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This is an author produced version of a paper published in

The International Journal of Social, Political and Community Agendas in
the Arts (ISSN 2326-9960, eISSN 2327-2104)

This version may not include final proof corrections and does not include
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Citation Details

Citation for the version of the work held in 'OpenAIR@RGU':

HACKETT, C., 2013. Transferable skills and the drug dependent: a
journey through the city of Glasgow. Available from
OpenAIR@RGU. [online]. Available from: <http://openair.rgu.ac.uk>

Citation for the publisher's version:

HACKETT, C., 2013. Transferable skills and the drug dependent: a
journey through the city of Glasgow. *The International Journal of
Social, Political and Community Agendas in the Arts*, 7 (3), pp. 1-
14.

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Transferable Skills and the Drug Dependent: A Journey through the City of Glasgow

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Abstract: Voices narrate their views on skills, transferable skills, marginalisation and poverty in relation to society, opportunity and drug addiction. Narcotic addicts need to educate themselves on where to source and buy drugs and how to go about raising enough money to buy substances such as heroin. Drug dependents need to be knowledgeable, determined, and resourceful to sustain their addiction. They need large amounts of money to feed their habit and will generally get this through illegal and anti-social activities. They lead dangerous lives on the margins of society. This arts practice-led research paper investigates questions around dependency and the possibility of addicts learning skills from being addicted. Using qualitative research data gathered through socially-engaged artist's methods, the paper considers whether the skills in evidence amongst drug addicts (such as injecting skills, drug dealing, money-making skills and negotiating skills) have the potential to be transferable and used in ways that would benefit both the dependent and society. The paper explores the notion that drug workers and society should consider the potential of dependents' transferable skills in aiding the health and wellbeing of addicts. Paulo Friere's theories around the 'Pedagogy of the Oppressed' through 'problem solving education' and 'dialogical' discussion are applied to the skills created as a result of being addicted. The methods, process, and discourse used by Suzanne Lacy in her collaborative public art works resonate with the research in considering the arts as a beneficial way of creating dialogue between dependents and society. The artist as social researcher follows the journey of the opiate dependent through deprived areas of Glasgow, interviewing dependents, drug workers and social workers, while reflecting on the relationship of the environment and poverty to drug dependents and their skills.

Keywords: Addiction, Transferable Skills, Opiate Dependency, Experiential Learning, Socially Engaged Arts Practice, Qualitative Research, Practice-led Research, Ethnography, Social Deprivation, Social Exclusion, dependents voices, recovery, Paulo Friere, Suzanne Lacy.

Introduction

Place and Community, the Context for the Research.

“Heroin warms you up from the inside out: it takes you away from the shit. It's a sociological kick: warm equals time out.”

A drug worker quotes his views on the effect of heroin.

The context of the deprived urban social landscape is an important factor within this research, and interrelates with the notion of using opiates to dissociate oneself from reality. Being impoverished in a poor area with poor housing

results in the need to make extra money just to get by, and to escape the reality of social exclusion. Glasgow City's social landscape reflects the impact of historical government policy on place and community, with poverty and unemployment, social "deprivation" and "social exclusion" (Seddon 2006, 682) resulting in an "irregular economy" (Seddon 2006, 691). The changing of the urban landscape from the effect of "Thatcherism" on Glasgow's post-industrial employment during the 1980s to one of being "de-industrialised" impacted many communities. The closing of shipyards, steel mills and coal mining left a workforce with redundant skills, little or no job opportunities, and perhaps a feeling of not belonging or uselessness as an inherited problem still effecting Glasgow today (Hanlon et al 2009, 5). "Between 1971 and 2005, the West of Scotland shed almost two-thirds (62%) of its jobs in industry making it one of the most rapidly and profoundly de-industrialised areas of Europe" (Hanlon et al. 2009, 5).

Working-class communities went from employment to redundancy. In housing estates and schemes where there was large unemployment, dependence on social welfare, and little or nothing to do, communities became socially deprived and excluded. As Jonathan Jones writes: "Glasgow remains one of the most socially divided places in the UK, with its dispossessed working class systematically excluded by insufficient income" (cited in Byrne 2000, 145). For some people within these socially deprived and excluded estates the use of opiates such as heroin gives time out. Seddon (2006, 687) states that the "heroin user lifestyle" provides "for some young people a solution to the socio-psychological burden of unemployment" and goes on to say that there is a succinct relationship between the use of heroin and "social exclusion" in "understanding the socio-economic patterning of drug-related crime", an inherited effect within families and communities (Seddon 2006, 682). It is known statistically that there is greater opiate dependency within poor areas and that "drug use is traditionally associated with poor places and poor people" (Mayock 2005, 350).

In Scotland "in 2006 best estimates suggested that over 55,000 individuals used opiates" with "Glasgow having an estimated 3.27% prevalence" (Hanlon et al 2009, 2). "Almost every modern health and social problem, including drug and alcohol use, is more likely to occur in a less equal society" (Hanlon et al 2009, 4).

Informing research

In a journal article entitled *Addiction: A Disease of Learning and Memory*, Hyman considers the possibility that dependents develop learning and memory skills from taking opiates (Hyman 2005). The paper suggests

medical/physiological reasons for the impact of addiction on the dependent's motivational need to learn.

This perhaps allows dependents to have an added drive to survive in "pursuit of a reward" (Hyman 2005, 1414). In contrast, as an artist, the author is more interested in the narratives of the individuals who are drug dependent, their experiences and the environment in which they are situated. This more holistic approach enables the artist to capture the experience and begin to visualise and understand what takes place within dependency.

Skills and Transferable Skills from Addiction

Heroin is highly addictive. It is the drive to have the drug that gives addicts their incentive to deploy and develop a range of existing skills, or even acquire new skills, in order to get their 'fix'. This paper details a qualitative practice-led arts research inquiry that is positioned within socially-engaged arts practice. The research considers the concept that opiate dependents develop skills, which in some cases might be seen as transferable, as a result of being addicted. These skills are generally not recognised by society or the addicts themselves as either valuable or transferable. The question is raised as to whether such skills should be re-evaluated by society, drug workers, and the dependents themselves. Many of these skills are anti-social skills such as stealing, buying and selling drugs, lying, forgery, manipulation, coercion, and opiate injecting skills.

"Funding a daily habit of up to a hundred quid involves acquiring the skills in order to make money such as credit card fraud, good observational skills, to know when the time is right to go and steal, bargaining skills when buying drugs and selling, negotiating payments when the user owes money to some of the most dangerous drug dealers. Despite these skills which addicts have acquired through their own necessity they feel de-skilled."

A drug worker gives examples of dependents' skills in context.

There is a distinction between the anti-social skills that dependents acquire through addiction and the positive underlying transferable life skills that fit with society. Could one possibly re-consider and transfer selected dependents' skills such as first aid skills, communication and networking skills or bargaining skills? Could these transferable skills eventually become recognised by society, and used to the benefit of the dependent in aiding their health and wellbeing? There is a tension between recognising that skills emerge out of drug addiction and the anti-social and law breaking behaviour of the dependent. The research questions whether these skills are being exposed to dependents by their drug workers, and whether drug workers and their clients are aware of their possible value.

The artist as qualitative researcher

The research is focused on using an artist's research methodology to find various routes into dependents' lives, making connections in relation to skills and transferable skills.

The methodology uses social interaction to break into new narratives, constructions and reflective creativity; it looks at dependency from different voices and angles, building a collage that interlinks in much the same way as Denzin speaks about montage: "many different things are going on at the same time" (Denzin and Lincoln 2003, 7). The methods follow an artist's process of looking, thinking, developing research tools, asking questions and collecting data. Suzanne Lacy's practice has been used to contextualise this research in terms of working with the marginalised on the edge of society, where socially engaged practice is a process and a platform for those who perhaps find it hard to have a voice. "Among artists, there is a greater critical awareness of the social role of art" (Lacy 1995, 75). Guillermo Gomez-Pena is cited by Lacy "I feel that more than ever we must step outside the strictly art arena. It is not enough to make art" (Lacy 1995, 31).

Socially-engaged artists who work with marginalised groups use their practice to engage and draw out thoughts, experiences and narrative, capturing the areas that quantitative figures and graphs cannot reach. The author views dependency as a social issue; qualitative research has been used to get a more in-depth understanding of the issues surrounding the lives of dependents while looking at the possible causes. Brad Haseman quotes:

"One way to understand the developments wrought by practitioner-researchers from the arts is to see them as a part of the on-going project to clarify the materials and methods of qualitative research" (Haseman 2007, 148-149).

The research also draws upon the work of Friere as a way of contextualising both the learning and skill development and the marginalisation that takes place as a result of being addicted. Friere developed a pedagogical approach to overcoming oppression and social marginalisation, addressing those who live on the edges of society through his theory of "problem posing education". The author believes this could be applied to dependents, allowing them to analyse their skills and the conditions of their oppression (Friere 2004, 86).

The socially-engaged artist as researcher develops creative research methods to communicate with participants, opening up dialogue relating to experiences and thoughts on life. This allows data to emerge that possibly may not have come to light through other specialist research approaches. The socially-engaged artist does not have a set method; the agenda is more open with equality between the

participant and artist, they are both artists and researchers together. The artist as qualitative researcher has a unique asset in being an independent neutral outsider. Lacy's quote of "seeing art" and the artist "as a neutral meeting ground for people from different backgrounds" (Lacy 1995, 27) is significant. This neutrality allows participants to open up more and discuss views that otherwise may not have come to light.

Background: A tried and tested method - the dependent's journey

Previous research by the author (conducted in 2010) into the "Journey" made by dependents to and from the pharmacy informed the concept of skills and addiction resulting in this research. Through involvement in the earlier research, the author became aware that dependents coming into the pharmacy to take their methadone script were being treated differently to other customers - they were handed a plastic cup containing methadone to take at the counter. Artists are constantly observing and investigating, as Janesick quotes when talking about qualitative methods: "eyes must be taught to see, the ears must be taught to hear" (Janesick 2003, 57). This inter-human action prompted the author to create cut and paste questionnaires investigating dependents' daily journeys to and from the pharmacy. It became apparent from this research that they needed money-making skills to raise enough money to feed their habit. The cut and paste questionnaire methodology used in Figure 1 was also applied to the current research on dependency and skills.

An example of one of the questions from the questionnaire on methadone journeys shows the importance of the need to make money:

Question

Does your journey to and from the pharmacy and the bit in between have any impact on your life and treatment?

Response

"Home, seek money by any means, seek drugs, use drugs in any environment, arrive at chemist, meet addicts and return home".

Fraser's research into methadone maintenance and the methadone queue in her paper 'Chronotope of the Queue' revealed similar money making motivations. In the words of one addict's interview: "There are people there who want to do things like sell methadone, buy methadone or, um, sell drugs, buy drugs, whatever." (Fraser 2006, 1998)

Locations where the research took place

“Drug use is traditionally associated with poor places and poor people” (Mayock 2005, 350).

Glasgow has one of the lowest levels of life expectancy in Europe, with the population changing from rich to extremely poor within a half-mile radius.



Figure 4



Figure 5

Bruce Alexander, in his paper *The Roots of Addiction in Free Market Society*, states that “people who are chronically and severely dislocated are vulnerable to addiction” (Alexander 2001, 13).

Research locations in the city were identified where there were pharmacies that dispensed methadone, drug services, and where Narcotics Anonymous meetings took place. Narcotics Anonymous (N.A.) meetings were attended on the basis of attending as a visitor and being forthcoming about doing research. Contact was made with client providers, drug workers, and social workers.

Methodology

The methodology uses four different elements interviews: cut and paste questionnaires, social engagement and conversations, and film-making. The methodological approach to using these processes within the research has been made in an informal manner by the artist as researcher. They do not follow a pre-ordained method of ‘how it is done’ but follow the course of getting together and conversing with those who are being researched, finding what they are comfortable with and creating a dialogue, a co-production. The methods are expansive and have been developed to find ways of pulling out and exposing their voices. There is more of a sense of being on an equal footing. This is achieved through using informally structured methods allowing observations and comparisons to be made.

Interviews

Eight interviews took place with drug specialists: two with social workers who worked with dependency, four in abstinence units and two in drug emergency drop-in services, with a further eleven informal interviews/conversations taking place with dependents in 2011. Interviews focused on the set of skills that dependents had obtained through addiction and the potential for these skills being transferable and aiding recovery. Questions also looked at postcodes and services, as well as how society viewed them as addicts.

The following are examples of responses from interviewees who were asked about skills and transferable skills, giving an insight into the type of skills that exist amongst those who are drug dependent.

A drug worker on how a dependent may be able to transfer their skills:

“I knew a guy who came into the pub to sell heroin every day, he was always there at a certain time and worked hard to sell. He used to come around all the tables to sell and would have made a really good salesman if he had transferred those skills.”

A social worker speaks about dependents and their relationship with skills:

“Addiction is a contradiction, there is a sense that addicts in recovery become frightened about the skills that they have learnt through their addiction and do not know how to transfer them. Addicts are incredibly good with words - they learn the language of social workers, so that they know what to say in order to access services.”

A student gives an example of how addiction helped her when she went to college.

“Addiction provided me with the ability to think in non-linear ways whereas other students found this difficult. I think that the reason for this was because in order to maintain an addiction one must figure all the angles to get what one wants”

Skills are learnt as a result of addiction, varying from the transferable to being able to adapt to a social worker’s language. This shows it is plausible for selected skills to be adapted for the benefit of both the dependent and society.

Questionnaires

The use of non-formulaic creative cut and paste questionnaires are a method that the author has developed over a period of time for participatory workshops to capture narrative and to engage with participants. The questionnaires are a connection tool, a space for the participant to contemplate, create and reflect - a conversation. The questionnaires were specifically designed in a cut and paste way to give a feeling of informality, a creative approach to the homogenous questionnaire that aims to subvert norms and facilitate dialogue. Spaces between questions were created to allow pause points, which also acted as a thinking space. A drawing space was created to draw or notate in. Visual methods are known to open up alternative valuable data that cannot be written, such as “those aspects of one’s life that might for some reason be sensitive and difficult to be related in words” (Bagnoli 2009, 566). The cut and paste format with a black background highlighting the questions divides up the space and makes it easier to read, creating greater accessibility. The questionnaires were an important tool within the methodology, acting as the conversation between researcher and dependent. In cases where it was difficult to have direct contact with some of the participants, drug workers gave out questionnaires and returned them to the researcher.

The purpose of the questionnaires on skills and transferable skills was also to elicit information about the impact of the environment on addiction and how addicts viewed society in terms of equality and opportunity.

Thirty-five questionnaires were given out to dependents with thirty-one being returned (Note the examples of cut and paste questionnaires in figures 6 and 7).

Examples of responses to the questionnaires:

Question:

What do you think that you might have learnt from being an addict?

Responses:

“Deceitful skills, how and when to lie, how to budget for feeding your habit”;
“How to avoid and read the police authorities, knowing when the dealers open shop”; “Skills in coping with someone who is overdosed”.

Question:

What skills from being an addict do you think might be transferable into life during recovery, or further life opportunities?

Responses:

“Cardiopulmonary resuscitation technique”; “Knowing how to use Naloxone and first aid” (*Naloxone is an antidote for heroin overdose*); “Knowing weights, imperial and metric”; “Mental arithmetic”; “Survival skills”; “Counselling skills”.

Question:

What do you think that you might have learnt about society from the experience of being an addict?

Responses:

“Society on a whole tends to see addicts as a lost cause”; “Being treated like a third class citizen”; “Addicts are marginalised by society and frowned upon, we are not accepted in society, educate them in addiction”; “As an addict opportunities are denied to me”

A drug worker gave his feedback on how his group reacted to the questionnaires:

“They became silent and really involved in their thoughts on the subject matter. I don’t think they had ever been asked anything like this before. The group found the idea of transferring skills learnt whilst in addiction to use in their recovery difficult to comprehend. Once that they realized that they had utilized a range of skills such as mental arithmetic, measuring in their heads in the open environment, weight’s and measures, they felt a real enthusiasm for participating. They feel that everything that they have done before has no value. So thinking that there may be something of value, or even skills that could be used for their benefit or someone else’s benefit, is hard to grasp”.

Mary Harris discusses shoppers using mental arithmetic and how they have adapted their skills, saying that: “The arithmetic practice was quite specific to the situation” (Harris 1997, 199). The responses to the questionnaires within the current research indicate that addicts are calculating using mental arithmetic in much the same way as the shoppers for a specific task - not in a shop, however, but out of sight in unseen or dark spaces.

Data collected from questionnaires was analysed with a view to looking for common themes running throughout. One can detect that dependents see themselves as being on the margins of society and treated as ‘third-class citizens’. City postcodes also have an impact on them - some areas have better drug services and others have very poor services. Individuals find it difficult to

move away from dependency with a lack of support. They also suffer from poor job opportunities if they have a criminal record, due to enhanced work disclosure. In terms of transferable skills, they think that they would make good drug workers because of their experience of being a dependent, with ‘a special understanding of how to read people’ combined with real empathy. Dependents have become so stigmatised by society that it is difficult for them to acknowledge that their skills can be adapted to benefit themselves. Elements of ‘learning from addiction’ and ‘passing on knowledge’ are being developed into skills because of survival and necessity - ‘first aid skills’ or ‘injecting naloxone’, for example, which are beneficial to the wellbeing of the dependent.

Deleuze, in *Difference and Repetition* (2004, 206), discusses learning in relation to apprenticeships as the “living passage from one to the other... between non-knowledge and knowledge”. In Deleuzian terms, dependents are passing on their knowledge and skills. Is that knowledge therefore bound into the conditions of addiction or is it possible to imagine that the negative aspect of these skills may be broken, allowing this knowledge to generate a new trajectory? Many of the skills that dependents have developed are against the law, such as forgery, shoplifting, stealing or buying and selling of opiates, making it difficult for society to value and think positively of them. How can we reassess the addict’s world in a different light and how can we make the unspeakable skills spoken about?

Are there Skills and transferable skills within addiction + Recovery??? *Yes*

These may be highly creative skills, life skills, practical skills, communication or slightly quirky or very subtle, skills.

What do you think that you have learnt from being an addict?
Please write what you think here, *Deceitful Skills, how and when to lie, how to budget for feeding your hobbit, having a sense if you feel your going to get stung.*

Can you write 4 or more Life Skills + 4 or more Practical Skills that that you might have learnt from being an Addict?

4 Life Skills please, *how to avoid and read police/authorities, Knowing the times dealers open shop.*

4 Practical Skills please *how to administer Naloxone, if someone is in O.D. First Aid*

They can be as off the wall or different as you want
Things that you have learnt from Addiction that perhaps others might not consider as normal learning?

Are there skills or things that perhaps that you have learnt about you or other people through going to support networks that perhaps you have never considered before?
You Have no Friends when full on Heroin addict, only associates.

Does Fellow support/participatory support work any better than professional Support? Can you discuss please? *WHY?*
A lot of an addicts would rather speak to someone who; been ~~addict~~ an addict as they can speak more openly than they can to a professional worker.

What skills from being an addict do you think might be transferable into life during recovery? Or further life opportunities? *Motivation, basic math and arithmetic skills, Surgical skills i.e. how to inject correctly, ~~the~~ Knowing weights, imperial/metric.*

What do you think that you might have learnt about society from the experience of being an addict? *Being treated as 2nd/3rd Class*

What would you do to change society? *Educate People*

Do you think society and Opportunities are equal? *No*

How does your answer impact on your experience of being an addict? *Really annoying being treated as a stigmatised member of society*

What, Who, Where, has Power over addicts *Drug Dealers*

What, Who, Where has power of those In Recovery? *Yourselve.*

What is Recovery?? *Your ability to help yourself.*

Do postcodes have any effect on opportunity + Addiction?
How Yes? *Some folk get offroad help depending on code*
How No? *i.e. PA1 may get help, PA2 may not get help*

If you can be bothered can you draw what you see as one of your skills that you have gained as a result of addiction. Please

Life experience. Do addicts have a special understanding for people? In what way? *Only interested in number when your an addicts*

What is your feedback to these questions?
What do you want to say?
had not been there for a year, all off top of head at time

Figure 6

If you can be bothered can you draw what you see as one of your skills that you have gained as a result of addiction. Please

How to inject safely

Life experience. Do addicts have a special understanding for people? In what way? *Always use words.*

Figure 7

Figure 6: An example of a questionnaire that was created and handed out to look at dependents’ skills and transferable skills, included questions on society, postcodes and the environment.

Figure 7: Drawing “Injecting safely”.

Narcotics Anonymous

Within this research it was important to speak with other dependent communities to question the learning and skill development that possibly takes place, another angle adding to the “montage” (Denzin and Lincoln 2003, 7).

Narcotics Anonymous (N.A.) is a fellowship; the participants run meetings as a support mechanism for addiction and abstinence. Weekly meetings take place in community centres. They are well attended and were identified as a place where there was a client group of both men and women across a wide age range. The fellowship and traditions give a structure that allows this community to come together to support, listen and experience. Everyone sits in a circle, group-sharing starts, a candle is lit and the room is totally darkened. Sharing allows anyone to speak voluntarily on their addiction experiences, with others following on from what has been said previously.

Everyone is given time to speak about how they have dealt with a situation. There is no offering of advice; individuals learn for themselves. Addicts continuously speak about how the gained knowledge of fellow addicts is paramount to their wellbeing, and the N.A. meeting provides an important place for this to take place. The contribution of another's experience of similar encounters is likened to a seminar of experiential learning. These people develop an understanding of their own lives and move forward as a result of "unveiling" the "reality" of their experience through "common reflection" (Friere 2004, 69).

"I believe that the participants in [N.A.] find a way through by sharing their narrative, where learning takes place from passing on knowledge through 'problem posing education'" (Friere 2004, 86)

Film: the dependents' journey

A film, produced as a qualitative research method, was used to expose, consider and analyse the journey of the addict and the environment where the research had taken place. The concept of *flâneur* was used as a method within the journey - filming whilst strolling, looking at and questioning the deprived areas of the city to understand the relationship between addiction and poverty.

Film was used as a creative tool, a process to visualise, capture and contextualise the dependents' journey, to edit, disseminate and to explain the research, linking the environment with the dependents' narrative. The film positions the filmmaker in the shoes of the dependent; it is not a documentary of someone profiling individuals. The author films as he walks, positioning himself as protagonist and creating a blurred world, evoking what it feels like to be in a narcotic state.

The author revisited and filmed where client drug services were located, and where the interviews were conducted. He filmed the ground, showing how the environment changed as he walked, capturing a sense of place. Aspects of the research were difficult to explain and the decision to make art within the landscape of the dependents' narrative helped to disseminate some of the findings. Chalk drawings were made on the pavements and roadside to create discussion points. The social-artist created lists of skills that had been associated with addiction, ticking off the ones which could be seen by society as transferable (perseverance, empathy, ability to speak to anyone, innovating) and crossing out the undesirable anti-social skills (dealing in illegal opiates, shoplifting and fraud).

Figure 8



Figure 9



Figure 10



Figure 11



Fig 8: Image from film: a list of dependents anti social skills were crossed out.

Figures 9: Image from film: a list of skills that were seen as transferable were discussed and ticked.

Figures. 10 & 11: Film clips of chalk drawings explaining the journey of a dependent.

The filming, editing, rewinding and watching allowed a creative research process capturing elements of the environment that had previously gone unnoticed. It created new thoughts; images became metaphors. As Lacy quotes Jeff Kelley in *Mapping the Terrain*, “processes are also metaphors... they are powerful containers of meaning” (1995, 45).

Foucault (1994, 311) describes the *flâneur* as a “strolling spectator”, building “up a storehouse of memories” through his “wanderings”. The author similarly built up such a “storehouse of memories” through conversations, observations, and an exploration of locations. Filming while walking created a blurred film effect; looking down allowed another “sensation” to be experienced (Rajchman 2000, 136). The ground became a metaphor of the dependent’s blurred mind – space, cracked broken pavements creating fissures looking like “roots” (Deleuze and Guattari 2004, 18), un-kept and neglected walkways with the continually changing paving.

Participatory research and changing understanding

Friere speaks about collaborative participatory research as a way towards inclusion for the “oppressed” - “Participatory research is an approach to social change, a process used by and for people who are exploited and oppressed”. (Cited in Byrne 2000, 179). There is a need “for ideas to solve complex problems” that surround addiction, and Hanlon et al discuss Thomas Homer-Dixon’s work on the “gap” of “understanding” (2009, 6). Friere’s participatory methods are perhaps a way forward between dependents, the “experts” with their knowledge of addiction (Hanlon et al. 2009, 6), and researchers and policy makers. It perhaps signals a way of understanding the impact of deprived places on addiction and why people feel dissociated. It is important to question the “complex problems” and “challenges” of addiction, including marginalisation and stigmatisation, that “converge, intertwine and often remain largely beyond our understanding” (Hanlon et al. 2009, 6). It is equally important to give some autonomy to the dependent in using their skills, hence aiding the “elimination of dependency and its symptoms”(Byrne 2000, 179). Many of Lacy’s participatory community performances, an example being *No Blood, No Foul* (1990), enable groups to collaboratively construct alternative projections through discourse, changing public perceptions and leading to a better understanding of how communities can collectively change public attitudes around stigmatisation. Is there an opportunity for socially- engaged artists to collaborate with dependents, using their skills to consider ways of educating the public in addiction? Could this inform a better understanding, making the unspeakable skills spoken about, stopping marginalisation of dependents as, in their own words, “third-class citizens” who “are not accepted in society”?

Conclusion

The use of an arts research methodology alongside socially-engaged arts practice results in the views of the marginalised being brought to the forefront, creating informative qualitative research data. The role of the artist as an independent “neutral outsider” was important in the relationship with dependents and drug workers, resulting in an increased openness (Lacy 1995, 27).

The use of film to disseminate qualitative research is an effective way to engage a broader audience; film gives the viewer a visual, oral, moving and sensory understanding of what is taking place within the environment. Text, graphs, and quantitative research cannot easily replicate these sensory visual dimensions. The making of art in the researched locations to explain the data captured the

relationship of dependency alongside deprivation and dissociation, which illustrated a coherent understanding of the research. One can conclude that an arts methodology produces a different and effective way of collecting and disseminating qualitative research.

The author has extracted a narrative normally hidden from society to make people aware of transferable skills acquired by dependents. A journal database literature search found no papers on the specific phenomenon of the concept of skills and transferable skills being developed as a result of opiate addiction.

One can see from this research that dependents see themselves as a misunderstood and marginalized group within society, beyond even the margins of the disenfranchised. There is a need for a greater understanding of dependency by society so that they are no longer alienated - this seems to be crucial to their recovery.

The research has exposed tensions relating to the dependents' skills. Their lifestyle is a continuous vicious circle: the heroin, the dealer, the triggers, the methadone clinic, the pharmacy, the addicts, and the poor housing. From analysing the questionnaires there is a feeling of self-reflectivity and insight. The transferable skills that dependents develop from their addiction are currently locked in a negative culture, resulting in dependence being reinforced and continuing. Dependents hide away in dark spaces, there is a sense of being frightened. As one said, "home is behind a locked door". Their skills and futures are frozen. There is a need to question why these skills are not being used by the dependent in their recovery: is it because they have become so oppressed that they do not perceive what they are learning as a skill, that everything "they have done before has no value" (drug worker)?

If addicts understood more clearly what skills they were acquiring through addiction, and drug workers had knowledge of how to get addicts to re-direct and develop these skills, could this insight change their situation? Encouraging dependents to consider the skills that they have by using dialogical discourse at least begins to ask this question. An example of this took place within the research, where the drug worker discussed the idea of skills with his group. This allowed them to acknowledge the possibility of having skills, which up to this point had not even crossed their minds.

We can see that dependents develop undesirable anti-social skills. However, many of these anti-social skills have elements that could develop into transferable sustainable skills if they were re-applied towards a new purpose. For example, opiate injecting skills to first aid skills, manipulation skills to people and leadership skills, buying and selling of drugs to negotiating skills, or

dealing with difficult situations to interpersonal skills. The use of these skills would undoubtedly allow dependents to gain confidence, hence aiding their wellbeing.

There are opposing views on whether these skills should be used in recovery, with some abstinence workers believing that “skills that are associated with their past life is like a backward step”, even if they were put to a positive use. However, some drug workers are beginning to see the use for these skills as a tool towards dependents’ recovery, with some actively helping dependents to understand the potential health benefits - through better injecting skills. Surely if it is acknowledged that this can benefit the dependents’ wellbeing, this is a step in the right direction.

From the research one can see that experiential learning takes place as a result of being addicted; there is a sense that elements of skills resulting from addiction have the possibility of being transferable. A way forward is for drug recovery organisations to start collaborative initiatives with dependents so that they become aware of their skills and make use of their assets, making it easier for them to find jobs despite having a criminal record.

All quotations from dependents, client interviews, drug workers and social workers remain anonymous throughout this paper.

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