...but then again, the root cause of the problem, I’m the same as them if you know what I mean?” - Callum.

Metaphoric Worlds

Being different is inextricably linked to living in a separate world. The ‘world’ of substance misuse (and associated criminal activity) is juxtaposed to that of the non-using, non-criminal individual. This alternative world exists, almost without the knowledge of those who do not inhabit it and where illicit substances and other illegal items are readily accessible. These worlds are metaphorical as opposed to geographical; thus terminology relating to journeys and pathways were used to explain entry and exit. Participants spoke of crossing psychological boundaries in terms of what they were prepared to do and what actions were deemed unacceptable (see Table 3). They provided examples of thought processes becoming reversed when certain negative behaviours become normalised in the context of everyday living:

“...I mean, you know, my cousin was glue-sniffing and smoking dope and I knew this person who was doing that and speed and all the rest of it you know, then my neighbours around the corner were selling speed...so then I started taking speed...it was very easy” - Poppy.

The above extract illustrates the accessibility of illicit substances within Poppy’s world. Her awareness of her cousin’s substance use and her neighbours drug-dealing provides a sense of normality in her then environment. Although, drug use and drug dealing were common occurrences in her neighbourhood, she would have had people in close geographical proximity who did not engage in such activities and therefore would have inhabited worlds which were metaphorically opposed. On the face of it, the manner in which Poppy accounts for her introduction to speed would seem somewhat unsophisticated. However, it may be that the simplicity of her explanation merely illustrates the ease with which experimentation and consumption occur within certain contexts.

Simon also speaks of how easy it is to purchase drugs. Whilst those of us who inhabit a different world may have the conception that approaching dealers would involve entering a threatening environment, Simon explains otherwise:

“...I’ve never had to do that...I’ve always, most times I’ve always had it brought to me”

Simon’s comment shows how where in the ‘legal’ world one might have groceries delivered, he can obtain illegal substances in a similar manner by placing an order and awaiting delivery, although he did not elaborate how he acquired such knowledge.

Glenn reported that heroin is easily accessible as are other illegal items. He spoke extensively of an armed robbery (with an imitation firearm) he committed as a juvenile with an associate. The following extract relates to his access to firearms at the age of 15:

“... We did have real ones but we decided not to use them... cuz like where we was living at the time... there was a lot of shootings and stuff and we’d seen them because we was in a gang down [town named]... we’d seen a few people get shot... me and me mate said, no, we’re not going to use a real one in case it goes off or something...”

This extract demonstrates an alternative economy in a world where illegal firearms are relatively easy to purchase. In deciding not to use real firearms Glenn is demonstrating a line he does not wish to cross, a form of ‘criminal morality’, although it could be argued that this is more about considering the consequences for himself rather than others. However, what is probably most concerning is that as a young person he lived within a subculture where violence and death were normal and regular occurrences.

The concept of an alternative economy was also a significant feature of Daniel’s interview. It became apparent that Daniel can easily make contact with dealers and that, historically, dealing has been an acceptable form of employment for him:

“...It was like if I wanted to, if I had no money I could go up to ... Karl and say I’ve got no money...he’s give me 50 of acid [sic] tabs without giving him any cash and he’d say bring me back 75 quid and whatever you make on top, you can keep...so that’s how I could make my money instead of me going burgling and doing things like that”

This is a prime example of an alternative economy in a juxtaposed world. Daniel demonstrates his personal logic in that he makes a rational choice between burgling and drug-dealing as a means of making money. On a somewhat superficial level, it may appear that Daniel does not possess the personal resources to consider a legitimate occupation. However, as the interview continues he explains how he became homeless at the age of 15 after prolonged abuse by his father; thus lawful employment, sufficient to sustain him, would have been virtually impossible.

Table 3 – Summary of the Subordinate Theme 1 illustrated by participant quotes

Subordinate Theme 1 – Metaphoric Worlds

This theme relates to a concept of having ‘worlds’ which may co-exist in the same geographical area but are metaphorically juxtaposed, where inhabitants of both worlds may or may not be aware of the existence of the alternative reality.

Theme Component	Example Quote
<p>Travel, progression or direction into a different world including entry and exit. Journeys into and out of a juxtaposed world and whether such ‘stays’ are permanent or temporary.</p>	<p><i>“...you start becoming aware of this different world really and you start losing sight of the other world that you lived in you know... it’s almost like I’ve lived in different worlds... So the things that you might tap into normally, you start to resent and feel quite envious and, it almost, it almost, you know, it really is closing the walls around you really... and you start shutting the outside world out you know...” - Poppy</i></p>
<p>Accessibility to illegal substances and/or items</p>	<p><i>“It was just instant like, just a phone call like...I knew people from, who still sell drugs and everything and that from like years ago and that like...and it was just like I’ll go and get the money out the bank and get a massive bag of drugs like...” - Callum</i></p>
<p>What constitutes ‘normality’ in an alternative world</p>	<p><i>“...cuz I’d been in a gang, I’d been with people like, been in cars and been doing robberies and stuff, so I’d sort of seen like...what goes on and that, so it was like, it was like that was what was going wrong at the time; everyone was like doing robberies everywhere...” - Glenn</i></p> <p><i>“...because all of the people you become involved with are drug, are heroin users you know...It does become more normal...that becomes the norm and when you step outside of that, it feels fucking weird...” - Poppy</i></p>

In terms of juxtaposed worlds, Simon inhabits both by regular movement between the two:

“...you got your family and your normal life and then you’ve got your drug life you know, that’s it, like with me, my mom knows about it but none of my family know about it...we are a close family”

This statement is a prime example of a distinct dichotomy between a ‘using’ and a ‘non-using’ existence. Simon also seeks to maintain that he belongs to a ‘good family’ by referring to them as being ‘close’. In his narrative, he is keen to reiterate that his family are separate from the world he inhabits when not in their company. The closeness of his family is compromised by their not knowing of his drug use, although this may be indicative of enmeshment in his relationship with his mother. It would also seem that Simon and his mother are conscious of the level of stigma directed at drug users, so they continue to present a front to those outside of their relationship through a sense of deep rooted embarrassment and shame.

Moving between worlds was a common feature with participants discussing how they would exit the legal world temporarily while using and then return. Laurie explains how she has periods of ‘being clean’ followed by relapse.

“..and go on a mad one, disappear for a week and go on a major binge”

Such disappearances signify a temporary stay in a juxtaposed world with participants associating only with other drug users in an alternative environment, whereby, non-using family members (such as parents and children) are excluded. Conversely, it is

not only the user who travels between worlds. Often parents of users and children of users can inadvertently ‘visit’ or ‘enter’ should they stumble across drug equipment or accidentally witness drug use:

“...My mom came to this hostel one day and erm, I’d just scored and I was trying to inject myself and she knocked on the door, she’d got Ryan [Poppy’s son] with her, and my dad was with her and I pulled the needle out because I hadn’t got myself yet, opened the door and said look you’re going to have to wait in the car because I’m having a hit...”

Poppy had become so immersed in the world of drug use that this was normal for her; she would have been oblivious of the impact upon individuals from another world. Her focus was upon maintaining her drug use because the only thing she feared was ‘the rattle’ of not having her regular supply of heroin. Whilst, her parents may have experienced a form of ‘culture shock’, Poppy’s came later when she re-entered the world inhabited by ‘normals’:

“...I slowly started to come back into the, this world that everybody else lived in an’ I found it extremely difficult at first...I would speak to neighbours...it would batter my head, I’d think fuck, is this all life is?... is this what people do?...”

Without drugs, Poppy’s existence was extremely mundane but she remained resolute about not resorting to substances to relieve the monotony of her existence. When asked if there was any significant reason why she succeeded on this occasion, she stated that she has been asked this question numerous times and despite extensive reflection she remains unable to explain what it was that changed for her. As she

remained drug free, Poppy's perspective began to change significantly and she began to derive great satisfaction from the simplest of things:

“I was able to wash my face in a sink...buy sanitary towels when I was on a period...even paying a bill, if I paid a bill I'd feel really like fucking go on! [Mild laughter] getting Ryan up for school...getting him to school on time that was massive! Look at me being a real Mom! [Laughter]...”

Poppy's narrative differs from her fellow participants in that she no longer travels between worlds. She exited the world of 'normals' gradually until such time as she was living permanently in the 'alternative' with values and beliefs drastically altered. Her return journey was problematic, but she made a project of herself and remained determined to stay. However, it becomes apparent in speaking with her that having led an alternative existence, she values her current life. The other participants have yet to leave their drug using world behind and it remains to be seen whether they will exit completely or continue to move between such worlds.

Perspective and Attitudes towards Substances

Each participant explained their initial introduction to substances in differing ways. Poppy provides background information, beginning her story in childhood, several years before using any substance. This would seem to be part of her 'making sense' processes. As a young teenager she used alcohol and cannabis as a temporary escape from family pressures and a need 'to feel a bit fluffyy'. Her descent into more complex drug use happened over many years and was linked to an adult intimate relationship. Although, she had frequently tried other drugs, she explains how it was her partner who introduced her to heroin. Poppy explains her dependence upon her relationship

with her then partner; he would disappear for lengthy periods leaving her with an intense feeling of vulnerability:

“...I felt really, absolutely devastated...on the third night he came back....it was about 1 in the morning...I was so pleased to see him and er, I came down the stairs and opened the door and he said if you have, have a go, have a hit, you’ll know why I take it because you’ll know what it feels like”

Poppy states that this was her first experience of using heroin. She did not know she was using heroin as her partner referred to it as ‘brown’ or ‘having a hit’. By the time Poppy realised she had been using heroin on a regular basis, she no longer cared what it was. Thus, Poppy’s introduction was not a single event or experience, but more a series of events and experiences constituting a lengthy progression or journey. By the time she started using heroin; drug use was nothing unusual or threatening instead it was perfectly normal in her world. Heroin use, in particular, was a fundamental part of her relationship and happened within the privacy of her own home.

Glenn’s introduction to ‘hard’ drugs came much sooner; he explained how he was taking ‘crack’ at the age of 13 with older peers who also sold drugs to him. Upon reflection, he believes that he perceived his behaviour as part of the growing up process and thus drug use was normal in his world. Daniel shared a similar perspective in that drug use was part of becoming an adult:

“I didn’t have a clue about drugs, I just thought it was something...that we all had to do...part of...growing up”

At the age of 12, Daniel believed cannabis use was necessary to enable him to join the local youth club when older, his peers engaged in similar behaviour providing him with a sense of normality, subsequently drug use was perceived as social and recreational. A perspective shared by Callum and Poppy; in the earlier stages of their drug use when they perceived it as a 'weekend treat'. Poppy explains how her '*weekends simply became longer*', a sentiment echoed in Callum's narrative. The social and recreational element of their drug use also demonstrates subtheme 1 (metaphoric worlds), whereby they inhabited a 'normal' world during the week but entered the world of the drug user at weekends. For Laurie, cocaine gave her confidence; she explained how she became isolated when her husband was imprisoned. She began socialising with her brother who took her out, paying her positive attention but simultaneously introducing her to cocaine, thus, Laurie's route to heroin began with the social use of cocaine.

The narratives of both Callum and Simon begin at a juncture where they were already using thus they do not specify how they were introduced to substances. The other participants provided an account of how this occurred and it was not necessary to ask the direct question, upon reflection this was a question that should have been asked as it would have enabled a better understanding of the story being provided by these participants. For heroin using participants their route to this drug incorporated the use of other drugs such as alcohol and cannabis. Although Callum has never used heroin, he has used ecstasy when younger and at the time he entered treatment, he was using cannabis, cocaine and alcohol daily and in extreme quantities.

Table 4 – Summary of the Subordinate Theme 2 Illustrated by participant quotes

Subordinate Theme 2 - Perspective and Attitudes Towards Substances

This theme relates to participant’s perspectives towards different substances and their experiences of the attitudes and perspectives of others.

Theme Components	Example Quote
<p>Minimising or justifying drug use i.e.: drug use perceived as more acceptable if used socially or recreationally</p>	<p>- <i>I was doing it as a sociable thing...</i> – Laurie</p> <p><i>“...my perception of drugs, using drugs was just an enjoyment on a weekend, a release...just like you go on a Friday we’d go out, we’d get hammered and drugs would be involved but then on Monday we’d be back at work...”</i> - Callum</p> <p><i>“...basically I started using drugs as recreational...”</i> - Glenn</p>
<p>Perceived function of drug use</p>	<p><i>“...turned out I had a habit and I was using it to blank things out, bad things and that...”</i> – Glenn</p> <p><i>“I must admit I’ve been taking a lot of speed... but that’s only because I feel like I need summat [sic] to perk me up... You know to give me a lift, give me a pick-up...”</i> - Daniel</p>
<p>Divisions amongst drug users or acceptable drug use vs. non-acceptable drug use</p>	<p><i>“... I mean I’d never ever use heroin... I’d use cannabis, I’d use ecstasy, I’d use speed but you think oh they’re alright drugs...”</i> - Callum</p> <p><i>“... if people drink everyday or, are alcohol dependent you know, it’s a very them and us thing...a real separation, ough they’re dirty smackheads really...”</i> - Poppy</p>

It can be seen that participants share a similar perspective to that of many non illicit drug users, in that some drugs are more acceptable than others. With Callum not having been a heroin user, he considered that his use was acceptable and would not consider using heroin. Simon experimented with cannabis and pills before ‘progressing’ to heroin. It would seem that prior to using heroin, most participants may have considered it to be the worst drug of all, being comfortable with the consumption of other substances. However, by the time they were using heroin, their perspectives had changed considerably and extensively.

Interpersonal Relationships

The significance of family relationships cannot be underestimated for any of these participants both prior to and after drug use had started. A key feature was an apparent desire (with the exception of Daniel) to make positive attributions towards their families, in other words a sense that participants wished to distinguish their family background from that of the ‘bad family’ or possibly that of the stereotypical drug user. Simon and Poppy stated that they had had a ‘*really good upbringing*’. Laurie described her family as ‘*tighter than tight*’ and ‘*an ordinary family from [location stated]*’ explaining any disintegration as being due to the arrival of drugs. Although, this is in contrast to her providing an account of childhood which demonstrates the existence of child abuse (discussed in later section) and complex family dynamics long before illicit substances became a significant feature of family life.

“...I was neglected in a way...My mom went to live with a woman, a woman, was a lesbian... all my life growing up, my dad hated me and I mean despised me... found out when I was 24 that he weren't their real dad, my brothers...he was only my real dad...”

Glenn explained how his family were confused by his drug use and criminal behaviour having never been in ‘trouble’ themselves. The implication being that they were not that ‘sort of family’. Callum spoke of the quality of relationship he has with his mother and her current partner. He placed little emphasis on the absence of his biological father and his stepfather leaving when Callum was a teenager, although he gives the impression that he feels more betrayed by his stepfather’s departure than that of his biological father. Simon too has an absent father and is adamant that this is an irrelevant factor in his life and in his drug use. He presents an air of indifference when speaking of his absent father and maintains that his relationship with his mother is ‘*unique and close*’.

There were striking differences in the way in which participants made reference to their parents; with the exception of Glenn, all participants ensured that their mothers and fathers became significant protagonists in their individual narratives. Although, it should be noted that expectations of male and female parents were very different and not equally weighted, particularly when it came to attributing blame. Laurie directs her anger and resentment towards her mother, even though it was her father who physically abused her. Poppy’s father was violent towards her mother following her mother’s infidelity and this continued for some time. Although she now has a good relationship with her mother, Poppy still makes criticisms of her mother’s parenting but justifies her father’s misdemeanours.

Daniel remains angry with his adoptive father, not knowing whether he is alive or dead and his relationship with his adoptive mother seems lacking in any emotional content. He considers his biological father to be a ‘waste of space’ but no more than this. Daniel’s strong sense of rejection comes from being abandoned by his birth mother rather than birth father. Intimate adult relationships are a fundamental part of the narratives of all participants, with perspectives having distinct gender differences. Although, both male and female participants frequently displayed some form of dependence on former partners, none of the participants are currently in relationships. Laurie stated that she did not have any friends, her belief being that one does not have friends if married. Subsequently, when her husband was sent to prison she became extremely isolated and lonely. As previously touched upon, Poppy’s drug-taking appeared to form the basis of her relationship:

“...my relationship was so heavily involved in it that if I, if I stopped one I would have to stop the other...I adored him...I just couldn’t imagine being without him”

The role of Glenn’s partner in his drug use was more pronounced after he had received his prison sentence:

“...my girlfriend I was with used to give me money and then she ran out of money to pay for the drugs...that led me to not [sic] being able to buy any more drugs off the bloke in prison...it just had to stop like”

Thus, it became Glenn’s girlfriend’s responsibility to fund his drug use once he had been incarcerated whereas on the outside, Glenn funded himself. Simon and Callum

make very different attributions about the role of women in their drug use in a way which also differs greatly from Poppy's perspective. With both Callum and Simon, there is a subtle suggestion that their respective drug use was *because of a woman*, rather than it being a shared activity between partners.

“ [I was]...*smoking cannabis every day erm, anyway went and bought a house er, with a girl, went wrong and started using like cocaine like a lot more and more, started smoking more cannabis, drinking a lot more*” – Callum.

“ *I'd always said that while I was with this girl, Lucy, I'd never ever do pills...but when I broke up with her, I started doing pills and that then, I tried crack and I did crack for about 12, 12 months before I tried doing gear*” – Simon.

In essence, it would seem that both have a *relationship* with their substances of choice, almost to the extent of perceiving drug use as a living entity in its own right, in that the existence of an intimate relationship sometimes replaced certain types of drug use. However, once a female partner had departed from their lives both Simon and Callum saw this as an adequate explanation as to why their drug use increased and became all-consuming. In some respects both men would appear to be *blaming* their former partners for their personal misuse of illicit substance and at the same time being self-deceptive and avoiding personal responsibility.

Table 5 - Summary of the Subordinate Theme 3 illustrated by participant quotes

Subordinate Theme 3 - Interpersonal Relationships

This subtheme relates to the relationships of participants prior to, during and after drug use. It examines how they relate to their parents, children and partners.

Theme Components	Example Quote
Attributions towards their families	<p><i>“I’ve had a very good upbringing you know” - Simon</i></p>
Impact of parenthood upon the drug user and whether or not this motivates change	<p><i>“...being, being er, arrested has bought it all to a head like where it’s made me take stock a bit and I’m hold on, I need to grow up here...start acting my age and that cause it’s not about me no more, it’s about the baby and that like [sic]...” - Callum</i></p> <p><i>“...I felt guilty about things that I did erm, but it wouldn’t stop me from doing them...because you feel er, that nothing should be more important than your children almost but it [drug use] was...” - Poppy</i></p>
The role of partner relationships including their role in the evolution of drug misuse	<p><i>“..I was already doing, snorting coke with my husband but he went to gaol and the one day I said to my brother, get me some coke...” - Laurie</i></p> <p><i>“...so when Laura left... I just went home and got 1500 quid out and I just went and bought loads of drugs...” - Callum</i></p>
Relationships with parents and the significance of the mother role	<p><i>“...there’s not one person in this world that I trust and never will trust [because] of my mom...all my mom’s kids are drug addicts...” - Laurie</i></p> <p><i>“...I found my real dad, he’s a, he’s just a waste of space, he’s just an alcoholic, he’s got about another 30 odd kids...” - Daniel</i></p> <p><i>“...You know what mom’s are like, she said I’m not bothered about the drugs... obviously she’s gonna be but she said it...to make me feel better... she said look just as long as your alright...but that’s what moms are...like, ent [sic] they?...” - Callum</i></p>

Being or being perceived to be a 'good parent' was of concern to participants whether or not they currently have children or have custody of their children. Simon spoke of how he would approach potential fatherhood:

"...if I got someone pregnant...that might be what I needed to kick me up the arse an' get off the gear...I like to think that, that would be enough for me to stop it"

Having children has led participants to re-evaluate the way in which they live their lives and in some instances provided a motivation that did not exist previously. However, this is an easy statement for Simon to make given that he does not have any children and thus it is questionable whether much of this expressed motivation is indicative of self-deception. Furthermore, participant statements may also say more about social desirability or than the description of definite behavioural change due to parenthood. For example, Callum states that he is motivated towards being a good father, but it was being arrested and the possibility of a prison sentence which led to his engagement with services and it seems unlikely that he would have contemplated treatment if his drug use had gone undetected by the authorities.

Daniel also spoke about his relationship with his daughter and how he is motivated by fatherhood:

"Yeah, I'm trying to do things right because I've got a daughter...I want her to have a life not like I've had a life"

By all accounts Daniel is engaging well with treatment and this is supported by regular drug testing. However, Daniel admits that his initial motivation for entering

treatment was mainly pecuniary in that he discovered that he would be able to obtain free prescription methadone rather than buy it from drug dealers.

Glenn also made reference to his children providing him with motivation to engage in treatment. He acknowledges that drugs have been destructive in his interpersonal relationships and is adamant that he will cease contact with his children, until such time that he is confident that he can remain drug free:

“My relationship went wrong with my ex-girlfriend... cuz I was on drugs and that, I made the choice at the time to walk away and try and sort myself out off the drugs and then try and go back and see my kids when I’m better”

Poppy explains the role of motherhood in her life. She became unintentionally pregnant at 19 while, to use her term, ‘*looking for love but finding a shag instead*’.

Poppy’s parents advised her to have a termination but she refused:

“I just felt like this is mine, this is my opportunity to love and be loved and that’s all I thought about, I didn’t think about the consequences, I didn’t think how tough it was going to be..”

Being a mother did not act as any obvious form of motivation to become substance-free. Poppy readily acknowledges that during her years of heavy substance abuse, acquiring her ‘next fix’ was her main concern. If anything, the impact of becoming a parent reinforced her already low sense of self-worth;

*“Being a mother and using heroin, you’re a real piece of shit,
you know what I mean?”*

Now that she has been drug free for many years, Poppy’s perspective has changed whilst acknowledging responsibility the impact upon her son, she now says:

“I’m a good parent now and I have been for a long time”.

With the current nature of Laurie’s difficulties, she is unable to resolve the issues pertinent to her role as a parent. Although she has custody of her baby son, her daughter lives with Laurie’s mother and has done for some considerable time. She maintains that she loves her daughter but has a stronger bond with her son because they have never been separated:

“And he’s the best thing that’s ever happened to me, I love him to death, I love my daughter but I mean I love my son, that was hard for me, and that was my second chance...”

The above extract demonstrates Laurie’s feelings towards her daughter and that her current concerns relate to her own needs as opposed to those of her daughter. Her daughter is mentioned as an afterthought and in second place to her son; she seems unaware that this mirrors the behaviour of her own parents who were apparently far more attentive to their sons than they were to Laurie. With so many similarities in the experiences of Poppy and Laurie, it may be that if Laurie can become drug free she will also be able to reflect upon these issues and make moves to address the negative impact her lifestyle has had upon her children.

Crime and Associated Behaviour

Overall, the participants in this study spoke openly about their involvement with criminal behaviour whether or not they attributed such activity to their misuse of substances. However, Laurie was a little more circumspect:-

“Luckily, I got away with something so no, I haven’t got a criminal record”

Laurie did not elaborate on this matter and other than a brief mention of adolescent shoplifting it is not known what offences she has committed. She stated that she frequently sells her belongings; having sold three cars to pay for drugs. What Laurie does *not* say is how she finances the purchase of such large/expensive items in the initial instance, thus it cannot be determined whether this is legitimate or not.

However, Laurie does highlight an issue of interest in that she spoke of when families get visited by the police:

“... waiting for the police to knock the door to say...your kids am dead at so an’ so time of overdose [sic] ...or your daughter’s a prostitute...selling herself for crack ...I was very lucky that I stopped before I got to that stage...”

This is not a case of self-elevation in that Laurie does not distinguish herself from female drug users who engage in prostitution. Moreover, she deems herself lucky; as if prostitution is inevitable in the evolution of female drug use. For the participants in this study, it would seem that sex work was only a consideration for the women, whereas male participants appeared to have different criminal options. Although,

Poppy did not work as a prostitute, her partner forced her into sexual acts with him in exchange for drugs and/or money:

“...[he would] ask me to do sexual things for money really erm, sometimes I'd be really strung out and I didn't want to do things, erm, but he used to play games really for hours sometimes...then I'd do whatever, and then he'd throw money at me like I was piece of shit...”

This is a contentious issue in that there is a significant argument that women who prostitute themselves share more with victims than they do with offenders. However, Poppy acknowledges that she had other ways of funding her drug use. She talks extensively of shoplifting, benefit fraud and stealing from family members. Poppy would justify such actions by telling herself that she would repay her family; but this never happened. She is now willing to be honest with herself and others in a way she was not in the midst of her heroin use.

Glenn spoke openly about an offence of armed robbery. Although he has numerous convictions, he highlighted this offence as being the most significant. He recalls it in vivid detail, explaining how it was planned and subsequently executed. Under the influence of crack cocaine, Glenn and a friend were watching the film *'Point Break'*, the story of gang of armed bank robbers:

“.. My mate says ‘lets do that’ like what we were watching on the telly, and I was yeah come on then, we had some replica guns... We just got them and a replica hand grenade and we went down the post office in [town named]... walked in, pulled the guns out and said to the woman gizz [sic] money...”

Their efforts proved fruitless as the counter assistant fainted before they could obtain any money. Glenn believed that they would not get caught when the press reported that the police were looking for adult offenders. However, his accomplice turned informant and Glenn was arrested by armed police in the middle of the street. He was sentenced to 7 years and his drug use increased in prison. Glenn spoke of the surreal nature of the whole experience and it was not until he became drug free months later; that he started to appreciate the gravity of his situation, particularly with regard to the length of his sentence:

“...at the time it didn’t bother me, I was that off me [sic] head on drugs, I was that much of a mess, I had no realisation of what was going on like, it was only like when I was a year into my sentence that I realised I’d been given a big sentence and how young I was...”

Table 6 - Summary of the Subordinate Theme 3 illustrated by participant quotes

Subordinate Theme 4 - Crime and Associated Behaviour

This subtheme not only examines the association between substance misuse and crime but also the participants' experiences of being offenders and/or victims. This subtheme looks at psychological boundaries and how these are influenced by drug misuse.

Theme Components	Example Quote
<p>Victims: Participants as the Victims of child abuse.</p>	<p><i>“My dad abused me... I was adopted when I was younger and he abused me... he abused my sister also, who wasn't his child, it was my mom's previous partners child and he abused me...that spoilt my life...” - Daniel</i></p> <p><i>“..an older relative...was sexually abusive towards me...while babysitting...” – Poppy</i></p> <p><i>“..he [my dad] used to batter me, mentally, physically...batter the hell out of me...” - Laurie</i></p>
<p>Perpetrators: Criminal activity, reasons or justifications for committing crime. Also hidden or unreported crime committed by participants.</p>	<p><i>“..then I stabbed 3 people when I was younger [because] I was getting kicked round the floor for about 30 minutes, 25 more and I had a flick knife...” – Daniel</i></p> <p><i>“.. I think I did about 2 or 3 burglaries and then I did an armed robbery because I was using crack a lot and I was spending about 200, 300 pound a day I had to get a lot of money from somewhere so I ended up doing an armed robbery...” - Glenn</i></p> <p><i>“..you feel shit about the things that you do..., I stole off people I love... hundreds of pounds off my mom, I stole out of my son's bank account because that's what it is, stealing... So I was pinching quite a bit, I fucking hated shoplifting I have to say er, but... it's almost a checklist in your mind of things you won't do, and then you start to tick the things you won't do off...” – Poppy</i></p> <p><i>“...for me at the minute it's not a case of stopping myself feeling bad because I've got my script so really I do it [shoplifting] for the buzz of it you know...for the fun of it...” – Simon</i></p>

In determining whether crime came before drugs or vice versa the participants varied in their accounts. For example, Glenn's drug use started in early adolescence and then he seems to have progressed into crime. Initially, he was associating with older boys and wished to be part of a gang. He purchased drugs such as crack from these older boys and did not even contemplate any acquisition type offending until such time as drug misuse was an established feature of his life. After being released from prison his life became a cyclical experience of drug use and crime. Simon's narrative was different; he spoke extensively of shoplifting at the age of 12 for the thrill it provided.

Simon was meticulous in his planning, identifying a vulnerable shop where he could learn the movements of the security cameras and thus evade being caught. He would steal before school and sell the spoils to schoolmates. Simon was asked if he ever came close to being caught:

“No and yet there were people who heard what I was doing, they done it for a week and they got caught... that's what stopped me...”

There is a sense that Simon's stealing met a need in him other than one of a pecuniary nature. With his careful planning and not being caught, Simon appears to have developed a feeling of superiority over those who did get caught attempting to steal from the same shop. There is a compulsory nature to his offending which mirrors that of his drug use. Simon reports a need to frequently alleviate boredom, stating that his drug use and offending increase when he is not working. He steals small items from shops to reassure himself that he still has the skills to do so undetected. When talking

about personal boundaries, Simon stated maintains that he would not ‘mug’ the elderly, making mention of his own grandmother. Initially it seemed that Simon was demonstrating empathy for others, however he then hypothesised that such an exercise could prove fruitless if his victim’s bag were empty. In short, Simon’s concerns were about his drug use and his continued liberty as opposed to anything else. This matter was reinforced when he recalled an attempted burglary;

“I’d never ever do it again...I was scared shitless”

Having examined their activities of perpetrators, it is imperative that we explore how participants have been the victims of crime as children. Childhood abuse was not discussed in the interviews with Callum and Simon with neither of them giving any indication that they had had such experiences. Glenn spoke of how he had used drugs in adolescence to ‘*blank things out, bad things and that*’ but he did not elaborate and it felt inappropriate to pursue this any further. However, the other participants did speak of encountering abuse perpetrated by adults:

“...an older relative erm, was sexually abusive towards me... while babysitting... it was a bit of a dark secret for a long time... I was always aware that I was quite frightened and quite shy as a kid...I didn’t like adults, the only two people that I ... was me with was my mom and dad...” –

Poppy

The child abuse perpetrated against Daniel was committed by his adoptive father. He was excessively punished and felt he could never do right from his father’s perspective:

“...he was punching me for smiling because he said I was tecking [sic] the mickey outta [sic] him, so the next night I’d go home and look at him again and the next thing I’d know, he’d be punching me again... for not looking at him and for not smiling”

Daniel was sexually abused by his father and felt unable to disclose through a fear of not being believed. When Daniel discovered that his father was abusing a neighbour’s child he told his mother. No action was taken and the abuse continued; Daniel felt that his only option was to run away. He remained within the local area and was provided with food and shelter by a known sex offender. Even when Daniel was of an age to receive state benefits, his new ‘landlord’ would not let him make a claim as he was prohibited from residing with anyone under the age of 18. This led to Daniel dealing in drugs to make money as previously discussed.

Laurie was physically abused by her father; this took place when her mother was at work:

“I found out when I was 24 that he wasn’t their real dad, my brothers...he was only my real dad...now he hated me, I mean hated me, used to batter me, mentally, physically batter me, never sexually...batter the hell out of me”

In the interview, there was a sense that Laurie needed to establish that she had not been sexually abused and in listening to the recording this sense is reaffirmed. Laurie is still struggling to comprehend why her father would abuse her when she was his biological daughter, whereas her brothers were treated with much more affection and regard. Laurie states that she still loves her father very much and the abuse is never

discussed, she feels that her father has ‘blocked it out’. She spoke of what happened when she told her mother:

“...she used to come up to kiss me goodnight said why are you crying? And I’d tell her why because Dad had done this, Dad had done that, then she’d go downstairs and I’d hear them rowing...then what did she do? Storm out, then the next thing I heard was the footsteps coming back up to batter me for telling, so I didn’t tell in the end”

Laurie still ‘doesn’t tell’ and this has had implications for her progress in treatment. Her capacity for trust has been seriously diminished but it is not only being let down by her family that has contributed to this, she has also attempted to disclose to professionals and felt equally betrayed; as will be examined the next section.

Professional Contact

The earliest professional contact that most of us will recall will be the pupil-teacher relationship. For a child who feels unable to confide in a family member, it is feasible that they may turn to a member of the teaching profession, as was the case for Laurie:

Laurie: I was covered in bruises

Ann: And what did they do about it Laurie?

Laurie: Nothing, they wanted me to tape him

Laurie felt extremely uncomfortable with her teacher’s suggestion and could not bring herself to orchestrate this, subsequently no further action was taken. It is perhaps not particularly surprising that Laurie feels unable to put her faith in professionals. She stated that she does not confide in her drug workers or doctor.

Outside of drug treatment, Laurie has previously been referred for psychological intervention; but she felt uncomfortable with the psychologist she met and subsequently disengaged. Although, it has to be said that she appeared to have a different perspective when speaking for this research, it is possible that she felt more at ease within the context of research than she would have been in a therapeutic setting. It may be that at this juncture, she finds it less threatening to commit to a one-off research encounter than long term engagement with therapy.

Laurie was not the only participant to seek support from a school teacher. Poppy's schoolwork began to suffer as a result of her parents' marital difficulties and she was approached by a teacher in whom Poppy attempted to confide:

“...I sort of explained a little bit and erm, she listened and that but erm, at the end of what I had to say she said well, don't let me ever see you behave like that again and I just thought fuck off, you haven't listened...”

The problems in Poppy's home life intensified and she did not approach any other adults for assistance. Her mother eventually left the family home and Poppy took over her role in taking much responsibility for her father and her brothers. She did not seek professional assistance until her late 20s, by which time she was heavily dependent upon heroin.

Negative professional contact occurred frequently in Poppy's narrative. She spoke of how she stopped visiting her GP:

“...if I stupidly went there..., because its on all your records that you’re a...drug user... he would bypass whatever I said and talk about my heroin use erm, and I’d think I’m not even here for that and he would say things like you know, what you doing to your family and you know and I used to feel like shit you know, real shit..”

Her refusal to see her GP provided Poppy with some serious dilemmas incurring behaviours that were risky to her health.

“... sometimes I used to get works stuck, needles stuck in my groin an’ I wouldn’t go to the doctors if I had a works stuck in there, I’d try and cut it out myself ...”

Although she had made a conscious decision not to have any more children, she would not see her GP for contraceptives. When her relationship became progressively more violent, she would not seek help which in turn led to her becoming increasingly depressed. Poppy entered drug treatment on several occasions and ‘dropped out’ again. She felt ill at ease and spoke of how her drug workers would not arrive for their appointments and how this reinforced her unease with drug services. She became an inpatient on more than one occasion but having been discharged from a detoxification programme, she would start using heroin again. However, she began to reflect upon her experiences:

“There was one psychiatric nurse... they all treated me really well but she talked to me and she took interest and she could see things that I couldn’t see and I think that’s the thing that make me think well, I could go back there”

This was a significant turning point for Poppy and she returned to treatment with the resolution that no matter what happened in her life, she would not use drugs nor did she. Once heroin-free, she felt able to approach her GP and seek assistance in a way she had not previously, she made it clear to her Doctor that she was in need of counselling and this enabled her to build upon her success as a non-drug user and increased her sense of personal autonomy.

Simon acknowledged respect for his drugs worker but said little else. However, there was a sense that Simon was 'going through the treatment motions' because his mother wanted him to rather than attending of his own volition. Glenn told of his positive experience of mental health workers within the prison system who helped him to identify his difficulties and address his personal needs. He also spoke positively of his relationship with his current drugs worker:

“...it’s helpful yeah, speak to Helen, talk about your problems and that...and talk about ideas which can prevent things from happening and stuff...”

Daniel made statements similar to those of Glenn also speaking highly of his worker. Callum found his way into treatment through his arrest; it was the police custody officer who suggested he enter drug treatment and Callum readily accepted the advice given. Due to the current nature and uncertain outcome of his case, he is fearful of the future but at the same time, reflective regarding his life experiences to date. He articulates that his relationship 'Clare' (drugs worker) has enabled him to put his life into perspective and work towards a positive future.

“I just feel like a totally different person... still got trouble hanging over my head but that’s it, I gotta deal with it”

It is apparent that Callum has derived a great deal of benefit from entering treatment, not just in successful detoxification but also allowing him to reframe his thinking and perspectives. Without reference to psychological terminology, he words it somewhat differently by identifying a need to *“start acting my age”*.

Table 7 – Summary of subordinate theme 5 illustrated by participant quotes

Subordinate Theme 5 - Professional Contact

This subtheme relates to participants’ encounters with professionals such as police officers, teachers, medics, drugs workers and psychologists. It examines positive and negative experiences and the impact of those experiences.

Theme Components	Example Quote
Dealings with the Police	<p><i>“... , I was in the police station and the desk sergeant said would you be interested in this [drug treatment information]...she said you need to start growing up, she said you shouldn’t be doing these things at your age...” - Callum</i></p>
Positive and negative relationships with drugs workers.	<p><i>“...they’ve give me respect... I’ve asked them... an’ they’ve answered me without me feeling like I’m a little person an’ they’re the big person...” - Daniel</i></p> <p><i>“...people like Clare [worker] have helped me change my way of thinking, it’s not all about just going and getting hammered and forgetting about it for the day because it’s still there tomorrow...” - Callum</i></p> <p><i>“... she said you can talk to me anytime and tell me anything you want...but I can’t...” - Laurie</i></p>
Relationships with Doctors	<p><i>“...when I was pregnant I went to see my Doctor because I felt like I was withdrawing...[he said] Don’t be silly, you’ve got a cold...but I knew that baby was having it off me...I didn’t have a bloody cold, I knew a cold from withdrawing, I’m a drug addict for God’s sake...” – Laurie</i></p>
Psychologists and Counsellors	<p><i>“... an’ you wait for 12 months for that person and then when you get it, you don’t click...” - Laurie</i></p> <p><i>“...I went to see a counsellor erm, for about a year and that really, really helped...” - Poppy</i></p>
Teachers	<p><i>“I told the geography teacher...I was covered in bruises... [they did]...nothing...” - Laurie</i></p>

When asked how services could be improved, Daniel, Glenn and Callum maintained that they were satisfied with the treatment they had received. Their issues of concern revolved around being treated with ‘respect’ and ‘on a level’. However, Laurie and Poppy had other ideas; Poppy stated that she speaks willingly of her past through a desire to see services improved for women, whereas Laurie was concerned that the treatment agency operates without employing a single psychologist. Laurie went to explain her view that drug services should have a team of psychologists thus allowing for clashes of personality between psychologist and client:

“Yeah and if you doe [sic] get on with one, you can try another one the following week... You know, you can’t have one psychologist to a place this big... You could have 4 here”

It could be suggested that Laurie’s statement serves as a means by which she avoids committing to therapy. However, in the process of her interview it became apparent that Laurie wants to speak to a trusted professional but is yet to find someone with whom she feels able to fully engage.

Reflection

I entered into the research process attempting to avoid any pre-conceived ideas as to what would be found. This proved to be virtually impossible as beforehand I worked therapeutically with drug users and had previously conducted other research with the parents of adult drug users. I was conscious that this was about research and not therapy and making the distinction was difficult at times, particularly when speaking to participants whose difficulties remain very current. I had considered the possibility

of participants making disclosures of a sensitive nature and had prepared for this eventuality. I was mindful of the way in which I phrased my questions and did not ask about the specific existence of certain issues; rather participants were afforded the opportunity to tell their stories in whichever manner or style they felt comfortable, thus participants in the main, only spoke about matters of their choosing.

When disclosures regarding childhood abuse were made, it was of great importance that I had previously been trained to deal with disclosures appropriately and had experience of working with adults and young people who misuse substances.

However, my questioning style had its downside in that there were questions I did not ask at the time which could potentially have clarified some areas which remain ambiguous, for example in Simon's interview he spoke of having drugs delivered to his home address and in hindsight it would have been beneficial to enquire as to how he had obtained knowledge of this option. Therefore, although I made much effort at the time of interview to obtain as clear an account as possible, it is only when one re-examines the content of the interviews that one can see the value of asking additional questions. In hindsight, this issue could have been addressed by arranging a second meeting with participant to check the accuracy of the interview and to clarify further points of interest. A second meeting may also have served as a means by which to establish whether participants were in agreement with my interpretations, if I conduct such research in the future I will give consideration to including a follow-up meeting after analysis as part of my procedure.

I acknowledge that some of my own perspectives have changed during the research process and I found myself identifying with drug users in a way I had not previously.

When reflecting upon the accounts provided, I realised that I have always considered myself 'immune' to illicit substance use, in that I have never been tempted to experiment. However, I began to question whether this would have remained the case if my life experiences had mirrored those of the participants. It's a question that I cannot answer because I simply do not know for certain, a reflection that leaves me somewhat uneasy. Although, I consider that such contemplation will improve my future practice and aid my personal and professional development. I also feel that the research experience has enabled me to enter the world of the drug user in a way that providing therapy did not, in that I often felt 'closer' to the experience in the context of obtaining an in-depth narrative. This issue was reinforced with the research being conducted in my hometown and I have to admit finding this difficult to negotiate, in that I had been blissfully ignorant of some of the drug related activity that happens within my own community. I have also accidentally met with participants where we have exchanged smiles but nothing more.

When Poppy volunteered her participation, the dry humour of her chosen pseudonym was not lost on me. I was moved by her candour and commitment to the process resulting in an interaction which was extremely informative and deeply moving. The interview began with great joviality, moved onto deeply intimate issues but concluded with the humour in which it started. Despite some of its disturbing content, it proved to be a positive and enjoyable experience for both Poppy and myself. When I attempted to reassure her of confidentiality, she side-stepped my comments very articulately declaring that she was not concerned about this. She stated that she wants to see services more open to the specific needs of female drug users. While I respected her standpoint, initially I did not fully appreciate it. However, my stance

has changed and whilst I do not prioritise the needs of women, I concede that there is definitely scope for services which recognise specific gender differences in the way in which treatment is delivered.

I was struck by the different motivations for participation. It appeared that Laurie wanted someone to speak to who was not directly involved in her treatment, she understood that my role was not therapeutic but stated that she had derived benefit from the experience. It was interesting that although she has a limited capacity for trusting professionals, she spoke in a way which appeared open and honest. She expresses the hope that she will be able to find a professional in the future, in whom she can invest her trust. Simon stated that he enjoyed having the opportunity to talk and that he had been encouraged to do so by his mother who had shared her narrative with me during previous research and had found it to be a positive experience. Callum, Daniel and Glenn spoke highly of the service they were engaged with and it was out of respect for their individual workers that they wished to participate. In short, there was a sense that they wanted to 'give something back'. I consider that this experience has been positive for all; I reflect that I have learnt much about these participants and myself which will ultimately inform my future practice.

Discussion

In the narratives provided by participants it can be seen that they are far from being an homogenous group and from examination of their accounts, it can be seen how they have 'progressed' into substance misuse and/or offending. Whilst they share many similarities their distinctions are equally striking, particularly with reference to gender which can be seen in the diagrams which follow:

Figure 1 – Trajectory of Drug Misuse and Offending for Female Participants

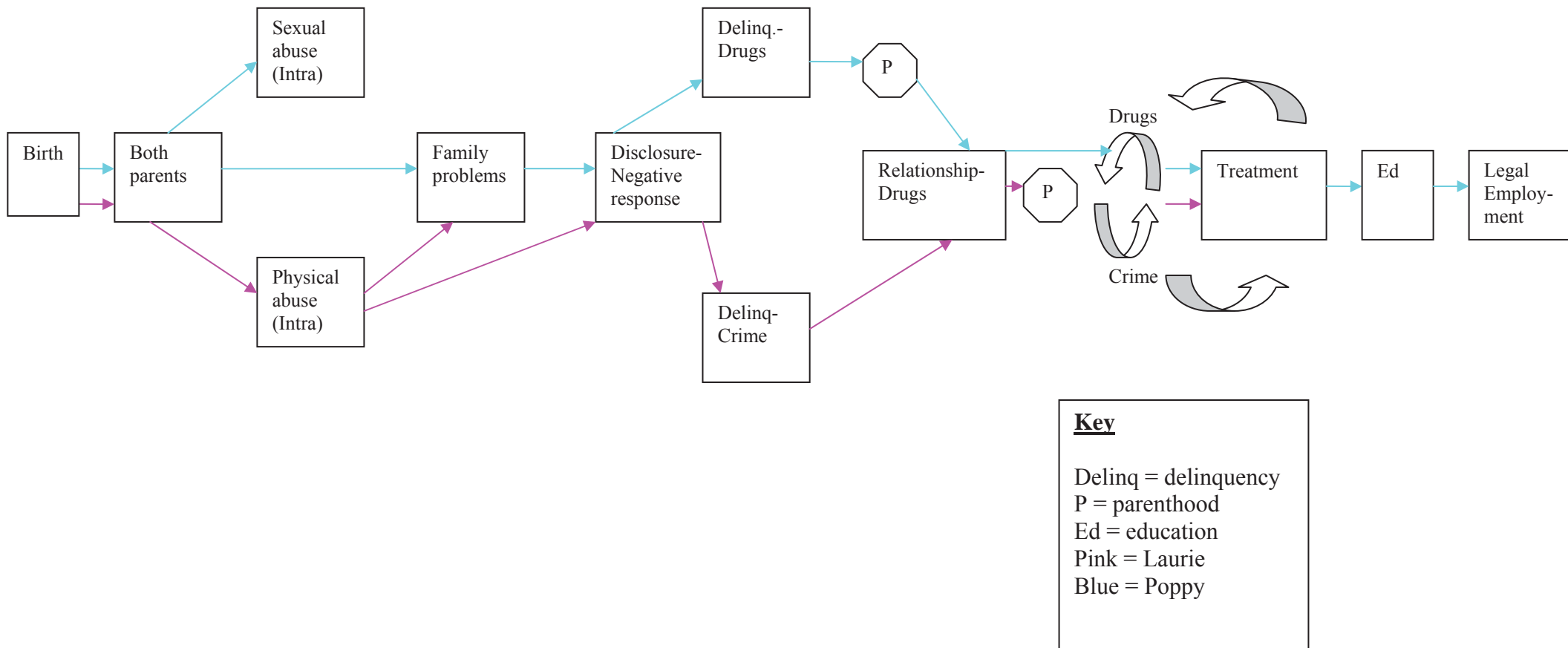
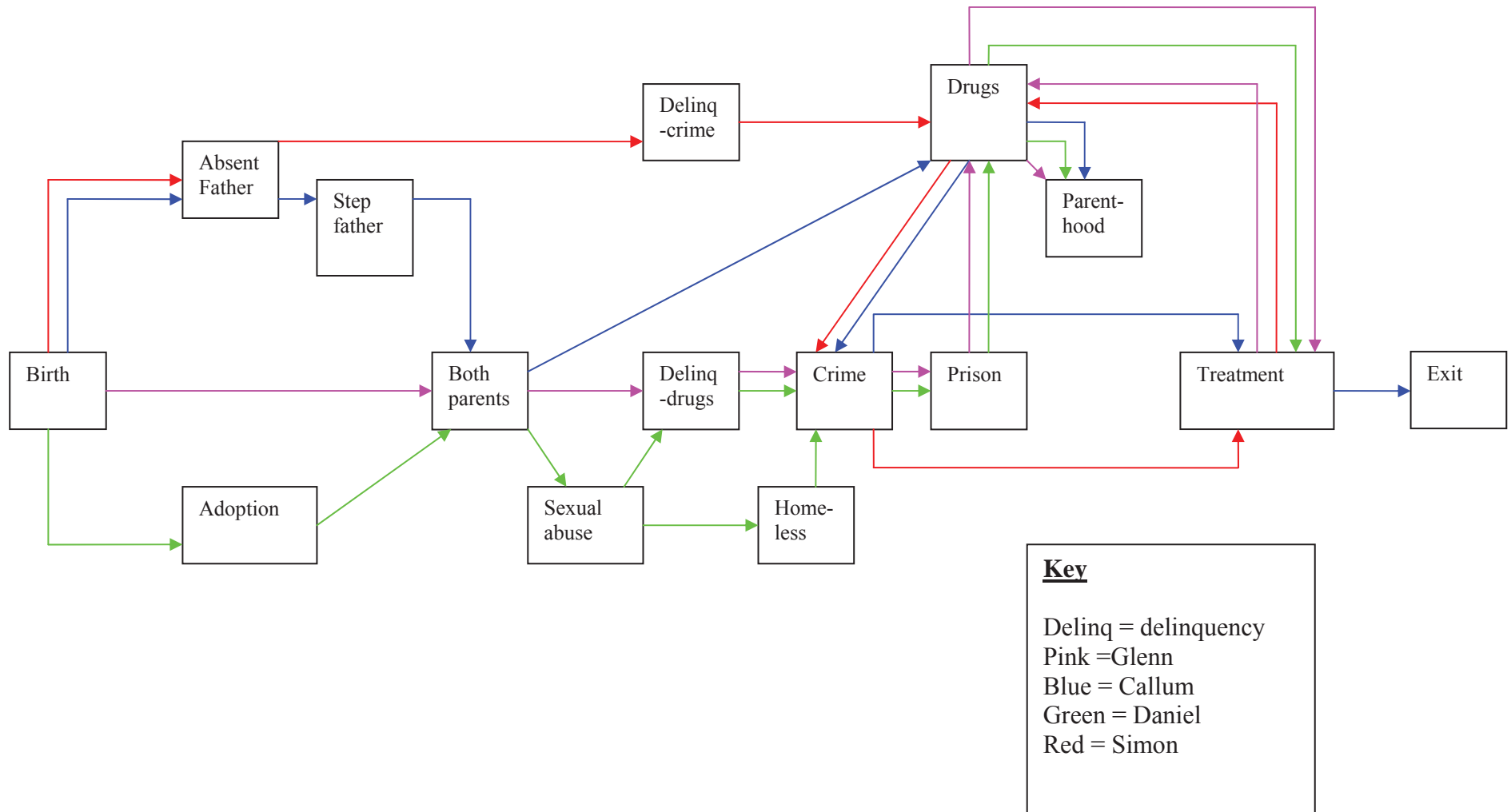


Figure 2 – Trajectory of Drug use and Offending for Male Participants



In examination of figure 1, it can be seen that Poppy and Laurie have had similar life experiences in a comparable order. Both women were brought up in a family where both parents were present and both experienced abuse in childhood, Laurie wished to make it clear that her abuse was physical and committed by her father whereas Poppy explained how she was sexually abused by an older relative. However, it would seem that the abuse experiences occurred at a similar time in their respective development. In adolescence both women experienced the break-up of their parents' marriages and both attempted to discuss their family problems with teachers. While Poppy started to experiment with soft drugs and alcohol, Laurie started shoplifting which she maintains was an attention-seeking behaviour. It is worthy of note that adult intimate relationships for Poppy and Laurie involved the use of heavy drugs (i.e. cocaine and heroin) in a way that was not discussed by male participants. In essence, it would seem that female participants were introduced to heavy drug use by male partners, whereas male participants were introduced to illicit substances by drug using peers. Poppy and Laurie have both existed within a cycle of drug use, crime and treatment, whilst Poppy's experience is historical Laurie's remains current. Poppy's pathway out of drug use and crime was enabled by entering further education and obtaining legitimate employment, it is interesting that Laurie identifies these factors as being imperative to her future recovery. Furthermore, it is not known whether the 'worker' and the 'client' are actually aware of how many commonalities they share.

The pathways identified in the narratives of male participants appear more complex and varied. With the exception of Simon, they were all brought up in two parent families albeit that Daniel was adopted and Callum had a stepfather. Daniel was the only male participant who discussed the experience of childhood abuse and explains that he did not disclose as he thought that he would not be believed. This does not

mean that Daniel was the only male who had experienced abuse in childhood, but he may have been the only participant willing to discuss the experience with a researcher. Delinquent behaviour in adolescence also differs between genders, in that petty crime has a different function for participants and male participants have explained their behaviour in differing ways to their female counterparts. For example, although Laurie speaks of shoplifting as a means of getting adult attention, Simon enjoyed the ‘buzz’ of committing crime and evading detection. Male participants also spoke of crime and substance use as being ‘part of growing up’ (i.e. Daniel) and an activity engaged in with like-minded peers whereas for Poppy and Laurie these were often solitary activities. Prison did not feature in the narratives of female participants whereas both Glenn and Daniel had their adolescent development disrupted by periods of incarceration. Both men found it difficult to cope upon their release, whilst this meant continuing in a cycle of drug use and crime for Daniel, Glenn’s cycle of behaviour and experience included regular prison sentences. In short, there is more variation in the accounts of male participants than those provided by Poppy and Laurie, demonstrating the value of obtaining in-depth and individualised accounts in order to begin to appreciate the differences within populations that share a diagnostic label and/or engage in similar problematic behaviours.

Those who do not have the requisite knowledge, understanding or insight could very easily tap into stereotypes when making attributions about those who use illicit substances. Considering the ‘Kate’ of the anti-heroin campaign; meeting these participants highlights that communities will have drug using individuals who remain largely anonymous. Whilst it could be argued that these participants ‘looked well’ because they are in treatment, it should be remembered that Callum has successfully

held down his job without any obvious indicators of his drug dependence. The participants all presented as well kempt displaying a pride in their own appearance. Thus, whilst inhabiting juxtaposed worlds, their presence in the world of ‘normals’ (Goffman, 1963) may often pass undetected.

There can be little doubt that crime and the use of illicit drugs are linked, however, the association is not clear cut; it is insufficient to assume that crime would not occur if dependence was not a factor. As can be seen in Simon’s narrative, he was committing acts of petty crime long before he began to experiment with different kinds of drugs. His criminal acts often meeting a need in him that were later met by the use of heroin and other substances, although it is important to acknowledge that drug misuse did not replace his offending, far from it. It would seem that a major contributing factor to his continued drug use and offending was the lack of any significant negative consequence, thus such behaviour continues. One cannot say that Laurie commits crime because of her drug use as no such revelations were made. Callum could fund himself legitimately and one can only speculate as to whether or not Laurie has legitimate sources of income. Poppy openly discusses the offence types of her past, and it seems a little more apparent with her that drugs came before criminal activity. For Daniel, it would seem that he had no other options open to him as juvenile, or at least none that he was aware of. The evolution of Glenn’s criminal career and drug use remains unclear, possibly developing in unison as per the theory put forward by Hammersley (1999).

In this study, it can be seen that for women attempting to fund drug use, their sexuality comes into play in a way that it does not for the men. Firstly, none of the

male participants expressed a consideration of sex work to fund their drug use, although not prostitutes, this was a definite area of concern for both Poppy and Laurie. What is particularly striking about this issue is that research suggests that significant numbers of prostitutes are drug dependent combined with histories of childhood sexual abuse. Arguably, many in society will be sympathetic regarding child abuse in a way not afforded to those who work in the sex trade, commit crime or take drugs. In examining the issues surrounding prostitution, it can be understood that sex workers are victims on many levels although they are frequently perceived otherwise. It is worth considering that Daniel, as a victim of childhood abuse, did not consider sex work as a money making option, perceiving drug dealing as preferable to burglary. Thus, these findings in many respects support those of Neale (2004) who reported upon the different types of crime committed by male and female drug users in funding illicit substance misuse.

This study has also highlighted the significance of the mother role. Firstly, with the exception of Glenn, the participants all constructed a narrative where their mothers were major protagonists with fathers relegated to the role of background or insignificant characters. It was mothers who were frequently the object of expressed anger and resentment, even when fathers were responsible for perpetrating acts of violence towards the participants and others. For example, Daniel's feelings regarding his abuse experience are far from resolved, whilst his father was the perpetrator it can be seen that he also feels intensely betrayed by both his biological and adoptive mothers. Interestingly, when a parent supported a participant in treatment, it was mothers who took an active role while fathers remained somewhat distant.

There were further gender distinctions when participants were parents themselves, the male participants stated that their children were motivators providing meaning and reason to rethink lives and contemplate positive futures, although it could be argued that these men have provided socially desirable responses or have convinced themselves they are acting in the best interests of their children when this may not be the reality of the situation. The issues were explained somewhat differently by female participants in that motherhood initially reinforced Poppy's negative self-concept, she readily admits that being a parent did not motivate her to stop misusing substances although now that she is substance free she acknowledges the impact upon her son as a child and the difficulties he is still experiencing in adulthood. Laurie is currently free of illicit substances but is still prescribed methadone and tranquillisers; she still struggles with being separated from her daughter, making a huge emotional investment in the child that remains with her. Her main motivation at this juncture would seem to be a desire to come to terms with the issues of her own childhood and address her substance misuse problems. With the current nature of her psychological difficulties, she appears unable or unwilling to contemplate wider issues particularly those appertaining to her children.

Conclusions

It is important to remember that this study is not just a research endeavour but also a life experience for the principal researcher and the participants forming part of a bigger story. The inclusion of professional contact in their individual stories demonstrates the importance participants attach to even the shortest of encounters, illustrating the imperative nature of reflective practice. The negative contact experienced by both Poppy and Laurie has had extreme implications. Both women

were 'let down' by teachers as children, it took Poppy almost 15 years to even attempt to ask for help whereas Laurie is still struggling to put her faith in professionals. It is particularly alarming that Poppy was so averse to seeing medics that she would cut her own groin to remove drug equipment risking untold potential complications. Conversely, quality relationships with professionals have directly and indirectly affected positive change as can be seen in the testimonies of the majority.

In discussing the victim experience, this is not an attempt to remove responsibility from the offender or the drug user but to incorporate the culpability of others in the development of deviant behaviour, whether this is offending and/or drug use. Nor is this solely the responsibility of the professional:

"...when does society sort of take responsibility an' say... we need to address these problems, not just the people that are in them because they're often the most vulnerable anyway..."

Poppy.

In making such a statement it could be suggested that Poppy is taking the easier option of blaming society, especially when it can be seen that she only really took advantage of services when she was ready to do so. However, during the course of the interview she frequently acknowledges the mistakes she has made in her life and the impact her behaviour has had upon others. Poppy willingly concedes that facilitating positive personal change is ultimately her responsibility however, reflecting upon all issues in the wider context, she is concerned that there are many professionals who do not appreciate how even the briefest of encounters can impact negatively upon vulnerable individuals. She provides the examples of her teacher's

inadequate response to her request for help; Poppy also articulates her concern that she has received far more professional help than her son who bears no responsibility whatsoever for the events which have occurred in the course of their respective lives.

Whilst, many professions now incorporate reflective practice into their training, making society more reflective and thus accountable is something which is extremely challenging if not impossible. Illicit drug use is not something we should embrace but nor can we assert that we are the 'normals' and that drug users are lesser beings.

Many will deny that professionals make such attributions, but that is for those in and outside of the field to reflect and act upon. Collective societal attitudes will ensure that those with complex problems will continue to reside in alternative worlds. To psychologically deny the existence of a group of individuals does not mean they will go away or that they will change. If we do not attempt a meeting of worlds, we will continue to fear the collision.

Chapter Four

Case Study

**Working with a convicted sex offender in ‘categorical denial’ whilst in treatment
at a community drug and alcohol service.**

This chapter is not available in the digital version of this thesis.

Chapter Five

The Substance Abuse Subtle Screening Inventory – 3 (SASSI-3)

– A Critique of a Psychometric

Measure.

Abstract

The aim of this chapter is to provide a comprehensive critique of Substance Abuse Subtle Screening Inventory – 3 (SASSI-3), a psychometric measure that is widely used in areas such as addiction treatment centres, criminal justice, hospitals and other health care settings (SASSI Institute, 1998). The measure was originally developed in response to a need for a psychometric which could identify the probability of a substance dependence disorder, whether or not the respondent acknowledged such difficulties (Miller, Roberts, Brooks & Lazowski, 1997). The measure was examined with regard to its practical application, its psychometric properties and the advantages and disadvantages of using the SASSI-3 in both research and practice. Upon initial examination it was apparent that the measure was easy and relatively quick to administer suggesting that its application was appropriate, not just with single clients in treatment, but also in large scale research. Additionally, the reliability and validity of the measure appeared somewhat impressive. However, the distinct Caucasian middle-class bias in the normative data begs the question of the measure's relevance to other populations. Furthermore, it would seem that the normative data provided by the SASSI Institute does not fully correspond with independent research particularly regarding the validity of subtle/indirect items. Given that this tool is marketed as a means by which dissimulation can be detected, it is concluded that the measure should only be used as a tentative indicator juxtaposed with sound clinical judgement as opposed to using the measure in complete isolation.

Introduction

It is widely acknowledged that the abuse of alcohol and other drugs is a significant problem for western society as a whole (Miller, Roberts, Brooks & Lazowski, 1997). In terms of psychological input, the clinical interview is probably the most common method of screening for drug and alcohol problems (Myerholtz & Rosenberg, 1997). However, there is widespread opposition to the use of direct questioning with such clients owing to relative ease in which a client could manipulate the results in either direction depending upon their motivation for doing so (Clements, 2002; Feldstein & Miller, 2007). Subsequently, a need for a scale which makes subtle or indirect enquiry about such matters was identified (Clements, 2002). The Substance Abuse Subtle Screening Inventory-3 (SASSI-3) is a psychometric tool aimed at detecting substance abuse and thus identifying treatment needs for substance using individuals (Miller et al., 1997). The SASSI-3 is widely used in areas such as addiction treatment centres, criminal justice, hospitals and other health care settings (The SASSI Institute, 1998).

Historically, the measure was developed to respond to the need for a psychometric which could identify the probability of a substance dependence disorder, whether or not the respondent acknowledged such difficulties (Miller et al., 1997). The measure was not only designed for use by psychologists but also by counsellors, medical personnel and criminal justice workers (Miller et al., 1997). The SASSI was first published in 1988 but there have been further editions produced (Lazowski, Miller, Boye & Miller, 1998). The SASSI-2 was published in 1994, incorporating further scales (Lazowski et al., 1998), one of which measured the risk of the respondent experiencing problems with the judiciary as a result of their substance problems, giving it increased relevance to forensic populations. A second further scale purports

to check the validity of each client's resulting profile. An adolescent version has been available since 1990 and the SASSI-3 was published in 1997 (Lazowski et al, 1998; Miller et al, 1997). With only one scale difference between versions 2 and 3, SASSI-3 scores can, in effect be yielded from a SASSI-2 protocol (Gray, 2001). Subsequently, it would seem that any advantages/disadvantages identified in the SASSI-2 can be extrapolated to the SASSI-3. The SASSI Institute report on-going research into the reliability and validity of the SASSI-3 as a psychometric measure (Lazowski, Miller, Boye & Miller, 1998). They state that whilst the SASSI is in its third revision, the scale structures are maintained to allow the continued use of accumulated data (Lazowski et al., 1998). However, there has been little published *independent* research examining the psychometric properties of the SASSI (Gray, 2001).

The aim of this report is to provide a comprehensive critique of the SASSI-3 regarding its value as an effective and appropriate psychometric measure, with reference to its use with forensic populations. Initially, an overview of the measure will be provided examining its construction and components; including the data used to provide normative values. The author will then address the advantages of the SASSI-3 and its appropriate application, followed by the limitations/disadvantages of this measure incorporating the criticisms of other authors before providing a final conclusion.

Overview and Administration of the SASSI-3

The SASSI-3 is a self-report measure in two parts. Side A contains 67 true/false items which are stated by the authors to be the subtle (or indirect) items (Miller et al, 1997)). Table 10 shows the 8 separate subscales that are produced from these items:

symptoms of substance misuse (SYM), obvious attitudes (OAT), subtle attitudes (SAT), defensiveness (DEF), (SAM) supplemental addiction measure (where elevated scores on this subscale suggest that the respondent's defensiveness may be due to their substance dependence), family versus control subjects (FAM), correctional/risk of legal problems (COR) and random answering pattern (RAP). However, as noted by Clements (2002), 11 of these items do ask direct questions about the respondent's use of alcohol or other drugs. As such, these items encompass a third 'direct' subscale of the SASSI-3, namely SYM (Clements, 2002).

Side B contains 26 direct items which are answered on a likert scale with scores of 0 representing "never", 1 representing "once or twice", 2 representing "several times" and 3 "repeatedly". The authors refer to 12 of these items as 'face-valid alcohol' (FVA) and 14 items as 'face-valid other drugs' (FVOD) respectively. This side of the measure also asks that the respondent identify whether their answers relate to "your entire life," "the past 6 months", "the 6 months before" or "the 6 months since". The 'since' and 'before' questions allow for the measure to be used at different stages of a treatment process, such as completion or with forensic populations, the 6 month period prior to receiving a custodial sentence for example.

SYM, OAT, SAT, DEF and SAM are combined with FVA and FVOD, then used in a set of 9 decision rules, 5 of these rules consist of receiving a particular score on individual items and the remaining 4 involve a combination of different items (Miller et al., 1997). There are 2 alternative categories, if *any* rule is answered as a 'yes' the respondent is identified as a 'high probability' of a substance dependence disorder,

however if *all* rules are answered ‘no’ the probability is deemed to be low. The decision rules differ between male and female respondents (Miller et al., 1997).

Table 10 - Key to SASSI-3 Subscales	
Subscale	Description
FVA	Face valid alcohol – client acknowledges use of alcohol
FVOD	Face valid other drugs – client acknowledges use of other drugs
SYM	Symptoms – causes, consequences and correlates of substance misuse
OAT	Obvious attitudes – characteristics associated with substance misuse
SAT	Subtle attitudes – basic personal style similar to substance dependent people
DEF	Defensiveness that may or may not be related to substance misuse and that may reflect either an enduring character trait or a temporary reaction to a current situation.
SAM	Supplemental Addiction Measure – not used in clinical interpretation but supplements other scales in some decision rules.
FAM	Family versus control subjects – similarity to family members of people who misuse substances
COR	Correctional – similarity to people with extensive legal difficulties
RAP	Random answering pattern – assesses whether or not responses are meaningful.

Information derived from SASSI-3 Users Manual.

The manual is user-friendly in that it is relatively easy to follow, clearly set out and there are case illustrations and examples of completed forms. The manual also provides guidance on practical ways in which to communicate the test procedure or give feedback to respondents. It also warns of areas which could be misinterpreted. For example, it reminds practitioners that the COR subscale is not a tool for diagnosing psychopathy, sociopathy or personality disorder. Additionally, the notes relating to the subscales also provide highlighted points worthy of note when analysing results. For example, that the FAM score should not be used to identify co-

dependence issues. However, whilst claiming that the measure has 93-94% accuracy in identifying substance dependence and a 94% accuracy in identifying those respondents who do not have such difficulties, the manual does not provide reliability and validity data. Nor does it provide the normative data one would probably expect upon initial examination. Thus, it is necessary for the more discerning practitioner to contact the SASSI Institute directly in order to obtain this information.

Reliability

In psychometric testing, a test is said to be reliable if it can be found to be consistent and effective when administered repeatedly under similar conditions and producing comparable results (Reber & Reber, 2001). It has been suggested that appropriate or satisfactory measures need test/re-test reliability at a minimum level of 0.7 (Kline, 1986). The SASSI Institute (1998) report a test/re-test reliability of 0.92 to 1.00 with an overall alpha co-efficient of 0.93 (Lazowski et al., 1998). Subsequently, the SASSI-3 is able to demonstrate a more than satisfactory level of reliability.

For the purposes of further developing various aspects of the SASSI-3, Lazowski et al. (1998) utilised the responses of 1958 respondents, 97% of whom were from clinical settings across America. Subsequently, the measure was found to be 94% accurate in discriminating between substance dependent/substance users and non-users with no significant differences between male and female respondents. Lazowski et al (1998) also report that the accuracy of the measure was not significantly affected by ethnic group, age, educational level, marital or occupational status. Whilst, this is a more than adequate sample size, issues regarding ethnicity and educational or occupational status will be discussed when examining normative data.

The responses of 839 of these participants were then analysed to evaluate the accuracy of the measure. Whilst this is a substantial reduction in participant data, it is still a satisfactory number for the purposes of appropriate analysis (Whitley & Ball, 2002). This reduction was based on 3 criteria; that sufficient items had been completed to yield a clear result, that a DSM-based clinical diagnosis had also been provided and that the participant had not exceeded the cut-off on the measure of random responses (RAP). These respondents were then further divided randomly into 2 separate groups, one of which became the developmental sample to utilise in further developing classification rules. The second group was then used to estimate their accuracy. Test/re-test stability co-efficients were obtained from 40 of these respondents after a period of 2 weeks had elapsed and it was found that this ranged from 0.92-1.00 with the internal consistency coefficient being 0.93. It could be argued that this may have been subject to a practice affect, in that participants could have remembered previous responses and answered accordingly. However, the authors acknowledge the short timespan between administration and suggest that further research would be beneficial (Lazowski et al., 1998).

Validity

A psychometric measure is deemed valid if it tests what it is supposed to test and there are various types of validity (Kline, 1986; Reber & Reber, 2001) which will now be examined with regards to the SASSI-3. There could be little argument that the face-valid items on the SASSI-3 have face validity in that they do appear to measure what they claim to measure (Kline, 1986). For example, FVA items ask questions such as “had more to drink than you intended to?” and FVOD “taken drugs to improve your thinking and feeling?” However, independent authors have criticised

the SASSI-3 for their indirect items suggesting that the subtle scales are not measuring substance dependence per se but rather other issues which may or not be tentatively linked with the misuse of substances (Gray, 2001; Feldstein & Miller, 2007; Sweet & Saules, 2003). For example, Sweet and Saules (2003) conducted an exploratory factor analysis using 490 adolescent offenders and found that in terms of construct validity, OAT and DEF load heavily on conduct problems. Subsequently, it is possible that such scales are measuring deviancy rather than substance abuse in isolation. With high correlations with OAT the measure may be capitalising upon established research regarding the relationship between behavioural problems and substance abuse. It was also reported that OAT and DEF scales appear to measuring self-esteem, depression, anger, hyperactivity and somatic complaints rather than exploring the subtle presence of substance abuse problems, raising concerns about the construct validity of this measure (Sweet and Saules, 2003). Sweet and Saules (2003) concluded that the measure has reasonable convergent validity having a moderately strong relationship between variables. In addition to this, the authors considered the measure to be reasonably useful in identifying substance dependence using direct scales but were far less confident about the utility of indirect items (Sweet & Saules, 2003; Gray 2001). However, it should be noted that as representatives of the SASSI Institute, Lazowski and Miller (2007) have responded to criticism by continuing to defend the scale and the manner in which it was constructed. Thus, it would seem that this academic debate is likely to continue.

Normative Data

The SASSI Institute (1999) report that normative data was derived from a total of 848 respondents from undiagnosed community groups in the United States, consisting of

353 males (42%) and 472 females (58%). The total mean age was 28.6 years with a standard deviation of 10.5. 61% of respondents were from 3 separate university establishments, 26% from work-related groups and 13% community-based associations. In terms of ethnicity, the sample consisted of 78% Caucasian, 12% Asian American, 6% Hispanic, 3% African American and 1% Native American. 2% of the sample had less than a high school degree, 38% had attained a high school degree or equivalent and 60% of the sample had 'post-secondary education'. 59% of the sample had never married, 27% were married, 9% divorced, 3% widowed and 2% were in unmarried relationships.

Whilst a total of 848 respondents does represent an adequate sample of the population it uses, it could be argued that this sample is not representative of the general population. This sample group is heavily weighted towards measuring those in academia, virtually negating its value in terms of the measure's appropriate application with respondents from other sectors of society. Nor does it provide any explanation as to what is meant by 'community-based associations' leaving this simply open to the supposition of the reader. It can also be seen there is a distinct bias towards the responses of Caucasian participants, which could easily lead to the accusation that this measure is one which is best used with white, middle-class academics in their 20s. It could also be argued that prior to marketing such a tool as not being influenced by age, race and educational attainment, other alternative normative data should be obtained, analysed and produced. Given that the aforementioned data has been supplied in isolation by the SASSI Institute, one can only assume that such data is not available.

Advantages of the SASSI-3

The SASSI-3 is easy to administer as it is simply a matter of supplying the respondent with a single sheet of paper and simple instructions, as long as one ensures all items have been answered, the chances of procedural errors are minimal. Additionally, it is not imperative that administrators have extensive and complicated training, although it is essential that they follow procedures in accordance with the professional manual (Miller et. al, 1997). Such ease of administration makes this measure suitable for large-scale research as well as assessment and treatment planning for individuals, as well as the potential to be used as a pre and post intervention measure. However, it should be noted that the scoring and interpretation of the completed forms requires that professionals are psychologically trained or have received training specific to the interpretation of the SASSI-3 (Miller et. al, 1997). Like many other self-report psychometric measures, the SASSI-3 allows individuals to provide answers without facing potentially intrusive one-to-one questioning. Although the language used has a slight American influence, it remains clear and to the point.

Limitations/Disadvantages of the SASSI-3

In comparison to any other self-report measure where responses are recorded on a likert scale, perhaps one of the main limitations of the SASSI-3 is the relative ease in which respondents could manipulate outcome in either direction, depending upon their motivation for doing so. The ease with which individuals are able to ‘fake good’ is of particular concern when administering such a test with forensic populations, given that the results of psychometric measures may contribute to decisions made within the judicial process. Conversely, a client who wished to present as having a substance problem as a form of mitigation may present at the opposite end of the scale

in order to acquire a diagnostic label. Subsequently, accurate outcomes on the SASSI-3 rely heavily on the co-operation and honesty of the respondent in terms of their ‘direct’ items. However, it is important to note that the various and specific components are not so apparent and can only be truly identified when scoring the results and by using the professional manual. To use the ‘indirect’ scales to counter the issue of respondent manipulation gives cause for concern; particularly if we are to accept the criticisms of opposing authors who claim that indirect or subtle items have little or no validity (Gray, 2001; Feldstein & Miller, 2007; Sweet & Saules, 2003). In the absence of normative data regarding groups outside of Caucasian, academic Americans, practitioners need to question whether it is appropriate to use with clients outside of these groups.

Conclusion

It is perhaps understandable that clinicians working with substance users would look to use a psychometric measure which does not solely rely on the direct answers of their clients. Therefore, it is not particularly surprising that the SASSI-3 has gained widespread appeal within varying agencies (SASSI Institute, 1998). Upon initial examination, the reliability and validity appear somewhat impressive. However, it becomes a cause for concern when the data provided by the authors of the SASSI-3 does not fully correspond with independent research, especially when opposing authors question the validity of subtle/indirect scale items. Whilst, its critics largely agree with the face validity of direct items, this would suggest that the SASSI-3 is not meeting the need it purports to meet, i.e. the detection of substance dependence by subtle screening. The SASSI’s authors also claim that this measure was designed for use with forensic populations; this also provides cause for concern, given that

offenders are arguably more motivated towards dissimulation than any other population.

At this juncture, it would seem that the SASSI's authors stand alone in their claims of overall reliability and validity for the measure. However, it is equally important to note the paucity of independent research disputing these claims (Gray, 2001). The normative data provided upon request also gives rise to concern regarding the use of the SASSI-3 with varying populations. The distinct Caucasian middle-class bias in the normative data begs the question of the measure's relevance to other populations, for example, service-users originating from impoverished, non-academic or ethnic minority groups. Owing to the on-going debate between the SASSI's authors and their critics, it is imperative that practitioners bear all of these issues in mind if choosing to use the measure in their clinical practice. Giving due consideration to utilising the measure only as a tentative indicator juxtaposed with sound clinical judgement as opposed to using the measure in complete isolation. With regards to the employment of the SASSI-3 in large scale research, this may be ill-advised at least until such a time when there has been extensive and adequate exploration into the psychometric properties of the SASSI itself.

Chapter Six

Discussion

The aim of this thesis was to examine the relationship between substance misuse and criminality and add to existing literature by utilising qualitative methodology. In the research component and the case study attempts were made to ‘enter the world’ (Koch, 1998) of the participant/client as far as practicably possible in order to gain an in-depth understanding and accounts of the issues under exploration (i.e. participant narrative of lived experience and an offence account in the case study). In both of these chapters it can be seen how participant-led accounts can provide insight into a situation or experience not always accessible through traditional methods. For example, the use of Cognitive Interviewing techniques (Milne & Bull, 1999) adapted for the purposes of therapy (Aldridge, 1999) enabled an offence account to be provided in more depth than previous attempts to do so in the course of intervention with ‘Ron’. By utilising a story-based approach to research an understanding of drug use and offending has been found which provides depth as opposed to a width of knowledge, providing something new in the investigation of the relationship between illicit substance misuse and crime. In short, the author of this thesis ‘got closer’ to the area of inquiry than one might usually anticipate.

It is evident that the relationship between crime and substance use is an area of enquiry which has been investigated extensively in academic research in a wide-range of disciplines and from varying perspectives. However, it can be seen that research studies of a qualitative persuasion appertaining to forensic and/or substance misuse are few and far between, despite the call of specific authors for these areas to be developed (e.g. Larkin & Griffiths, 2002). Whilst, quantitative studies demonstrate that a breadth of knowledge is readily available, few studies have examined the ‘lived experience’ of being substance dependent and/or committing crime. It is perhaps

understandable why many researchers would be resistant to the examination of subjective accounts, given that groups such as offenders and substance misusers are frequently deemed untrustworthy or unreliable. However, the experience of conducting research with the participants in chapter 3 provided an opportunity to examine individual narratives in much depth and the subsequent analysis provided an abundance of rich data enhancing the understanding of how an individual becomes a drug user and/or offender.

It is proposed that attempts to establish whether drugs lead to crime or crime leads to drugs is somewhat of a misleading question, as victimisation and trauma frequently precede both. It can be seen from existing literature and the research study presented in this thesis that one does not become an offender or a drug user instantaneously. Furthermore, the individual who regularly uses illicit substances and/or commits crime has undergone a lengthy process of development occurring over extensive time periods with numerous contributing factors and life experiences.

It would seem that in order to appreciate how this process occurs there is a necessity to examine issues of self and how the self is constructed with reference to places of residence, both literal and metaphorical. For example, the literal world in which everyone resides can be understood as two distinct and metaphorically juxtaposed worlds. To paraphrase Goffman (1963), there is a world inhabited by 'normals', one which is governed by the state under a rule of law but alongside this exists an alternative world with an economy built upon the proceeds of crime and maintained by systems of deviant behaviour. Inhabitants of either world may be unaware of the existence of the other, particularly those who do not engage with criminal behaviour

or substance misuse. Alternatively, some individuals will travel between the two whilst others will be aware of a world other than their own but never visit. With reference to existing literature combined with the findings of the research component, a potential trajectory of drug use and offending within a juxtaposed 'world' can be hypothesised (see Figure 4).

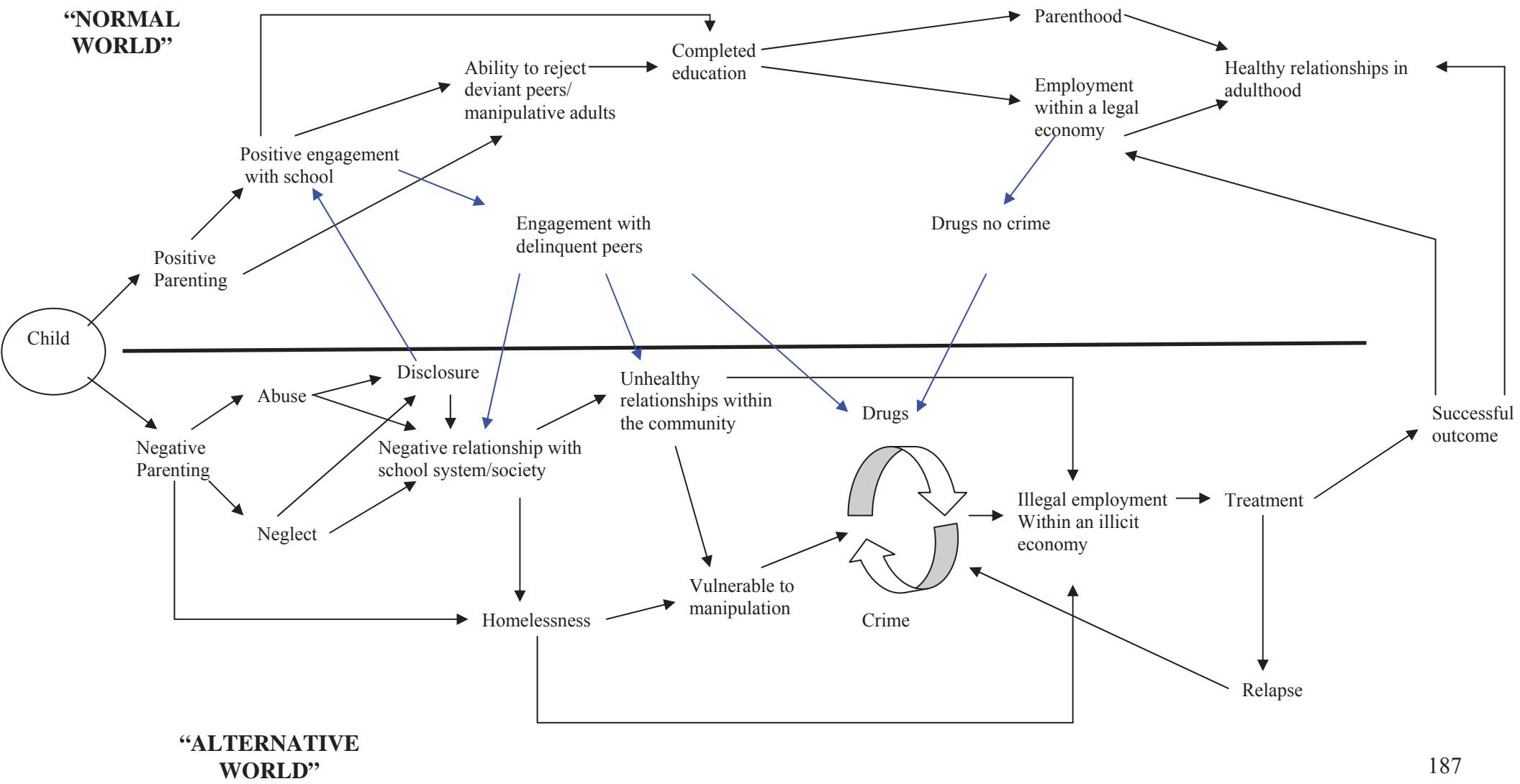
That which is presented above the central line represents a trajectory from childhood to adulthood for those who do *not* become immersed in a subculture of drug misuse and associated criminality. Alternatively, the pathway presented beneath demonstrates a less straightforward trajectory incorporating variables which have reciprocal and cyclical relationships such as drug use and crime, or in later stages, treatment and relapse. In the initial stages an individual child is born into either world with the potential to be projected along a certain pathway dependent upon the type and/or quality of parenting experienced. Healthy family relationships enable a child to construct a positive sense of self and to engage effectively with the school system on both a social and an academic level (Hall, 2000). Such children are potentially equipped to reject deviant peers or those adults who would seek to manipulate them, both in childhood and adolescence.

In contrast, abuse or neglect in infancy *can* impact upon a child's development and potentially exclude them from the opportunities afforded to those who have not had such negative experiences. However, it is important to acknowledge the role of resilience (Humphries, Houghton & Ellis, 2008; McGloin & Widom, 2001) in projecting children with adverse early experiences along a positive pathway and that

'progression' through an 'alternative world' of drugs and/or crime is far from inevitable (see blue arrows on figure 4 for alternative journeys between worlds).

Abused or neglected children who form good relationships within schools and other members of their communities can develop positive coping strategies enabling them to cope with difficulties in their home lives (Department for Education and Skills, 2001). Furthermore, a change of direction can also be facilitated at this stage if some form of early intervention of the child's difficulties are recognised and acted upon, however such action is frequently dependent upon a child identifying a trusted adult and making some form of disclosure (Denov, 2002; Lovett, 2004). For the child or adolescent who is in some way excluded from 'normal' experience, being able to trust adults is fraught with potential difficulty. Responses by non-abusing caregivers and professionals to disclosures of abuse are extremely significant to the young victim. For example, Lovett (2004) reports that appropriate responses (such as being believed and experiences being validated) have found to be associated with improved social functioning and long term positive mental health outcomes. In contrast, responses which include disbelief or minimisation of the experience have been described as being tantamount to 'secondary victimisation' (Denov, 2002) and can lead to a victim recanting their story (Lovett, 2004) and not making any further disclosures which in turn can lead to prolonged abuse and adverse mental health outcomes (Denov, 2002; Foyne, Freyd & DePrince, 2009).

Figure 4 – Model of Potential Trajectories of Drug Use and Offending between “Worlds”



The narratives provided by Poppy and Laurie illustrate how they both attempted to disclose to teachers but were met with inappropriate and inadequate responses, whereas Daniel did not disclose his experiences of childhood sexual abuse through a fear of not being believed. For these participants the implications were extensive and contributed to a negative progression along a deviant pathway. Whereas Daniel was already engaging with deviant peer groups (Baron & Kennedy, 1998) and struggling within the school system (Hall, 2000), Poppy and Laurie began to experiment with petty crime and soft drug use and metaphorically distancing themselves from 'normal' development in the transition to young adulthood (Baron & Kennedy, 1998). In short, early experiences act as a buffer against threat from outside of the immediate family. However, in the absence of positive family relationships a young person may seek to identify with individuals with similar experiences, coupled with difficulties in adhering to the structure of the educational system adolescents start to break with conventional society and become immersed into a deviant subculture (Baron & Kennedy, 1998). These points are emphasised by Daniel's narrative in chapter 3, whereby Daniel associated with deviant peers within his own community, was exposed to violence and became involved in regular drug use, funded by criminal activity (Rich & Grey, 2005). As a homeless teen, legitimate employment was not an option thus, he was drawn into crime as a means by which to support himself (Quilgars et al., 2008).

Whether young people remain within their communities or run away from their families, adolescence is a life stage where individuals are targeted by those who seek to manipulate for their own gain (Walsh & Wolak, 2005). Adolescents who form associations with deviant peers or manipulative adults either within their own

communities or through homelessness, are at heightened risk of becoming involved in a cycle of drugs and crime (Baron & Kennedy, 1998; Rich & Grey, 2005). It would seem that these factors share similar aetiologies (D'Amico et al., 2008) and it has been found that drug use is funded by criminal activity and/or facilitates crime through a process of disinhibition (Auburn, 2005; De Haan & Voss, 2003). However, it is important to remember that individuals immersed in a cycle of drugs and crime are not only offenders but also vulnerable to further victimisation whether through increased exposure to violence or involvement with the sex trade. These are issues which are further compounded by gender issues, for example in the literature review it can be seen that although males and female drug users are similar in their commission of acquisitive-type offences, females are more likely to work as prostitutes whilst males are more likely to engage with violent offending (Neale, 2004). Although Poppy and Laurie did not work within the sex trade, both women highlighted that prostitution is more likely in the evolution of female drug use than it is for males following similar pathways of dependence.

Progression along either pathway ('normal' or 'alternative') ensures that an individual will eventually contribute to an economical system in adulthood; past experience may determine whether contribution is made to a legitimate or an illicit economy. In general terms, the drug user will inhabit the 'alternative' although this does not mean that travel between the two worlds does not occur. For example, some individuals may be able to manage their drug use to some extent, so as they are able to hide their substance problems from non-using associates, in effect, travelling between or living in two distinct metaphoric worlds. Simon, for example, explained how he had a 'drug

life' with his substance using peers and an 'ordinary life' with members of his extended family who were unaware of his heroin use.

At almost any point of the life course, an individual who develops substance-related problems can 'cross the line' into an alternative world in which they become immersed, subsequently perceptions of 'normality' are transposed. Additionally, the individual who enters the alternative world at a later stage of their development (i.e. adulthood) may find that innate rules governing personal behaviour become challenged and compromised; acts previously deemed unacceptable become regular occurrences and therefore to a large extent, normalised. The continued use of substances enables an individual to engage with behaviours that remain difficult to negotiate and in turn, such behaviours frequently fund the continued use of illicit substances. Subsequently the drug using offender exists within a cyclical pattern of substance misuse and criminal activity, which contributes to the maintenance of an illicit economy and retains the individual in a world far removed from that of conventional society.

Significant life events occur in both worlds and for both sets of inhabitants. An event which is generally deemed positive in a 'normal' life course, such as becoming a parent has very different implications for the drug using offender. Whilst, male research participants suggested that children provided them with the motivation to become substance free, closer analysis of expressed statements suggested that such comments may have had more to do with self-deception or social desirability. For female participants, becoming a mother reinforced the already present negative self-concepts they held due to being illicit drug users. Furthermore, as articulated by

Poppy, attributions made towards female drug users with children are decidedly more negative than those made towards substance misusing fathers. This finding supported previous work by authors such as Smith and Marshall (2007). Whether or not, this is wholly true, many female drug users will *believe* this to be case thus, one cannot negate the role of stigma in providing barriers to treatment

It is important to remember that treatment entry does not equate with a cessation of drug use and offending. Frequently, treatment becomes another component of an already complex cycle of behaviour (Merrill et al, 1999). In other words, the individual who has entered treatment but experiences episodic periods of relapse is unlikely to refrain from the type of offending they were engaged with prior to entering treatment. However, if stability can be obtained and intervention has a positive outcome, there is the potential for the individual client to exit their alternative world of residence. Entry into conventional society is also problematic as having criminal convictions will undoubtedly impact upon the types of employment open to an ex-offender with a history of illicit substance misuse (Hall, 2000; Klee et al., 2002; Platt, 1995; Sampson & Laub, 2003; Shivy et al., 2007). If such difficulties can be managed or overcome, the children of former drug users can potentially begin their lives on a very different pathway to that of their parents. However, it is essential that both the client and the practitioner appreciate the ever present potential for a return journey to a world of drug use and/or crime, particularly in times of adversity (Hall, 2000; Shivy et al, 2007).

Implications for Practice

Owing to the complexity and multi-layered nature of the relationship between drug use and criminality, intervention of any kind is always going to be problematic with a need to consider all of the aforementioned factors. From the examination of the proposed model, it can be that substance dependence and associated offending are the result of a lengthy process of development, thus practitioners are not only faced with the challenges of addressing current problems but also complex personal histories of psychological trauma and developmental disruption, often beginning in early infancy. Therefore, it is imperative that policy makers and service providers acknowledge that such issues cannot be fully addressed in a limited number of therapeutic sessions as per the case study outlined in Chapter 3. Rather intervention needs to be tailored to the individual with due reference to contextual and environmental factors (Finch, 2001; Locke & Newcomb, 2003; Smyth et al, 2006; Wechsberg et al., 2006).

In addition to this, it is important to remember that fundamentally men and women have very different life experiences and these need to be acknowledged and accounted for in the planning of treatment (Daley et al., 2000; Greenfield et al., 2007; Locke & Newcomb, 2003; Malloch, 2004). Furthermore, when constructing treatment plans practitioners need to be mindful of the potential to be misguided by psychometric tools. It is of concern that a widely used measure such as SASSI-3 purports the ability to detect dissimulation in clients when its psychometric properties appear somewhat questionable. Therefore, there is a necessity to examine the psychometric properties of measures being employed and to consider how one might enhance the assessment process. If a story-based approach to assessment and treatment is adopted, a full narrative can be obtained whereby a ‘double hermeneutic’ can be applied, whereby

the practitioner can ‘make sense’ of how the client ‘makes sense’ of their individual life experiences (Smith, 2004).

A narrative approach to research has facilitated an in-depth exploration of participants’ life stories enabling an understanding of how individuals perceive and make sense of their experiences (Reid et al, 2005; Smith, 2004). Such an approach could have great utility in a therapeutic setting; to examine a client’s subjective experience does not mean that their accounts would go unchallenged. Issues of responsibility, for example, can be addressed by acknowledging the role of other protagonists without devolving responsibility from the individual client. The adult drug user can then address historical issues in a safe and secure environment and be supported in identifying problematic areas in order to build personal resilience and counteract the potential for relapse (Bannick, 2008). Practitioners can analyse and interpret what their clients are saying or not saying in a similar way to those researchers who utilise qualitative methodologies such as IPA and any constructed models, such as the one proposed in this chapter, could be shared with the client to assist in their ‘making sense’ processes. In short, both client and practitioner could gain an extensive insight into how the client came to be the person they are and the factors and experiences which contributed towards this process and thus avoid engaging with similar behaviour and/or experiences in the future.

Limitations of this Thesis

Owing to the complexity of the subject matter, it would be virtually impossible to explore every possible permutation in investigating the relationship between crime and substance misuse. In the main, this thesis has focussed upon individuals who

occupy lower status positions in an alternative/illicit economy and therefore the proposed model does not account for those at the peak of such a system. Therefore, it is important to distinguish between offences committed by drug users and drug-related crime committed by individuals driven by lucrative pecuniary incentives as opposed to substance dependence. It is debatable whether such a model could or should be applied to the life experiences of the latter type of offender. Nor does this model account for the 'invisible consumers' of illicit substances who can legitimately fund their substance use without coming to the attention of official agencies (Robson & Bruce, 1997). In examination of victimisation issues, it would be wrong to assume that every child victim will develop into a drug using offender as this would be an enormous disservice to those individuals who have experienced early trauma and victimisation and not progressed along the pathways described. However, such limitations identify other areas worthy of potential investigation which could also supplement existing academic knowledge and aid professional practice.

Future Directions for Research

It is important to remember that not everyone who misuses substances commits crime, nor does every substance misuser enter treatment. Subsequently, much current research has been conducted with those in treatment and/or legal custody leaving a significant shortfall in existing knowledge. It should be noted that the treatment agency referred to in chapter 2 is a registered charity in an area of the Midlands which is not overly affluent; therefore there would be potential benefit in replicating this study with clients who are receiving private treatment. Arguably, such participants would have alternative life experiences and thus different pathways into substance dependence. Furthermore, such clients may not have offended (other than offences of

possession) if their financial status is one which allows the legitimate funding of an otherwise illegal activity, which can also be seen in Callum's narrative in that he funded his drug use through legal employment and was being arrested once the police were made aware of the amount of illegal substances he had in his possession.

For those individuals who use substances and do not come to the attention of health care providers or the judiciary, the question remains as to whether they are simply at an early stage of their drug use or whether there are factors in place which enable them to manage their drug use effectively. Given the absence of literature appertaining to illicit drug use among elderly populations, it is worthy of investigating where this is because individuals 'grow out' of drug use (McMurrin et al., 1997) or if there are aged drug users within society who successfully manage the use of illicit substances.

Conclusions

Although the link between crime and drug use is not particularly clear cut, there can be little doubt of the existence of the relationship, albeit complex and existing on many levels. In examining a potential trajectory of substance misuse, it is simply insufficient to inquire as to whether drugs cause crime or vice versa. There is a necessity to give due consideration to individual circumstances and it is evident that there are many contributing factors which occur before substance misuse becomes a feature of everyday life (Finch, 2001). Exploring early and chronological experience would suggest that frequent victimisation is a factor long before the onset of either substance misuse or offending behaviour. Therefore, it is evident that there is much to be gained in inquiring as to the thoughts, aspirations and beliefs of offenders (Burnett

& Maruna, 2004) and those who have substance dependence problems (Larkin & Griffiths, 2002). Notwithstanding all arguments regarding prevalence levels of substance misuse, it would seem that the amount of individuals engaging in problematic usage is rising. Quantitative studies have done much to inform psychological practice and should continue to be conducted. However, gaps remain in existing knowledge; therefore further consideration should be given to entering into the world of the substance misuser as far as practicably possible. As long as professionals are aware of the limitations and potential pitfalls, we can afford to acknowledge the 'expertise' of the client or the participant (Reid et al, 2005). Although, the findings of such research studies cannot be easily extrapolated to wider populations, they do provide an in-depth insight and understanding of issues pertinent to the substance misuser which might have otherwise been missed. In short, qualitative methods of inquiry complement and expand upon existing knowledge, challenging previously held perspectives, aiding professional development and informing future practice.

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