Recovery from Addiction and the Potential Role of Sport: Using a Life Course Theory to Study Change

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Abstract

To date sport has played little part as an adjunct or alternative to adult alcohol and drug treatment programmes. However, natural recovery research (overcoming addiction without formal treatment) identifies that sustained, meaningful activities located within the community, supportive social networks, and new identities, are a key part of desistance. This article draws on longitudinal data which tracked substance misusing offenders engaging in a community-based sports programme – ‘Second Chance’ – as part of their recovery journeys from alcohol and other drug problems. Employing a life course theory of informal social controls (Laub and Sampson, 2003), the study identified that Second Chance was a ‘window of opportunity for change’ (Groshkova and Best, 2011) for participants, within which an identity transformation was occurring for some respondents. The identity transformation, and subsequent desistance, was facilitated through a confluence of meaningful routine activities, informal social controls and personal agency, both within and outside of Second Chance. This article analyses the life stories told by two Second Chance players, focusing on the meanings they attach to the programme in the context of their recovery and located in their day-to-day lives over 12 months. In doing so the authors highlight the complex nature of recovery from addiction, how structure and agency interrelate in this context, and possible implications for sports-based interventions seeking to support disadvantaged adults.

Keywords

Alcohol and other drug problems, Addiction, Recovery, Sport-based interventions, Life Course Theory, Biography.
Introduction: ‘Recovery’ as located in the community

People with chronic alcohol and other drug use problems (AOD) (1) are some of society’s most socially excluded groups (Home Office, 2010). Due to their circumstances and lifestyles many are faced with a range of complex, interrelated handicaps such as homelessness, unemployment, poor health, offending, and addiction (Bradshaw et al, 2004). These factors ostracise the individual from his or her community, and from effective contact with services they need to help them find the safety, stability, and physical and mental health necessary to recover from addiction. Subject to wide discrimination they are routinely excluded from mainstream services and frequently estranged from families and non-substance misusing friends (Laudet and White, 2008). As such they experience low self-esteem, poor health, and under-achievement (De Leon, 2000). A lack of appropriate support and engagement in the community fuels a lack of motivation, loneliness, and stress, which are among the most commonly cited reasons for relapse (Laudet and White, 2008). Drug and alcohol treatment interventions, and corresponding research, has tended to focus on immediate treatment outcomes and cohort studies, based on retrospective accounts of people at the height of their addiction (Groshkova and Best, 2011). As a result, factors which predict how successful changes are sustained have been understudied. Issues which are critical to the individual, such as healthy eating, being physically active, and feeling equal members of the community, have been given less attention (Laudet and White, 2008). A focus on what happens to people when they are in the height of addiction, and while they are in treatment, is important. However, recovery from AOD is a lengthy, sometimes life-long process, likened often to a journey. As addiction impacts across social, psychological, and occupational dimensions, so recovery from addiction consists of more than merely the absence of the drug.

Although its history is substantial, ‘recovery’ is a concept which has recently had a new surge of interest from policy makers and practitioners in the UK and US, notably in the
UK’s most recent National Drug Strategy (Home Office 2010). While ‘recovery’ is individual, and means different things to different people in recovery, and at different times in their lives, it will involve some degree of abstinence, physical and mental health and wellbeing, hope and self-efficacy, personal empowerment, and citizenship (CSAT 2009). Recovery’s ‘social and political movement’ has emerged from a relatively small number of empirical studies which identified the longer-term approach necessary to support addicts in desisting (Groshkova and Best, 2011), and that recovery takes place at least as much in the community as it does in treatment settings (for example detox units and residential rehabilitation centres). The key predictors of successful recovery include supportive social networks and meaningful activities which are grounded in community settings (Best et al, 2008).

For researchers, the shifting nature and variety of recovery journeys highlight the value of methodologies which are prospective, longitudinal, and which de-emphasise generalizations. Empirical research which examines factors related to sustaining recovery is small by comparison to those which focus on the harms associated with alcohol and drug addiction (Granfield and Cloud, 2001). To address this gap in research, this article explores how meanings come to be attached to a community-based sport programme – Second Chance – in the wider circumstances of participants’ lives. To do this we explore the biographies of two respondents specifically, John and Paul, and consider how they develop meanings towards Second Chance in the context of their recovery from addiction in their day-to-day lives over a period of 12 months.

**Sports Programmes and Recovery from AOD**

Despite well-established health benefits of physical exercise (Department of Health, 2010), and the knowledge that many people with AOD problems are, and want to be, physically
active (Neale et al, 2007), sport has played relatively little part in adult alcohol and drug treatment programmes. Limited research examines the contribution sporting programmes may make to people in their recovery from addiction (Crabbe, 2000). However, natural recovery research identifies that meaningful activities are a key part of resolving alcohol and drug problems (Granfield and Cloud, 2001). For example, the Positive Futures programme (www.catch-22.org.uk/Service/Positive-Futures) has helped to demonstrate the value that sport can have in engaging hard to reach groups such as young offenders, but to date it has played little part in adult alcohol and drug rehabilitation programmes. Calton Athletic Recovery Group (www.caltonathletic.com) has been one of the few UK-based programmes to use sport as a change-agent. However, despite this programme’s apparent success (Malloch, 2011) there has remained a reluctance to use sport and physical exercise as an alternative or adjunct to established psychological and pharmacological interventions. The appeal of sport and exercise can be seen at different stages within this group. For instance, many prisoners engage in organised physical exercise and sport whilst in prison and gain related qualifications, but few continue with sporting activities, or use their qualifications, on release because of the problems associated with social exclusion (Meek and Lewis, 2012). Acknowledging debates around the often assumed benefits of sport, there is, in principle, much which could be gained by supporting people with AOD problems to do more exercise.

In the UK considerably more provision is provided for sporting activities for young marginalized groups, such as youth offenders (Crappe, 2013) (2). For example, examining sports-based interventions for young socially excluded people, Kelly (2011) found that despite the benefits (such as enabling people who would otherwise not have been able to access sporting facilities), projects often did not meet the aims they predicated themselves on, such as tackling social exclusion. There was also little impact made by the projects to address the socio-structural foundations from which young people became excluded in the first place.
Kelly’s (2011) study brings further salience to the point that sports programmes on their own are most unlikely to cure social problems, including that of addiction. While Second Chance was established on the assumption that it would never be a panacea for alcohol and drug treatment (Batchelor et al., 2005), this point is still important to this study which found marked differences in the outcomes for respondents attending the same programme during the fieldwork. Where research does exist it is largely in relation to young people (Coalter, 2001). With this in mind, much of the evidence in relation to sports-based interventions and young people relate to the ways in which sports programmes are delivered (and by whom), rather than the sports themselves (Coalter, 2007). Qualitative evidence suggests that the greatest gains from involvement in activity relate to psychological health and increased feelings of well-being and a sense of being included (Coalter, 2001). There appears to be relatively few systematic attempts to assemble qualitative evidence among most sports programmes (Crabbe, 2013).

Despite the benefits which programmes of exercise potentially offer, mainstream funding has favoured pharmacological and psychological interventions which have focused on reducing the harms associated with alcohol and drug misuse. Correspondingly there is little research, and even less prospective research, into how sport and exercise may help people resolve alcohol and other drug use issues and help maintain sobriety. This paper sought to address this lacuna by examining how respondents attached meaning to a sports programme (Second Chance) during the course of one year (3), in the context of their recovery, and located in their other routine activities over the course of 12 months.

Theory: life course perspective

This study employed a life-course theory of informal social controls (Laub and Sampson, 2003). In the field of alcohol and drug research, social capital and symbolic interactionism
dominate the sociological approaches used by researchers. The findings at certain points in this research reflected elements of both. The concept of recovery capital for example, which has its roots in social capital, was important: participants who had higher levels of recovery capital were better able to desist (Best and Laudet, 2010). In relation to symbolic interactionism, and the emphasis placed on the role of identity (re)construction, and how individuals attach meaning to their lives, the wider aims of this research set out to examine those aspects specifically (McKintosh and McKeeganey, 2002). However, while both approaches provided useful insights for interpreting data, neither approach on their own could fully account for the findings which emerged. Social capital overstated the structural aspects of what moves people to behave in certain ways, while symbolic interactionism placed too much emphasis on identity and agency aspects of behavioural change. A life course theory, which integrates elements of structure and agency, was, thus, most appropriate.

Laub and Sampson’s (2003) life-course theory of informal social controls developed from an empirically-based, longitudinal study. The framework uses three mechanisms to meaningfully understand persistence and desistance. Those three mechanisms were (i) ‘routine activities’, (ii) ‘informal social controls’, and (iii) purposeful ‘agency’. The authors stated that the concept which best describes the interaction of the three variables was ‘situated choice’. What this means is that behaviour is the result of both the context in which people with chronic substance misuse problems live (the ‘social environment’) and their own personal agency. While Laub and Sampson (2003) described agency as ‘choice’, stating that this was equally as important as routine activities and social controls when examining persistence and desistance across the life course, they also drew a distinction between their use of choice and rational choice theories stating that: ‘Choice alone without structures of support, or the offering of support alone absent of a decision to desist, however inchoate, seems destined to fail’ (Sampson and Laub, 2005: 43). Specifically, agency in this study was
defined as ‘choice’, but differentiated from rational choice, and situated in the social and environmental circumstances which were experienced at any given point in time. Thus choice is determined by a complex and dynamic set of interrelated variables which include a person’s past and present experiences (e.g. addiction, homelessness), while at the same time constantly needing to move forward. The acts of doing things (routines, habits and practices) (Nettleton et al, 2011), as well as the cognitive processes involved in choosing to desist (Biernacki, 1986), also influence choice, even when an individual cannot easily account for their actions, or do not want to (Gadd, 2006). The interaction of the routine activities, informal social controls and agency was described as ‘situated choice’. Applying the life course perspective to drug abuse, Hser et al, (2007) noted that turning points vary, and the same event can trigger a change in one person’s drug use but not another’s, and this will depend on the individual and the context.

From this perspective it is only through in-depth, theoretically selected case-studies that are ‘sensitive to the latent or unconscious meanings of respondents’ narratives, including all the absences, contradictions and avoidances intrinsic to them’ (Gadd and Farrell, 2004: 132) which can most accurately capture and understand agency. This article focused on a small number of respondents which allowed an in-depth examination of their cognitive processes as they attached meaning to Second Chance, in the context of their day-to-day lives in their recovery, during the fieldwork.

Discussing the use of life course perspective in relation to alcohol and drug abuse and turning points, Groshkova and Best (2011: 37) state that ‘within a life-course model, there are “windows of opportunity for change” that represent the turning points [out of addiction] in a developmental trajectory. The challenge for science is to identify when and why these occur and what makes the changes sustainable’. This is a key statement in the context of this article which suggested that Second Chance was a ‘window of opportunity for change’ (Groshkova
and Best 2011: 11), within which one respondent was experiencing a turning point, while the other was not. This turning point was conceptualized as an identity change, and was dependent upon the respondent’s other routine activities, social networks and personal agency (choice) both within and outside of Second Chance. Thus for desistance to happen, respondents needed other networks of support in addition to Second Chance. The life course perspective thus offers a useful approach to explain and understand AOD problems, and how this interrelates with social systems which structure people’s lives (Groshkova and Best, 2011).

Approaching recovery biographically

The findings discussed in this article relate specifically to two adults taking part in Second Chance as part of their recovery AOD problems (4). These two men form a subset of a larger group of 19 who constitute the sample for a prospective research study, the fieldwork for which was conducted during 2008 and 2009. 19 Second Chance clients were followed over the course of a year, interviewed individually, three times, at six month intervals. As a group on average they had been desisting from AOD for one year when they were first interviewed. Following the fieldwork they were divided into two broad groupings on the basis of two distinctive patterns of behaviour which emerged from the interpretive analysis; individuals in ‘group one’ were successfully desisting, while ‘group two’ were not; ‘trapped’ from moving forward in recovery. Importantly, we argue that group one and group two are not inherently ‘different’ people; they were similarly matched in terms of average age, substance misuse, length of time since last use (at research outset), and length of time attending Second Chance. Instead, what set the groups apart were the handicaps which hindered group two’s successful attempts at recovery. This article is based on the biographical accounts of two respondents – Paul as ‘desister’ and John as ‘trapped’ – who attended Second Chance.
The prospective study was based on in-depth, semi-structured interviews conducted with 19 respondents at three points, with six month intervals. Criteria for inclusion in the research study were that they were on the Second Chance programme, and registered in some form of treatment for alcohol or drug use problems. The 19 respondents were male, residents in the North East of England, and their average age was 29 years old (range 19 – 46 years). At the height of their addiction, the majority were poly drug abusers, in that they used a range of illicit and licit (including alcohol) drugs. Care was taken to make certain that interviewees understood the ethical arrangements in relation to their testimonies. Interview one examined respondents’ background, including education, employment, and alcohol and drug-using careers. Interviews two and three explored how participants had spent their time over the past six months, including any changes, problems, or successes they had experienced. Participants were also asked to describe their social situations, focusing on certain life-circumstances thought to be associated with recidivism: housing, employment, finances, relationships (family, friends, and partners), alcohol, and drugs (LeBel et al, 2008). The interview schedules included questions on the trajectories of substance misuse (onset, course, cessation, desistance); the social and structural contexts in which those trajectories were set; and, significantly, where Second Chance fitted into these journeys as their lives unfolded. Paul and John’s life stories, which are examined here, detail the cognitive processes which emerged during the follow-up interviews, and describe some of the ways in which they coped with challenges and setbacks encountered in their daily lives.

This article therefore takes a biographical case study approach because we argue that to comprehend the psychosocial interface of recovery requires a form of in-depth case analysis that is sensitive to the latent and unconscious meanings of respondents’ narratives, including all the absences, contradictions, and avoidances intrinsic to them (Gadd and Farrell, 2004). Large scale studies that disaggregate data about individuals into variables that can be
used to make generalisations about the ‘typical case’ are of limited value when one is aiming to make sense of phenomena that are partly biographically contingent. Arranging data biographically makes sense in terms of comprehending processes of recovery since respondents seldom maintain one subjective stance over time and context (Gadd, 2006). In the following section we seek to illustrate the kind of in-depth case analysis we are advocating. So, although there are shades of recovery, Paul and John are identified as relevant luminous case studies principally on the basis that they are theoretically interesting, but also because they:

- exemplify the experiences of respondents who are illustrative of the two categories; John’s story of desistence is indicative of respondents from group one, while Paul’s story of being ‘trapped’ is representative of respondents from group two;
- highlight the typical processes found in the study;
- were 2 of a relatively small number of respondents (11 desisters, 8 trapped) who stayed with Second Chance throughout the research;
- highlight the social, structural, situational, dynamic process of desistance and persistence from crime found in criminological desistence literature, and the recovery from addictions literature.

The case studies have been selected from the sample not because they are cherry-picked illustrations of good or poor practice, but rather because John’s narrative of recovery emphasised the social connections which developed over time at Second Chance, while Paul’s narrative depicted loneliness, stress, and lack of meaning, indicative of ‘trapped’ respondents. Focusing on John and Paul enables a deeper insight into the lives of two people, rather than a larger cohort, and enables the complexity of each individual’s lives to be comprehended. This is also emphasised in recovery literature which suggests ‘recovery is heterogeneous’ (Gagne et al, 2007); people have different pathways to recovery.
John

John is a 32 year old recovering alcoholic and drug addict, who lived with his partner on a council estate. His offending career started aged 11 years old, drinking alcohol and smoking cigarettes with friends. Within the next year he began smoking cannabis, which led on to more powerful drugs. John was alcohol dependent from the age of 21, although he said ‘I always had a taste for it…I just liked being out of my head’. John’s offending was largely violence-related; in all three of his interviews he was registered on the ‘prolific and priority offenders scheme’ (PPO), an intensive probation programme designed for the most serious offenders. Since the age of 16 years John had spent the majority of his life in prison (at least once every year). Reflecting on this, John felt that ‘boredom’ had contributed significantly to why he had become involved in substance misuse and gang-violence. He also felt that sport could be an antidote to that lifestyle:

... [at Second Chance] even then [growing up] I recognised that sport was the way to kill people’s boredom … but there’s not enough activities for people to do. Like we were standing on parks and things like that just having a drink and getting drunk.

John had been going to Second Chance for around six months, and had been desisting from substance misuse, and offending, for just under one year. Reflecting on the transition from offender to desister John said that:

It’s hard cutting your ties from people you used to be friends with … like I lived that life for … twenty years or something, so I didn’t know any different. I didn’t know how to go about paying bills, I didn’t know how to go about running a house, buying
things, um…relationships. Uh…just life in general…how to act in groups, because my life was run for me in there [jail].

John went to Second Chance because he ‘loved sport’ and needed to ‘kill the boredom and keep out of trouble’. Although he said he had few friends, the social aspect was of little interest to him, ‘I dinnit [don’t] really need friends’, and he was ‘happy to just watch the soaps’. He did speak highly of the coaches, who he described as approachable, with a good sense of humour, and enthusiastic:

Like coming in on the same ‘level’ as us, instead of thinking that they’re above us … Cos that’s how it’s been all my life, people above me preaching, telling me what to do. Like the police, people in [Care] homes, eh prisons, probation officers, everything like that. And then to have someone like Phil [coach] come in and just be on the same level as us … and being at one with us. It’s just absolutely a breath of fresh air, yeah, it’s just different.

The ability of coaches to communicate with players was important to John in how he attached meaning to Second Chance.

*Six months later:* When John was interviewed for the second time, he was still desisting, and still attending Second Chance,

Monday I do weights and swimming. Wednesday we do like circuits and stuff like that and Friday’s like football.
Although the social aspect of Second Chance had not been initially important, this had now changed. The other players now provided John with a new social network and a diversion from former associates,

And like the ones from [area] I’ve been getting to know them … it’s a good bunch of lads here. I like coming here, because I dinnit associate with anybody in [hometown]. Um…because I’ve got no friends, because I just left them…they’re all in the same place and that doing the same thing … that’s not for me anymore.

In addition to Second Chance, John had a busy weekly schedule, he was spending more time with his children, and this was very important to him. He had also been promoting Second Chance and fundraising with the coaches and programme coordinator. John had done several presentations at local prisons, and for a range of practitioner audiences.

My guts were going crazy on the day …. I’ve never been in a prison without going in as a convict … It was weird … and I thought ‘I don’t miss this life at all like – no chance!’ … They [inmates] were pleased [to see me], they’ve come up to me after a while and said ‘look how have you turned yourself around?’, ‘Was it hard’? I said ‘aye you’ve got to want to do it … You don’t just turn up on the programme and it happens, you’ve got to really want to do it’. I said ‘its loads of hard work … but it’s worth it’.

John was proud of this opportunity to be recognised, and to help Second Chance develop. He was also looking for work, and was keen for this to be related to helping people to stop offending. He said that he received support almost entirely from the coaches at
Second Chance, and his partner. John said that whenever he had day-to-day problems he had spoken to the coaches, and he felt that he could trust them.

Every time I have a problem I tell [coach], ‘cos he tells us the way it is and he’s at one with us to be honest with you, he says it perfect … like he just explains it … I’ve got a lot of time for him.

John felt comfortable with the way coaches explained day to day problems; however, he still struggled in recovery at times. When asked what Second Chance meant to him, he said,

It gives you something to look forward to, day by day, ‘cos usually [when he was offending]… you’re just existing … it was just a matter of time before I either died or the police come and caught us or I ended up killing someone probably the way I was going … Whereas this helps me channel my anger or get rid of my anger, you know, that frustration or energy, by running in the gym, or playing football … [it] takes your mind off things … [and] you feel a lot better in yourself, and [helps with] how to talk to people.

This was meaningful to John, who described difficulties in communicating with people,

I used to hate people, you know, hate like, especially men. My da [dad] used to beat us [me] up when I was a kid, he beat me with an ashtray when I was a bairn [child], and ever since then I just never trusted men, never … he [father] used to call us a freak and beat me [my] mother … when he was drunk you know, tell us that I was never any good.
Second Chance provided John with a meaningful activity, and one that he had chosen to do, rather than one that had been forced upon him, as had been the way with most of his offending life. It provided him with a social network, which developed over time, and had become a source of solidarity and trust, and he had not experienced this before.

*One year later:* In John’s final interview he was still attending Second Chance.

But it’s something different every week I come. It’s like a different sport, it’s a change from football. Do you know what I mean? … you get like a different bond playing different teams because it’s like it’s the same people playing football, but if you are playing like handball it’s totally different.

John’s relationships with the players had continued to develop; he now considered them ‘friends’ and people who missed his presence at sessions when he was not there,

…the day after the tournament three of them phoned us up and said ‘we need you to come back’ … It was nice for them to… phone up and that. I do make a difference.

Most of his time now was spent with his children, with whom he was getting increasing contact, and at his new job as a volunteer mentor with young offenders. With help from the coaches at Second Chance he had successfully applied and prepared for his interview. John had no work experience, and was still serving an Anti-Social Behaviour Order (ASBO), and was a registered PPO. However, due to his commitment to self-change over the previous year and a half, his employers had overlooked this problem,
It doesn’t look good, a mentor having an ASBO, does it? But I said ‘look what are the chances, with an ASBO’? He said ‘well really…we can’t take you in, but I’ll mention it to my boss and see what she says’. And then he came back and said ‘my boss said to me ‘you know him, so it’s your neck that’s on the line’’. And he said, ‘I’m willing to put my neck on the line for you … I’ve seen who you are, and what you’ve done’.

This was very meaningful to John’s recovery and his motivation to desist. When asked to reflect on his life now, compared to his first research interview one year ago John said,

I’m nearly there like. All I need now is to work hard in this job and for it one day to be paid, then I’ll be settled, I’ve got everything else. I’ve got my health, I’ve got my partner, I’ve got my bairns, like the house, um…all I need now is to work.

John felt that Second Chance provided a place where he could fill time, develop his communication skills, make friends, find support, and improve his health. Importantly these factors helped him find stability in his life. However, John also had networks of support outside of Second Chance, his family and his work, for example. Thus, Second Chance was one important part of John’s recovery journey, but it was not the only part.

Paul

When Paul was first interviewed he was a 25-year-old, unemployed, ex addict, who had been sober for 18 months. He lived with his mother in a two bedroom flat. Paul’s substance misuse started when he was 11 years old, experimenting with cigarettes and alcohol and stating that
this was ‘what everyone was doing’ in his school. This progressed onto cannabis and eventually onto more powerful drugs; when he was 15 he started smoking heroin. By the age of 18 years Paul knew he wanted to stop using, and for the next four years he stopped many times only to relapse. There were two main reasons for relapsing which included negative emotions such as guilt and stress, and, related to the first reason, a lack of things to do with his time, creating a sense of isolation:

Two things. Boredom, or like arguing … I’d storm out the house or whatever and have money and just think ‘fuck it’ … you buy that first bag [drugs] cos you’re depressed, feeling sorry for yourself, and then that would … lead to a full blown habit.

Paul had been going to Second Chance for two years when he was first interviewed, although his attendance in the first year had been ‘on and off’ due to intermittent substance misuse. Initially Paul attended weekly gym sessions, and changed to weekly football sessions because that was what his friends were doing. He heard about Second Chance through his substance misuse worker, and when asked why he started going he said

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

Second Chance was a place where Paul could do something with his time which he enjoyed and because it was a place of positive social connections. This was important to Paul, because outside of Second Chance virtually all his time was spent at home, watching television, or playing computer games. The money he received from benefits went almost entirely to his
mother, as neither his mother nor Paul believed he could be trusted not to spend it on alcohol or drugs, and this played into a disbelief in his ability to either find, or retain, employment. There were no freely accessible activities in the town in which Paul lived, and his social network was almost entirely restricted to that of Second Chance players and his mother. Virtually all the other people whom he knew in his town still used alcohol or drugs. While life was isolated and repetitive it was the only solution to avoid relapsing:

**Interviewer:** Who do you spend your time with outside of Second Chance?

**Paul:** No one. I don’t go out me. I only go out on Thursday or if I’ve got to go to the chemist and that’s it. That’s my life. Most of the people I know use anyway, oh aye loads of them. Even if they weren’t like ‘haway with me I’m gettin some [alcohol or drugs]’, they’d obviously just get it themselves and I’d be there watching … It’ll just end up getting into me head.

In fact, Paul stated that without Second Chance he would be sure to relapse,

If I wasn’t doing that I know I’d be still on the drugs. That’s one day a week that football. One day a week … it’s good cos while I’m doing that...[pause]…I mean what’s the point of stayin’ clean if you’ve got nowt to do? I would just end up back on the drugs.

Paul’s lack of hope and self-efficacy was underscored by a lack of meaningful activities and support outside of Second Chance.
Six months later: The significance of Paul’s closing comments became more apparent in his second interview during which he described having several lapses over the previous six months. Paul still lived with his mother, was unemployed, and continued to believe he could not trust himself to handle money. He was attending Second Chance on a weekly basis and he was pleased with the sessions saying that they were more structured with a greater focus on drills. However echoing his previous narrative he said going to Second Chance one day per week was insufficient to help him stay away from using alcohol and drugs. He stated explicitly that the lack of things to do outside of Second Chance directly contributed to difficulties he experienced staying away from substance misuse, saying that: ‘They need more stuff on like to help people, once a week is not really any good. It’s not going to help you stay clean is it really?’ Paul said that over the past six months the most important thing in his life was focusing on ‘staying clean and going to Second Chance’. But he struggled when asked what strategies he employed to help him stay clean, citing only watching television or playing computer games.

**Interviewer:** What do you do if you’re having a craving?

**Paul:** That’s a good question [laughs quietly to self]. That’s what I have to fight … cos I get them all the time … I mean an’ it’s not just like for a daft minute, it’s like all day. … [it] happens a lot. And then [I] just...need somethin to take your mind off it, then so you got to go and put the computer on or something.

Paul was frustrated and pointed in stating that there were few opportunities in his local area which could help distract him from the daily cravings he experienced, and thus his attempts to stay clean were ultimately futile. His social network remained that of the people he met with during Second Chance, and his mother. He still did not associate with anyone else ‘cos
I’d just end up going backwards with me old mates and go back on drugs and what have you, so I stay out of the way’, and his typical week mirrored six months earlier,

It’s the only time I’m out when I’m through there [Second Chance]. I never go out with like the lads or anything like that. Like all my mates they’re still on drugs … I’m just doing the same, trying to keep meself clean, gettin fitter and all that ... Not really going to get much fitter, but it’s something it’s better than nowt, but it’s all I’ve got.

The meaning Paul attached to the programme appeared to be located in a chance to escape from the loneliness he experienced outside of Second Chance, and the constant battle he faced with cravings.

One year later: When Paul was interviewed for the last time he said that over the past six months that he had regularly used alcohol and drugs. He spoke about these instances in a more matter-of-fact way than in his previous interviews, and with a somewhat defeated tone,

I’ve had relapses. I relapse all the time, not all the time but I do relapse. Other people would just tell lies but I won’t bother me, I tell the truth. I’ve relapsed ... Something will have happened, most of the time I’m just bored or something and I’ve had money, or I’ll of had an argument at home.

When asked what helped him to stay clean, Paul said having Second Chance to go to, and the fear of knowing his mother would kick him out of home if he got caught. When asked what strategies he employed to help him stay clean his answer reflected the previous interview when he said ‘doing more stuff’. Paul said that going to Second Chance allowed him to
disengage from the struggles he experienced trying to stay clean, and from the loneliness and repetitiveness of his typical week,

If someone’s into football…just…it clears your mind of everything else, or it does to me, when I’m on a football pitch I don’t think of nowt else. And you feel good an’ all, yeah good. Go home, have something to eat, feel better about…you’re tired, it’s good. But I love football me. I’d play like every day, all the time if I could.

Paul was in early stages of recovery from addiction, he was unemployed, had little money, and there were few available activities in his local area. Paul identified with Second Chance because he had always loved sports, it gave him something to do with his time, and it gave him a social network of non-substance misusing friends. In Paul’s second and third interviews it emerged that he had started to use again. While the sport and the social networks within the programme played a meaningful role for his ‘recovery’, it draws attention to the need for external factors of support in the lives of participants of sports-based interventions.

**Discussion**

Eleven respondents were identified as ‘recovering’ and desisting during the fieldwork and John’s biography exemplifies the key findings from this group. He implicitly emphasised the social connections which developed over time at Second Chance, both with other players and coaches; a strong therapeutic alliance (5) emerged between John and his coach who challenged his negative behaviour while encouraging the values of teamwork and discipline. These attributes were meaningful. The informal social controls found in Second Chance were evident directly via these specific social relations, indirectly through the value John placed on
going to the programme, and internally as he learned about new ways of thinking and behaving through teamwork.

Outside Second Chance, John’s life had structure and routine, and he was involved in important activities which necessitated responsibility. John’s narrative laid stress on his improving relationships with his family, specifically his children, which also absorbed time. When asked about the meaning John attached to these areas, volunteering for Second Chance was related to developing new skill sets, acquiring new social networks, a positive use of time, a sense of purpose, and feelings of restoration. Second Chance and volunteering provided John with something positive to talk about and simultaneously offered his family a visible sign of recovery. John appeared to be growing in hope and self-efficacy. This was evident in his belief that he could stay alcohol and drug free, and in the tangible plans he described beyond Second Chance.

John was in the process of transforming his former addict identity such that new identities as sportsman, and team mate developed. Yet his activities outside Second Chance developed other identities also. These non-addict identities were reinforced by players and coaches, and, importantly, by other networks of support outside Second Chance. John described shame about past wrong-doings, however, now he described a new and developing set of skills through which to process these emotions; Second Chance, volunteering and family were key parts of this.

Paul was one of eight participants in the larger study who was ‘trapped’ from moving successfully forward in recovery. Like John, the reasons given by Paul for starting Second Chance was to fill time and to play sport. Paul reported that Second Chance was a place where he could evade the difficulties experienced outside the programme, specifically the influence of other people who were still using. With little structure and routine, and few meaningful activities, Second Chance was somewhere Paul went to stay alcohol and drug
free, and which offered him the chance to have ‘a laugh’ doing an activity unrelated to his substance-use problems. The programme was clearly important to him. Outside Second Chance, Paul’s family barely referenced his engagement with the programme. This was in contrast to John. Thus, the turning points which were experienced by desisters like John simply could not develop to the same extent among trapped respondents like Paul. Any identity transformations which may have been taking place through Second Chance were largely restricted to the programme, but this should not detract from what the programme may have offered him.

Outside Second Chance Paul rarely engaged in meaningful activities; those which were accessible tended to be short-lived. His only routine activities were alcohol and drug treatment appointments. Important as those were, in the absence of few other meaningful activities such appointments merely reinforced his addict and offending identities. Consequently, trapped respondents like Paul experienced boredom and stress, feelings which have strong associations with relapses (Best et al., 2008). Paul wanted to be alcohol and drug free, but when asked how he managed problems such as cravings, he offered few strategies. His narrative reflected low levels of self-efficacy and hope, as well as depression, anxiety, stress, isolation, and a lack of purpose. Paul clearly lacked the stability, confidence, self-belief, and support structures necessary to create and sustain an identity other than that of an addict. Thus, while he did experience many periods of abstinence, sustaining these efforts were ultimately futile.

Situational contingencies, and routine activities, can either lure people towards or away from addiction (Sampson and Laub, 2003). In one of criminology’s largest empirical desistance studies, it was found that persisters in crime had chaotic and unstructured lives across a range of areas such as housing, employment and relationships, and routine activities were ‘loaded with opportunities for crime and extensive associations with like-minded
offenders’ (Sampson and Laub, 2003: 275). Paul’s ‘trapped’ narrative was similarly loaded
with opportunities to relapse, and his limited meaningful activities outside Second Chance
reflected this. By contrast John had several meaningful activities, including Second Chance,
such as volunteering and developing family relations. John’s success was not about having
‘nice things to do’ but, while each were distinct domains, his routine activities shared
commonalities which supported his recovery and desistance. This included not simply a new
social network but also informal social controls – such as values, customs, and behaviours
through the activity and its related social networks. These conscious and unconscious
mechanisms provided John with the necessary ‘tools’ with which to begin to change his way
of thinking, and help him to live without alcohol and drugs. By contrast, Paul’s situated
choice was based around a lack of opportunities to further himself, and a lack of belief in his
ability to succeed. Paul’s informal social controls were largely found through other people
who were in comparable situations. Paul had frequent drug and alcohol appointments but
(while not detracting from their role) this appeared to reinforce the fact that he was an addict,
rather than creating alternative identities.

Conclusion
Reviewing the role of sports-based interventions in relation to social inclusion, Coalter
(2007) asserts that some programmes help some people only some of the time. He goes onto
state that one of the tasks for future research is to examine the mechanisms within
programmes to account for why this is this the case. This prospective study explored this by
examining the meanings which participants attached to Second Chance in the wider context
of their lives. According to both interviewees, sport was something with which they
associated positively. Overcoming addiction requires some degree of self-change, and for this
process to happen, facilitating opportunities are required. The findings articulated here
suggest that Second Chance was a ‘window of opportunity for change’ (Groshkova and Best, 2011). The degree to which change was experienced varied, and depended on factors both within and outside of Second Chance. These factors included participants’ routine activities, informal social control (influences found through social networks), and agency (personal choice).

In this study, recovering respondents assumed identities such as sportsmen, students, fathers, and volunteers. This process of transforming identities was theorised as a turning point, made possible via routine activities, informal social controls, and agency (personal choice). While only time will know if this was indeed a ‘true’ turning point in their lives, the findings are positively indicative. Although the Second Chance window of opportunity was an important part of this process, it was not the complete picture. For participants to move ‘forwards’ and recover, Second Chance had to be delivered in tandem with sources of stability and support outside the programme. By prospectively examining the experiences of John and Paul it is hoped that this research has added knowledge to this area.

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Notes

1. The phrase ‘alcohol and other drug use problems’ (AOD) is an increasingly common term used by politicians and health professionals both in the US and in the UK to describe severe and persistent use of a variety of licit and illicit drug use (White, 2009).
2. Positive Futures; Splash; Fairfield
3. Second Chance (Batchelor et al, 2006) was set up in 2005 to help substance using offenders recover by engaging them voluntarily in regular coached sports sessions. Jointly funded by the Football Foundation (www.footballfoundation.org.uk) and the Drug
Interventions Programme (DIP) (www.homeoffice.gov.uk/crime/reducing-reoffending/dip/), the programme was delivered in partnership by the Universities of Durham, Newcastle, Northumbria, Teesside and Sunderland who provided training facilities and coaches during every sports session.

4. Respondents who were counted as ‘regular attendees’ engaged in at least one in every four training sessions at Second Chance during the fieldwork.

5. The therapeutic alliance is among the most basic cornerstones in supporting people to maintain abstinence, autonomy, and regain their ability to be successful in drawing on their internal and systemic resources such as family, friends, and support workers.

References


