Navigating Desistance from Heroin Careers: An Evolved Grounded Theory Study

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Abstract

Using an evolved grounded theory approach, this research explores the navigation of desistance from heroin careers characterised by problematic heroin use in the Maltese context. Evidence suggests that many individuals affected by such use manage to attain desistance at some point in their heroin career. This research attempts to develop an explanatory framework for the process of change from high-risk drug use to desistance by examining the main motivators that draw people towards desistance, the process of desistance, and strategies utilised to sustain continued long-term desistance within the Maltese context. The research adopts an evolved grounded theory methodology rooted in the interpretation of narrative data from interviews. Twenty-two participants, fourteen identifying as male and eight as female, who had desisted from using heroin for a minimum of five years, sat for a semi-structured interview. The theory conceptualises how a series of losses suffered following commitment to the heroin career fosters ambivalence towards the lifestyle and culminates in reckoning moments that nudge participants to change. Hope that desistance is an attainable goal emerges as instrumental in the eventual action taken to desist. Though pathways to desistance varied across participants, the theory identifies strategies adopted in the navigation of the journey towards desistance and identifies identity change as a key explanatory contingency in initiating, working towards, and maintaining desistance. Belonging to the community through the adoption of role such as parent or employee secures commitment to desistance and fosters the solidification of a conventional identity. The substantive theory illustrates that valuable insights can be acquired by examining the experiences of heroin users and makes a number of recommendations for policy, practice, and further research.

Keywords: desistance, heroin careers, identity, reckoning moments, hope, belonging

Declaration

I, the undersigned, declare that this thesis is my original work, and has not been presented in fulfilment of any other course requirements to the University of Malta or any other University.

Manuel Gellel

3rd April 2024

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Chapter One: Introduction

Preamble

Several competing discourses that draw on various theoretical models continue to surround the conceptualisation of addiction and eventual desistance from addiction careers. Long-term desistance from problematic drug use has proven to be a realistic and attainable goal for many people who use drugs in an addictive manner (Best et al, 2008; Peele, 2016; Klingemann, 2001). Furthermore, individuals who use drugs problematically navigate desistance from substance use in different ways. This is also the case for heroin use, which this research is concerned with. There is ample evidence in the literature that most people who use drugs problematically do eventually quit and that addiction careers have a finite timespan (Klingemann, 2001; Clark, 2011; Connolly et al, 2013). Despite evidence that individuals who use drugs problematically do manage to desist has been available for some time, the dominant perception that people who become addicted are doomed to an existence of coming in and out of addiction throughout life has persisted (Leshner, 1997). The evidence that people can and do desist from addiction careers is the starting point for this research (Klingemann, 2001). However, more focus is needed on understanding how desistance is attained and maintained. To this effect, this research seeks to explore and theorise on the motivations that drive people towards desistance, how desistance from problematic, long-term heroin use is attained, and how people who desist from heroin careers can maintain heroin-free lifestyles within the Maltese context.

Most recent data from the National Report on the Drug Situation in Malta indicates that half of the people in treatment in 2021 sought assistance from local drug support agencies primarily for their heroin use (Gellel et.al, 2022). This is despite a downward trend in the proportion of people in treatment for heroin use. The data also reveal that there is an ageing

population of treatment seekers who are over the age of thirty-five years (62% of treatment entrants). Most of these older service users cite heroin as their primary drug (Gellel et al, 2022) and have done so for several years. Furthermore, the EMCDDA posits that although heroin use in Europe has been declining for several years, it continues to be the most frequently used opioid among people seeking treatment (EMCDDA, 2023) and heroin continues to carry a large proportion of adverse health and social effects suffered by people who use drugs problematically. The National Report on the Drug Situation and Responses in Malta, 2023 (Gellel et al, 2023) indicates that there has been an increase in hospital admissions for heroin intoxication in 2022 and that the incidence of people seeking treatment for the first time for heroin use has also increased in 2022, in contrast to previous years. To this effect, problematic heroin use continues to pose challenges in the Maltese context and an examination of the trajectories of desistance from heroin careers is an important prerequisite for effective policy and practice responses.

Conceptualising Addiction

The topic of addiction has been the subject of polarised perspectives that theorise on its' causation, the dynamics of addiction careers, and ways to attain desistance. The gradual dominance of the disease construct of addiction has evolved since the late nineteenth century (Herring et al, 2013). Concurrently during the early 20th Century, a concerted push, spearheaded particularly by the USA, took place that aimed to control the use of drugs through prohibition and criminalisation. From a formerly purely repressive stance aimed at reducing the supply of drugs through enforcement efforts, many countries, particularly within the European Union, have adopted a balanced approach to drug policy where demand reduction measures are given equal importance, keeping in perspective the health, dignity, and rights of people who use drugs. It has been argued that since the mid-1800s, a shift

towards medicalisation of the study of human behaviour has taken place (Foucault, 1975, 1982; Conrad, 2007). The medicalisation of addiction has put the medical profession and drug treatment service provision in a privileged position to 'help' in controlling the 'disease', in the purported absence of the individual's capability for autonomy and self-change (Herring et.al, 2013). However other authors (Peele, 2016; Klingemann et al., 2001; Heyman, 2009; Segal, 2017; Prins, 2008; Satel et al., 2014) have shown that not only do heroin users desist, thus contesting the definition of addiction as a "chronic, relapsing disorder" (NIDA, 2020, p.4), but they may also be able to do this without formal treatment. The field continues to be plagued by controversy.

Heather and Segal (2017), propose that on one hand addictive behaviour has been conceptualised as a disease that relinquishes the addicted person from choice and responsibility, while on the other hand, it has been conceptualised as a choice that the individual affected consciously makes.

> Either typical addictive behaviour involves choice in just the same way as any other or it involves no choice at all. On the one hand, what may be called the prescientific or "moral" view of addiction is that addictive behaviour represents a free choice, similar in kind to all the other autonomous choices people make every day…The diametrically opposite view is that addictive behaviour, rather than being freely chosen, is completely compelled and involuntary: addicts do not use because they choose to but because they are compelled to. (Heather & Segal, 2017, p v-vi)

Such extreme positioning is rarely useful, and addiction and desistance are best approached in a transdisciplinary manner (Gonzales & Skewes, 2013), taking into consideration the need for structured professional interventions when such is warranted,

whilst also emphasising the role of people who use drugs problematically in participating as active agents in the process of attaining desistance.

Desistance

This study undertakes a thorough examination of the journey of desistance from heroin careers. It seeks to develop an explanatory framework about the experiences of individuals who were formerly addicted to heroin within the Maltese context and who have desisted for at least 5 years or more. The main aim of this research is to develop a substantive level theory on desistance from heroin careers in the Maltese context, by exploring why individuals decide to desist, the strategies they engage in as they navigate the journey towards desistance from heroin careers, and how they maintain a lifestyle that is free from heroin use within the backdrop of Maltese society.

The term desistance has gained increasing traction in criminology and the study of offending behaviour and has also been successfully applied to the study of addiction careers (Best et. al, 2017). McNeill defines desistance as 'the long-term abstinence from criminal behaviour among those for whom offending had become a pattern of behaviour' (McNeill et al. 2012, p. 3). Maruna and Immarigeon (2004) describe the process of desistance as the ‘termination point’ of a behaviour. Terms such as recovery and remission are also used to describe the cessation of substance use. In this research, I define desistance as the stopping of heroin use and the sustained termination of the heroin career. I chose to use the terminology ‘desistance’ to describe cessation from heroin use as I feel that the term is less loaded than terms such as remission or recovery and does not align with any theoretical position on substance use disorder. The study adopts a career approach and desistance is the term most often utilised to talk about the end point of deviant careers (Clark, 2011).

The issue of desistance from drug use careers, however, remains debated, particularly in terms of how desistance is initially achieved and eventually maintained. While some proponents describe substance use disorder as a chronic disease (Volkow et al. 2013), others claim that people with substance use disorder have among the highest rates of desistance (Heyman, 2013).

The study of desistance from problematic drug use careers spans over half a century. Winick (1962) argued that individuals who use drugs problematically eventually mature out. In a study with a large sample of persons with substance use disorder, he found that the majority stopped using drugs before ten years of active use. Most of those who had stopped had originally started their use during their late teens or around the age of twenty. When use had started, it was a way of coping with life pressures and emotional challenges. As they aged the need to resort to drugs to cope with such pressures became less salient. Concurrently, the burdens tagged to the lifestyle had become very heavy for them to handle, which in turn motivated them to change course and desist. This classic study concluded that individuals reach such a turning point after around ten years of use, or around the age of thirty. More recently, Best et al (2008) also found that individuals eventually move away from their problematic pattern of use after an average of ten years, citing becoming 'tired of the lifestyle' (p. 619) as a main motivator for desiring change. Furthermore, McIntosh and McKeganey (2000) posit that chronological age, accompanied by diminished derivation of pleasure from the activity, contributes toward the eventual decision to desist. Blomqvist (1999) found that moving away from the deviant scene also played a pivotal role in the decision of desistance and establishing a new identity as a non-addicted individual.

The question as to what extent substance use disorder causes the full, partial or perceived loss of control, continues to be a point of contention in addiction research (Goldstein & Volkow, 2011; Clark, 2011; Heyman, 2018). Addiction may be conceptualised

as persistent use despite adverse health, psychological and consequences that ensue, which may imply an altered control over one's behaviour (Gifford & Humphreys, 2007). However, despite being associated with impaired control (Heilig et al., 2021), the ability of many individuals who use drugs problematically to make significant positive changes in their lives that allow them to improve their lifestyle, needs to be considered (Klingemann & Sobell, 2007; Lopez-Quintero et al., 2011). This evidence indicates that the retention of control is essential for understanding desistance (Heather & Segal, 2017). The process of desistance requires some level of autonomy. Autonomy means the individual's ability to plan and take action through making decisions that are in line with his needs, goals, values beliefs and with his identity (Buss & Westlund, 2018).

Addiction has a point of onset, which eventually may develop into a period of commitment, and for many, an endpoint through desistance. This research aims to explore and develop a theory on the circumstances that drive the motivation to desist, and the eventual development towards long-term desistance and identity change. Many people go through several attempts to achieve desistance, frequently relapsing during the process, Others can overcome substance use disorder after just one attempt (Van Roeyenet et.al, 2017). Clark contends that individuals come in and out of active drug use at different stages throughout their addictive careers in a non-linear fashion (Clark, 2005). Additionally, the trans-theoretical model of change as proposed by Prochaska and DiClemente (1992) argues that the transition towards desistance is a circular process that may include several attempts at stopping use, sometimes followed by relapses. When relapse occurs, it does not necessarily mean that the individual must go through a repetition of the entire cyclical process.

Self-efficacy has been found to be an important factor in desistance from drug use disorder (Harris & Maruna, 2006). Individuals' belief in their ability to desist has an important role to play in positive outcomes during treatment and several studies have been

conducted to identify ways of enhancing self-efficacy in treatment settings (Kadden & Litt, 2011). According to Prins (2008), individuals who choose to desist cease to experience the advantages of the problematic drug use career due to hardships experienced along the career path. However, it has also been shown that becoming tired of the consequences of drug use disorder needs to be accompanied by viable options that seem attainable and desirable to the individual at the time. Klingemann et al (2001) proposes that individuals who choose to desist undergo an evaluation of their current heroin careers and the risks involved in maintaining the path of addiction and begin to contemplate possible alternative paths.

A point of debate in studies about drug use disorder therefore remains the role of autonomy, with huge implications for desistance. Some have contended that the individual loses power over the 'disease' of addiction. Goldstein and Volkow (2002) have shown how the frontocortical regions of the brain undergo neuroadaptations that explain why people engage in repetitive behaviour despite harm. Drug use disorder has been associated with dissonance between judgment and the eventual behaviour (Buss & Westlund, 2018), impaired ability to make choices (Pickard, 2021), abnormal motivation (West & Brown, 2013), and persistent behaviours that eventually lead to adverse, harmful consequences (American Psychiatric Association, 2022). This suggests that drug use disorder is not based on logical decision-making based on a careful evaluation of the possible consequences. Though biological factors entailed in addictive behaviour cannot be discounted, Gilford and Humphreys (2007) propose that the perception of loss of control over substance use is a 'response to their environment and perceived options at the time' (p. 2). They write that "Addiction is not simply a physiological process, but the action of multi-dimensional individuals behaving in a particular fashion in certain contexts." (p.2). The behaviour is driven by an incentive at the time that makes using drugs attractive and may continue to be so

for several years. Giordano et al. (2002) in their theory of cognitive transformation, suggest that desistance is instigated and initiated by personal cognitive factors.

Research Agenda, Objectives, and Rationale

This research focuses on problematic heroin use and adopts a career approach to explore how individuals involved in heroin careers navigate the process of desistance. The study seeks to theorise how desistance is contemplated, achieved, and subsequently maintained. It does this by drawing on the personal experiences of individuals formerly committed to heroin careers and who have desisted and maintained a heroin-free lifestyle for at least five years. It explores how the participants actively negotiate the process of desistance in the Maltese context.

This research agenda has a broad interpretivist view, in line with the chosen method of Grounded Theory (GT). GT researchers avoid starting their research with a fixed research question or hypothesis (Birks & Mills, 2015). The research agenda seeks to maintain focus without foreclosing the study. The main aim is to develop a substantive-level theory about the phenomenon. The empirical work aims to shed light on the contingencies contributing toward the desistance phase of the heroin career and to theorise how such contingencies are interpreted, experienced, and negotiated by different individuals in interaction with others in a particular social context. This research explores what strategies the participants have adopted to navigate through the process as well as their interactions with their communities, peers, the criminal justice system, treatment providers, and significant others. All of this is explored within the particular context of Maltese society.

This thesis has several objectives:

Understanding desistance contingencies

Investigating the various stages that individuals undergo when they stop heroin use.

Identifying triggers for change: Examining the factors or events that trigger individuals to consider and ultimately initiate the process of desistance.

Examining individual motivations: Exploring the internal motivations and drivers behind the decision to stop using heroin.

Assessing external support systems: Investigating the role of external factors, including social support networks, access to healthcare, or treatment programs, in facilitating and sustaining the process of desistance.

Examining long-term outcomes: Studying the long-term outcomes of desistance efforts such as identifying coping mechanisms, behavioural strategies, and support structures that aid in maintaining desistance from heroin.

The research also aims to investigate the social psychological processes most notably identity change, that individuals experience during the desistance process and the contextual factors that influence the process of desistance.

The proposed theory will contribute to a deeper understanding of the processes involved in desistance from heroin use, which can ultimately inform interventions, policies, and support mechanisms.

In recent years, interest in the process of desistance has also increased locally, and studies dedicated to the exploration of the processes and meanings involved in ‘coming out’ of substance use careers have been conducted (Camilleri, 2021; De Bono, 2017). The outcomes of my research contribute towards a better understanding of the process of desistance from heroin in the Maltese context, informing local policy on how to better address issues related to desistance from heroin use. This research also contributes to the local drug

service provision by identifying and exploring the contingencies that instigate change and make desistance from heroin use possible, and the interpretations by the actors of those contingencies. The fact that such understanding is achieved while drawing from the research participants' own experience also serves as a medium of facilitating a voice to actual lived experiences that in turn challenge conventional wisdom regarding desistance from heroin use through a privileging of the users' perspective (Plummer, 1983).

Brief Operationalisation of Key Terms

Heroin Careers

This research adopts a career approach that conceptualises drug use disorder as a behaviour taking place "along points on a continuum" (Clark, 2011, p 61). Drug use careers entail a number of phases including initiation, escalation, commitment, and eventual desistance (Cepeda et al. 2016). The perspective of careers has been successfully utilised in studies of criminality (Clark, 2005) and the model also lends itself well to providing a framework for studying addictive behaviour as a process throughout the lifespan (Clark, 2011). In a study conducted with long-term cannabis users, Hathaway (2004) found that the long-term use of the substance tends to decrease with time. Cepeda et al (2016) contend that individuals with a long-term history of heroin careers 'mature out' following a series of adverse events experienced during the years of active use. The use of substances does not always entail the development of a career, as only a portion of people who try drugs become problematic users. The career concept emphasises the person's awareness of past actions that are associated with an 'addict' identity (Clark, 2006). Furthermore, the concept of career emphasises both subjectively experienced contingencies such as impaired control over one's engagement with heroin and change of identity through the adoption of an 'addict' identity, as well as objectively occurring contingencies such as neuroadaptation and legal issues (Clark,

2006). Emphasis is placed on the subjective point of view of the individual about the career trajectories adopted by the actor, whilst also attributing due importance to the objective turning points in the person's life that have an impact on the development of addiction.

Problem Drug Use

In the context of this research, people who use heroin problematically refer to individuals who use the substance recurrently, which results in the individual experiencing harm from such use or being at high risk of experiencing such harm. The harms may include health, legal, psychological, and social consequences among others. The EMCDDA definition of problem drug use is 'injecting drug use or long duration of regular use of opioids, cocaine and/or amphetamines' (EMCDDA Statistical Bulletin, 2023, p.1).

Autonomy

In the context of this research, the notion of autonomy is important to shed light on the debate if individuals who use heroin problematically lose control over their behaviour entirely or retain some level of autonomy in the process of their careers. Autonomy is defined by Levy (2006) as the ability of the individual to be responsible for personal actions through the expression of one's wishes. The term is important because much debate has been put forward when discussing drug use disorder and the individual's capacity to make their own choices. He continues by debating between compulsion, in which the individual has no control over one's behaviour and the very fact that individuals often choose to stop using voluntarily, indicating that though their autonomy may be impaired, people with drug use disorder still retain a level of control over their behaviour. Buss and Westlund (2018) propose that autonomy necessitates the ability to make and activate plans that are in line with one's needs, personal values, beliefs and drives and that also align with one's identity. According to Kant, autonomy is defined as "a positive freedom of the will" (Kodeja, 2008, p. 186). To be

autonomous means to be able to control one's actions and life based on one's principles and values and self-reflection (Christman, 1987).

Desistance

The term desistance is used here to describe the continued cessation of problematic heroin use. Establishing a specific timeframe on how much time is needed between stopping use and achieving desistance has proven to be somewhat difficult. Best (2010) suggests a five-year time frame because the risk of relapse decreases progressively during the first five years after stopping use. Desistance is also a process. Maruna and Farral (2004) refer to two distinct phases in the process of achieving desistance that starts with primary desistance, describing the phase when an individual decides to stop, and secondary desistance, which is the period when the individual changes her/his identity from that of an active offender to non-offender. McNeill (2014) introduced the third stage tertiary desistance, which is the phase when the individual feels the desire to belong to a community and through concrete action, manages to achieve this goal.

Treatment

There are several ways in which heroin users engage in treatment, if they do so at all. I shall be referring to two different categories of individuals and their involvement (or lack of) within the treatment sector.

- Treated
- Not treated

Treated individuals are those individuals who have participated in specific treatment programs for a prolonged period. Examples of interventions would be residential treatment such as in therapeutic communities (TCs); opiate agonist treatment (OAT); long-term counselling or psychological interventions; inpatient interventions (detoxification, psychiatric

interventions, and dual diagnosis specialised units) and involvement in self-help groups (Narcotics Anonymous). Klingemann et.al (2001) defines treatment as "any intervention by recognised programs or individuals whose primary goal was to treat individuals with substance use problems (e.g., outpatient/inpatient facilities, anti-substance use drugs, self-help groups attended by respondents to address their problems, treatment-oriented drinker-driver courses)" (Klingemann et.al, 2001, p.9).

'Not treated' refers to those persons who have managed to attain desistance without accessing any form of treatment. Such individuals are generally hard to reach for research purposes because they would mostly be unknown to formal treatment, hence making them difficult to trace. Klingemann et al. (2010) describe spontaneous remission in clinical terms as an improvement in the condition of an individual, which is not the result of any formal treatment.

Relapse

Relapse refers to the resumption of heroin use in similar patterns as before the eventual stopping of use took place. There needs to be a clear distinction between a 'lapse' or 'slip', which refers to brief episodes of returning to the substance, followed by immediate cessation, and a situation of full-blown relapse that would entail the continued and escalated use of heroin for a prolonged time (Maisto et.al, 2016).

Research Approach

This research adopts a grounded theory methodology located within an overarching interpretivist paradigm and aims to develop a theory of desistance from heroin careers in Malta, based on the interpretation of qualitative data collected and grounded in the meanings that participants assign to their experience of their journey toward desistance. The theory is co-constructed through the interpretation of both the participants and myself as the researcher.

While in-depth qualitative research cannot always be generalised, because of its idiographic nature and the small size of the sample, it provides useful and in-depth explanations of the issues being investigated (Glaser & Strauss, 1967). This qualitative research project aims to understand participants' experiences and actions to develop an in-depth socio-psychological theory of desistance from heroin careers, and the complexity of the process negotiated by people who use heroin problematically in desisting from use. This is achieved by investigating the feelings and subjective worlds, motivations, understanding, and action strategies, through their participation in in-depth, one-to-one interviews that aim to record the experiences of these individuals through their own eyes and perspectives.

The methodology chosen for this research is evolved grounded theory as proposed by Corbin and Strauss (2015). Evolved grounded theory adopts a rigorous, specific coding process (Kenny & Fourie, 2015), which is structured towards assisting the systematic generation of theory from the data available. This was considered a major departure from the classical GT paradigm as it proposed that the researcher goes into research and looks into data 'with an open mind versus an empty mind' (Jones & Alony, 2011, p.99). Corbin and Strauss (2015) contended that it would be unrealistic to expect the researcher to come into research without a conceptual framework and that-sensitising concepts could be used to support the emerging theory.

Philosophical Underpinnings

This thesis adopts an interpretivist worldview. While the existence of an outside world is not refuted, the idea that reality can be independently known is rejected. An interpretivist paradigm posits that reality people's interpretation of life experiences is based on the historical, social, and personal contexts in which events occur (Pervin & Mochtar, 2022). This means that people's interpretation of reality differs in line with their own experience. Social

interaction and society's understanding of addiction have an impact on people who use drugs and cause them to form their subjective interpretations of their career trajectories. Invoking Mead's foundations of symbolic interactionism, the researcher holds that both social context and interpersonal interactions shape the drug use career, but that the pathways adopted by the participants in this study are ultimately their own and not entirely determined. An interpretivist research paradigm is concerned with uncovering how a phenomenon happens (Berryman, 2019) rather than proving or disproving whether it does or not. The interpretivist perspective adopted in this study impacts methodological decisions, including the adoption of the conceptual framework (the symbolic interactionist notion of career) and the analytic process.

An ontological stance of relativism is adopted. Relativism posits that there are multiple realities and that all can be considered valid according to context and the meaning that individuals assign to them (Denzin & Lincoln, 2005). There is not one universal way of understanding reality. While drug use disorder exists in a 'true' form, it is attributed different meanings by different people: those experiencing it, those witnessing it, those policing it, and those treating it. These actors are also influenced by the environmental, cultural, and historical context in which they are experiencing the reality of drug use disorder.

This ontological position sits comfortably with an epistemological stance of contextual constructivism that proposes that knowledge construction is influenced by the cultural, geographical, societal, personal, and historical context in which a phenomenon is being observed. Mannheim's work (1952) and others like Berger and Luckmann (1967), Lincoln and Guba (1985), Mertens (2012), and Crotty (1998), provide the foundation for constructivism. Such an approach allows viewing knowledge derived from a particular study to be open to interpretation, based on the lived experiences of the participants as well as the interpretation of the researcher (Archer et al., 1998).

An evolved grounded theory methodology allows the researcher flexibility by taking into consideration an interpretivist position in investigating the various contingencies that contribute towards engaging in and desisting from heroin careers (Ryan, 2018).

Reflexivity

An interpretivist position requires researcher positioning. In the past, I have worked for a local drug agency and had direct contact with people who use drugs in Malta. Furthermore, in my profession as a senior official within the National Coordinating Unit for Drugs and Alcohol, I am also directly involved with local drug policy and the monitoring of the drug situation in the Maltese Islands. Such work necessitates that I constantly keep myself informed on the topic of drug use disorder and substance use. In conducting the analysis and coding of the data collected, I maintained a clear view of my positionality as a co-constructor of the interpretation of the data within the framework of this research. I attempted to reconstruct the interviews whilst recognising my bias and knowledge of the topic at hand. I acknowledge that personal values and views may have had an impact on the process of giving meaning to the content of the interviews as narrated by the participants.

Overview of Thesis

This thesis contains seven chapters. In this first introductory chapter, I give an overview of the rationale of this research and provide an initial discussion on the phenomenon of drug use disorder and desistance from problematic heroin use. I also briefly discuss the research agenda and the methodology adopted. In chapter two, I thoroughly discuss the phenomenon of problematic heroin use in Malta. This is done through in-depth observations of trends for heroin use in the Maltese Islands, whilst linking such trends to the context of Maltese society. A brief overview of Maltese society and culture is also presented to provide a better understanding of how drug use disorder is understood and experienced in Malta.

Chapter three, ‘A Sensitising Review of the Literature’, provides a critical review of the conceptualisation of drug use disorder, and explores in-depth the concept of heroin careers, leading to an eventual discussion on the pertinent literature related to the process of desistance. Chapter four, ‘Research Methodology and Methods’ provides a thorough explanation for choosing Evolved Grounded theory as the methodology for this research. The chapter also discusses at length the rationale for using the interpretivist paradigm, the ontological, epistemological, and axiology underpinnings of my work, and the conceptual framework adopted. In the methods section of the chapter, I give a detailed description of the research strategy, the methods of collecting data, and the methods for data coding and analyses. I also discuss ethical considerations. Chapters five and six are the two analytic chapters for this thesis. Chapter five presents the findings and develops propositions that are then used to propose a conceptual framework about the processes that ushers the path toward the contemplation to change and the decision to desist. Chapter six develops propositions that theorise about how desistance is eventually negotiated. This is done by exploring the methods of treatment, societal contingencies that support or hinder the process of maintaining sustained desistance, and the centrality of the individuals in the process of their journey towards desistance. Finally, in Chapter Seven a summary of the developing theory is presented. The chapter also discusses the strengths and limitations of the study. The chapter concludes by making recommendations for policy and service provision.

Chapter Two: Heroin Careers in The Maltese Context

Introduction

This chapter gives an overview of the evolving patterns of heroin use in Malta in the last four decades, whilst also discussing how the local context has been influenced by global trends. This is located within a brief overview of Maltese society that discusses the physical environment, social structure and consistent societal values and their possible impact on heroin trajectories. The discussion on cultural shifts, population changes, religion, family, gender, criminal justice system responses, social class, poverty, victimisation, and social exclusion throws light on the understanding of how having a heroin career in Malta is experienced and how heroin users' identity is impacted. I also present a brief history of local drug service provision, focusing mainly on the issue of availability and accessibility. The chapter concludes with an examination of local drug policy development.

Physical Environment

Malta is a small island in the middle of the Mediterranean. Its geographical area is 316 km^2 with a population of 542,051 as of July 2022 (National Statistics Office, 2023). In recent years, Malta has experienced a large growth in population, mostly due to an increase in migration. The 2022 population data show that compared to 2006, there has been a population growth of almost 140,000 persons. Population distribution is calculated according to six specific regions across the country. According to the NSO Population and Housing Census (2021), the Northern Harbour region is the most densely populated area (6,549 per $km^{2)}$, followed by the Southern Harbour region (3,287 persons per km^2), the South East Region (1554 per $km^{2)}$, the Northern region (1273 per $km^{2)}$, West (901 per km^2) and Gozo and Comino (572 per km^2)(NSO, 2022). The National Report on the Drug Situation in Malta identifies the northern harbour and southern harbour regions as the areas where most people

who use drug-related services reside (Gellel et. al, 2023). Galea et al (2005), proposed that population density has a direct effect on the health and behaviour of persons. They argue that theories about collective socialisation emphasise the role of the collective in influencing the individual. Because densely populated urban areas share similar resources, the actions of one group have a direct impact on the health of others (Galea et al., 2005). Malta has experienced increased urbanisation that has been taking place since the 1960s, though to a much larger degree in the last 20 years (Briguglio, 2016). Briguglio (2016), citing the National Statistics Office, states that in Malta the uptake of the area of land for building has increased from 4.5% in 1957 to 23% in 2006 (NSO, 2006). Schifano (2008) argues that studies have not found that there is an increased risk of substance use within highly urbanised areas, compared to rural areas. Though evidence points to an increased use of hospital admissions, Schifano argues that this might be due to healthcare facilities being more accessible in urbanised areas.

Malta's small size and high population density make anonymity difficult (Clark, 2012). In a face-to-face Maltese society, where everybody seems to know everybody, personal behaviour is subject to public scrutiny (Clark, 2012). According to Abela (2016), gossip is ingrained in Maltese society, having direct consequences on persons who use drugs and their families. Being exposed and being gossiped about may bring about shame. For instance, when individuals are formally charged in Maltese law court, the name of the individual is often published in local media. This would mean that in a matter of days, perhaps hours, with such tools as social media platforms, an individual's actions are made public across the entire nation, leaving the individual with few options to evade public scrutiny. The individual is singled out as deviant and excluded from participating in the community (Bernburg et al, 2006) through a process of 'dramatisation of evil' (Tannenbaum, 1938:19), wherein the individual and all of his subsequent actions become seen as suspicious. This public shaming results in the experience of stigma and consequent exclusion facilitating

the adoption of a deviant identity. Whereas in larger countries moving away from one region to another would allow for anonymity, the same cannot be said within Maltese society, where such a move would at best be a few kilometres or a half-hour drive from one's neighbourhood. Scicluna (2017) found that women who get involved in substance use suffer greatly from negative stigmatising reactions, as such reactions have an impact on their identity and social status. According to Scicluna, the small size of Malta makes it more difficult to contain the impact that labelling and shaming have on women who use drugs and deviate from societal expectations in a society that is prone to gossiping and shaming.

The geographical proximity has consequences beyond the anonymity of the person who uses drugs. It also creates difficulties for the individual to keep away from potentially 'negative' contacts among using peers that may hinder the process of desistance. Mennis et al (2016) contend that for individuals with a substance use disorder, environments where drugs are readily available can also contain environmental cues that induce cravings to use, providing a challenge both for people in treatment and for those trying to sustain their desistance in the long term.

These geographical and demographic factors may also have implications related to the availability and accessibility of substances in the country. In the 2013 General Population Survey on the use of Alcohol, Tobacco, and Drug Use in Malta (Muscat et al, 2014) whilst most respondents thought it would be difficult to attain drugs within 24 hours, respondents who had used substances perceived the acquisition of substances to be fairly or very easy. This is also the case for young people responding to the ESPAD survey (2019) when 33% of respondents claimed that they perceived cannabis to be easy or fairly easy to obtain. Such figures are slightly larger than the European average, which stood at 32% in 2019. (ESPAD, 2019). However, Malta's size also has its advantages in the context of desistance from heroin careers, particularly the fact that services are very accessible. In 2021 just under 81% of the

estimated daily heroin users in the Maltese Islands reported being in treatment at some point during that year (Gellel et al., 2022).

Availability of Heroin

The geographical positioning of Malta as the most southern-bound country in the EU also has implications for the trafficking and availability of drugs. The Mediterranean Sea is a major smuggling route for substances such as heroin and cannabis, cocaine, and ecstasy (Delicato, 2010). The EMCDDA Drug Market Report 2019 (EMCDDA, 2019) suggested that trafficking of heroin into the EU from the Southern route may be on the rise. The Malta National Report on the Drug Situation (2022) reports that the main route of smuggling drugs into Malta is by sea, with heroin being imported mostly from Turkey. Turkey is a major trafficking route for heroin being produced in Afghanistan, which is known as the largest producer of opium globally. The EMCDDA Drug Markets Report 2019 stated that Afghanistan accounted for about 81% of the world's production (EMCDDA, 2019). However, a more recent survey by the UNODC (2023) found that following a drug ban by the supreme leader of Afghanistan in April of 2022, production of opium has decreased by 95%. During the COVID-19 pandemic, trafficking into Malta did not seem to be disrupted (Malta National Focal Point on Drugs, 2020), perhaps because transit by sea was not particularly affected.

Maltese Society

An understanding of problematic heroin use and eventual desistance must be understood in the context of predominant social norms and cultural traditions in Malta.

Societal Values

Though Malta, like other Mediterranean countries, has distinctive features that give it its particular personality, it has also been subject to changes due in part to the effects of globalisation (Visanich, 2012). It has been argued that globalisation equates to an erosion of

local communities and cultures (Lieber & Weisberg, 2002). However, the effects of globalisation should not be considered as an automatic erosion of local traditions and culture, but rather as a phenomenon that takes shape within the context of an established culture, which in turn affects how globalisation takes root (Grixti, 2005). Boyd (2006) utilises the term glocalization, to depict the simultaneous connectedness between the global and local context, while the different communities and the respective cultures are maintained. Malta, like many other countries, has been affected by globalisation. Maltese society managed to retain social values such as honour, shame, family cohesion, respect for one's elders, and 'religious adherence' (Satariano et al., 2018: 47) continue to be more present in Mediterranean countries compared to Northern Europe. Such values occupy an important role in the journey that people who use drugs take in desisting. The role of the community and the willingness to forgive people who are desisting and embrace them back within society is a key predictor of success on the desistance journey (Best, 2019). However, the opposite takes place when society refuses to embrace former heroin users as this may drive them to feel excluded and continue seeking belonging with fellow users (DeBono, 2017). Societal values such as honour and shame are also important factors that shape the development of heroin careers, and more pertinent to this study, those individuals who eventually desist from their heroin careers. Though Malta, like many other westernised countries, has undergone rapid change throughout recent decades, certain local cultural and societal characteristics are still strongly felt such as family cohesion and support during adverse times (Satariano et al. 2018). The role of the community in the process of desistance has strong implications for the Maltese context and how substance use is experienced and tackled by communities, families, and the substance users themselves. According to Camilleri (2021) relinquishing an addict identity is difficult to achieve if the community persist with shaming.

Honour and Shame: Dominant Values in the Maltese Context

In Mediterranean societies, honour and shame are an integral part of the social fabric within the community (Clark 2012; Galea, 2005; Muenchow, 1989; Schneider, 1971; Gilmore, 1982). Giordano (2012) states that honour is a specific awareness that consists of an individual's persuasion that his/her actions are immune to reproach and that such actions are deserving of feelings of satisfaction and pride. Honour is not only contingent upon one's feelings of having reached one's expectations. The approval and validation from within one's social circle are important to consolidate feelings of honour (Giordano, 2012). Honour and recognition within the community contribute toward establishing a respectable reputation and status. On the other hand, failure to receive recognition and validation within one's community manifests itself in shame for not having complied to the expectations of the community. According to Clark (2012), in small states like Malta, gossip and the lack of anonymity make shame a dominant societal value. In the context of heroin use, honour is tainted because, when use is exposed, the individual loses credibility in the eyes of his/her community and the individual becomes stigmatised. Within this context, people who become stigmatised suffer shaming that is not reintegrative, with the consequence that they find it easier to relate to fellow users and assume an addict identity (De Bono, 2017).

Darmanin Kissaun and Clark (2022) contend that shame can be understood both positively and negatively. When understood positively shame indicates consideration for upholding one's reputation in the eyes of the community. Conversely, when construed negatively, shame indicates one's loss of status within the community which brings about embarrassment. Though there has been a considerable shift towards looking at addiction, there is still a minority of the Maltese population who perceive substance use as a deviant behaviour that is associated with moral failing. In exploring attitudes in Malta on addiction, Parnis (2023) found that only a minority perceive addiction to be a moral failing. However,

further analysis showed that 75% of respondents gave responses on a scale that indicated that to some levels they held moral attitudes towards addiction. When an individual is labelled as an 'addict' society's expectations of that individual suddenly change. The identity of that individual in the eyes of others becomes mainly shaped by an image that is in line with the stereotype of a 'junkie', hence the individual is stigmatised, frowned upon, not trusted, and excluded from groups of 'non-addicts', bringing about feelings of shame, and loss of honour and status. It is argued that shaming can have two distinct effects on the individual being shamed (De Bono, 2017; Clark, 2012). Stigmatic shaming can be potentially very dangerous because it is not respectful of the person and only has the purpose of attributing a master status to the individual assuming the role of 'addict' (Harris & Maruna, 2006). Conversely, reintegrative shaming is characterised by the disapproval of 'wrongdoing' but maintains respect for the individual, retains the ability for forgiveness and finally avoids attributing a master status allowing scope for desistance.

Community Attitudes to Addiction

Among the main characteristics of Maltese society is the presence of tight-knit communities. (Grima, 2006). Heroin use has long been a highly stigmatised behaviour within the community. However, in a globalised Malta, attitudes towards drug use and drug use disorder may have shifted in recent years as there is more awareness about substance use and more exposure to the phenomenon. A recent study by Parnis (2023) found that attitudes about drug use disorder among the study participants had emanated from direct experience, with 22% confiding that they had experienced difficulties, a further 12% who had been currently experiencing difficulties with substance use and 76% sharing that they knew someone who currently has or has had difficulties due to substance use disorder in the past. The 2014 GPS (Muscat et al, 2014) reported that half of the Maltese community looks upon drug users as

predominantly patients in need of treatment. However, Parnis (2023) found that the attitudes of participants were more likely to be reflective of a psychological model of addiction. Among the possible reasons for this, Parnis cites the general endorsement of psychology within Maltese society. She reported however that older respondents were less likely to endorse this position and embrace the moral model. This indicates the everchanging knowledge and attitudes about addictive disorder through different generations within the Maltese community. Such change in attitudes contributes towards removing the stigma of substance use as a mainly, deviant, and criminal behaviour. This is also reflected in the direction that the country has taken since 2015, with the enactment of Chapter 537, 'Drug Dependence: Treatment, not Imprisonment' Act, of the laws of Malta. This change in National Law emphasises the need to shift attention to the provision of treatment for people who use drugs rather than taking a repressive stance through the criminal justice system. These changing attitudes towards people who use drugs may have strong implications in a tight-knit society like Malta's as they can serve as a source of support in the process of desistance. Best (2019) argues that indeed, support within the community has proven to be crucial in the eventual identity transition of people who desist from drug use disorder as they strive to reintegrate within their communities to find acceptance and belonging. In a study on the desistance of women and becoming mothers Camilleri (2021) argued, that connecting to others and building social capital by which individuals trying to desist find a means of engaging in meaningful activities and relationships was an important contingency for continued desistance.

The Maltese Family and Substance Use

Ritzer and Guppy (2013) define family as a group that is bound by consanguinity, matrimony or adoption that serves as an economic unit within society and shares an emotional

connection among members. Fine (1979) adds that a family is a unit in which each member has a key role to play. The values and beliefs within the context in which a family functions have an influence on the behaviour of family members towards each other and on the relations among the family unit (Abela, 2016). Abela (2009) also states that the drastic changes in the Maltese traditional family model and the increase of working mothers, experienced over the years have had a great impact on the dynamics of family life in Malta. Abela (2016) also stresses that due to this continued increase of women accessing the labour market, the responsibility for caring for the family care cannot remain squarely on mothers and grandmothers and roles need to be redefined. Many people with substance use problems continue to live with their families or have regular contact with their parents (Gruber & Taylor, 2006) while navigating their addictive careers. Gruber and Taylor (2006) present four key issues that affect the family in a setting where one or more family members are using drugs. Firstly, substance use 'occurs in families', and secondly, it has harmful effects on the family unit. The third key point is that families can also be active participants in drug use disorder and sustain it. This includes situations of parental neglect or abuse, families where parents are active users themselves or have had a history of use, households where one's partner is an active user, and also substance use by other siblings. The fourth point is that families can be a key resource in the process of treatment (Gruber & Taylor, 2006). In a study among 15 to 29-year-old young people (European Commission and Council of Europe, 2009), the majority of young people in Malta said that they had a good relationship with their parents and siblings. Furthermore, relationships with their family were a motivating agent in their lives. This may be indicative of strong relationships that exist in families in Malta, where immediate and extended families, still have a strong influence on the individual (Abela, 2010). In the process of desistance from heroin use, families may be sources of support that make it easier for an individual to stay the course. Supporting a member with substance use

disorder may be stressful for the family. Abela et al. (2017) underscore the importance of providing support for families of individuals who experience mental health issues. They suggest that though the family unit finds satisfaction in becoming involved in the well-being of the affected family member, they also suffer stress and problems which may also affect their mental health. Local drug agencies place particular emphasis on the participation of family members in the desistance process and seek to recruit the participation of the family by providing units specifically catering for the needs of family members of users (Caritas Malta, 2024; Foundation for Social Welfare Services, 2024). Best (2019) argues that beyond any involvement of professionals in the eventual path towards desistance, other, more long-standing relationships will aid in sustaining desistance in the longer term. He claims that families, the community, friends, and peers can be key drivers in the desistance process together with professionals.

Visanich (2012) asserts that Maltese family-oriented values are akin to the typical Southern European Family, with the tendency for generations to continue to reside together within the same households, which in turn contributes towards a closeness within the family fabric that brings a sense of obligation towards the wellbeing of other members of the family.

The initial impact of drug use disorder often manifests within one's family when their substance use is uncovered, leading to potential disapproval of their behaviour. When drug use disorder is present, the entire family unit is affected (Lander et al, 2013), as well as its status within their community. Bernburg et al (2006) argue that when an act of deviance is made public, the label attributed to the individual becomes one that is generally perceived as evil and deviant. This influences the immediate family of that individual who may feel that in the eyes of their community, their status has also been diminished due to the stigma carried through gossip among the community. Goffman (1963) called this courtesy stigma. In a small community, where there is a great level of interdependence among members of the

community, the community tends to be quite informed of other members' affairs. Such conditions within Maltese society make it difficult to prevent gossip, which is almost inevitable (Farrugia Sciberras, 2005) Consequently, the individual feels shame for the status of the family, as s/he will be perceived to have neglected the personal responsibility towards the upkeep of the family name (Visanich, 2012). In the Maltese context, it is quite common for individuals to continue living in the same household as their parents after reaching adulthood, continuing to do so until setting up their own families (Visanich, 2012). National data show that the vast majority of treatment seekers in Malta report living with their parents, spouses, or spouses with children (Gellel et al, 2022). Some families may feel the need to hide such behaviour for as long as it is possible, or indeed try to deny the existence of a problem (Pace, 2016), whilst others may feel the need to act quickly in the interest of both the individual and the integrity of the family. Cassar (2003) argues that deviant conduct by one member of a group has adverse consequences on the honour and reputation of the collective. This may lead to the disassociation of the family from the deeds of the deviant member who fell short of what was expected (Cassar, 2003, p.8). This may have different effects on the individual. Social interaction is a key factor in the development of one's self-concept (Blumer, 1969), and shame and exclusion can hurt the individual and his/her subsequent engagement in developing and sustaining an addiction.

Though changes within society have affected the role of the family as a caregiver, strong bonds within the Maltese family unit and the sense of duty towards family members in difficulty, continue to be an important point of reference for recruiting support in the process of desistance. Best (2019) suggests that the involvement of family is a key factor in the process of desistance and reintegration as it serves as a source of social capital that provides hope and enhances motivation.

A Changing Socioeconomic Landscape

Social mobility is contingent upon financial, cultural, and social capital. Access to education and the creation of improved opportunities play a key role in creating a more equitable society that allows for social mobility.

Brown and Formosa (2016), argue that the mass immigration of people from within the working class in the 1960's in Malta, paved the way for the middle class to maintain and strengthen their quality of life. During the 1970's the working class started to prosper and improve their quality of life through the creation of new education and career opportunities that made a more egalitarian society possible. These societal changes and improved opportunities facilitated the way for the establishment of a new middle class. In the late 80's and the 90's opportunities for continued education and the creation of new professional avenues became more attainable to the working class that could now aspire to better their conditions of living and improve their social standing in Maltese society (Brown & Formosa, 2016).

According to Cutajar (2009), the emergence of neoliberal policies in Malta has had detrimental effects on citizens' rights to work and to have enough income to live decently due to a shift that promotes the augmentation of profit, whilst ignoring the needs of communities and individuals to sustain a good standard of living. An example of this is the measures taken by several governments during the recession experienced in most EU States during the early 21st century. The recession lead to measures of austerity to safeguard the profitability of businesses rather than preserving the livelihood of the working citizen. During this period, Malta also experienced similar measures of austerity that impinged on the livelihood of Maltese families. Consumerism has also marked a shift in citizens' way of life in Malta (Abela, Briguglio & Brown, 2016; Cutajar & Cassar, 2009). Factors such as home ownership, and the aspiration to climb up the social ladder, under the guise of equal opportunities for all,

have increased financial burdens on families and individuals. Consequently, people find themselves living beyond their means, through credit systems promoted by commercial banks, in a quest to reach a 'benchmark' standard of living (Abela, 2009). This has led to a situation where families are finding themselves more immersed in debt. Family dynamics shifted due to less time spent on leisure activities, in favour of working long hours to meet financial requirements.

Physical and mental health issues, low educational attainment, unemployment, and clustering in housing estates are more prevalent among families living in poverty (Abela, 2009). Abela (2009) contends that the Maltese's resistance to reconciling with the reality that poverty exists in Malta may have contributed towards many Maltese blaming and stigmatising families living on the margins of society as lazy and responsible for their situation of poverty. Problematic substance use has been linked to socially disorganised neighbourhoods (Shaw & McKay, 1969) and issues related to class, income and power (Lo, 2003). It is argued that social inequality leads to alienation of particular groups. Drug use in these instances can be explained as a means of escape from the reality of social inequality or a means to alleviate boredom. Involvement in criminal activity, such as theft or drug trafficking can also be a means by which people who have very little, find ways to lift themselves from poverty (Goode, 1997, 1999; Lo, 2003). The clustering of families with multiple socioeconomic problems has further amplified the process of social exclusion of families, placing them to the margins of their subculture, and creating an 'us and them' mentality that separates communities. Social exclusion and poverty have been associated with a greater risk of addictive behaviour. According to Brandova and Kajanova (2015), people who are socially excluded use drugs because they feel, hopeless, detached and alienated. The detrimental effects of substance use are more severe because often these people lack the resources to cope with the problems arising from drug use (Brandova & Kajanova, 2015).

Social Exclusion

In the context of Malta, several intersections exist between social exclusion and drug use disorder. The European Anti-Poverty Network (Camilleri Cassar, 2008) had identified vulnerable groups at greater risk of social exclusion. People who use drugs are among the populations with greater risk of social exclusion. The literature identifies an increased risk of drug use among individuals who experience social exclusion such as the homeless, sex workers, prisoners, the poor and other vulnerable groups (EMCDDA, 2003). Goldberg (2002) contends that the notion that all individuals in society, irrespective of their social background have the same risk of becoming a substance user is inherently flawed. He cites the work of Johnson (1969, 1973) and the theory of 'social heredity' which found that issues of poverty, mental illness, alcohol use, and poor emotional relations, were recurring issues among troubled young people in treatment, which dated back to up to three generations. According to Goldberg (2002), young people living in poverty and disorganised communities run greater risks of becoming addicted. These individuals end up having to apply for state benefits to make up for their lack of income. Conflict theory asserts that substance use disorder is more prevalent in lower social classes and poor, disorganised neighbourhoods inhabited by families with low income (Shaw & McKay, 1969). The involvement in deviant behaviours such as selling illicit drugs becomes regarded as a means for those who have very little, to compensate for the widening income gap. Engagement in deviant behaviour contributes to an us and them mentality that alienates and excludes individuals who are considered to be deviating from the norms and values of society.

Social exclusion often leads to feelings of isolation and loneliness. Socially isolated individuals might turn to drugs to cope with their emotions and fill the void of connection (Clark et al, 2021). This can lead to the development of addiction as substances become a way

to self-medicate. Furthermore, there is an association between social exclusion, problematic drug use and socioeconomic conditions among deprived communities (Buchanan, 2004).

Individuals with substance use disorder are often stigmatised and discriminated against in society. This stigma can further contribute to their social exclusion, making it harder for them to reintegrate into their communities and access opportunities for desistance. Buchanan argues that "Problem drug use does, however, lead to further social exclusion as drug users become subject to 'othering' – presented as if they are somehow different to the majority in society (who prefer legalised recreational drugs such as alcohol and tobacco)." (Buchanan, 2004, p.394).

Social exclusion and addiction can create a vicious cycle. Addiction can lead to behaviours that further isolate individuals, exacerbating their social exclusion. Conversely, social exclusion can lead to mental health issues that amplify the risks of addiction (Morgan et. al, 2007). In a small society like Malta, social exclusion can have a severe detrimental effect on people who use drugs and their ability to re-assert themselves in society. Conversely, a re-integrative approach that embraces the possibility of reconciliation, will assist people who use drugs toward a transition to desistance from heroin use, as they feel less alienated from their communities.

Gender

Though progress has been achieved in addressing issues related to gender inequalities in the last six decades~~,~~ Maltese society still maintains patriarchal attitudes (Baldacchino et al, 2016). Women often continue to be expected to take up the role of carers in families, whilst preserving family cohesion and upholding the family name through chaste comportment (Cassar, 2003). This issue contributes towards barriers for women from truly attaining equal status. At times women must forgo opportunities for career and educational advancement in

favour of caring for the family and waiting for their children to grow before being able to access employment. When they do access employment, it is also the case that predominantly, they take up manual, unskilled work such as cleaning, manufacturing, and textile production due to a lack of skills attained during their years as caregivers (Baldacchino et.al, 2016). Baldacchino et.al (2016) also argue that there is room for abuse, with women being offered 'precarious' work which results in their exploitation. These situations of disadvantage due to reduced employment opportunities and a lack of or inferior earnings have a direct consequence on a woman's quest for independence from their partners, and when abuse is in place, this situation of dependence makes it more difficult for the woman to exit the household where abuse is being perpetrated. Similar problems are encountered by women who use drugs, who often find themselves in situations of dependence on their male partners for the supply of drugs, shelter and livelihood. Women who use drugs problematically may also become involved in sex work as a means of sustaining their substance use (Clark, 2010). Arpa (2017) found that between 20% and 50% of women who use drugs become involved in such work. The lack of opportunity is also highlighted in situations where a woman is a single parent, either not being able to work due to her role as 'only caregiver' or due to inferior income, which creates a situation for the potential of falling beneath the poverty line (Baldacchino et.al, 2016). This situation is further exacerbated when women who use drugs also have the added responsibility to take care of their children whilst sustaining their habit. However, being mothers and having the desire to care for their children, may also serve as a motivator for change (Scicluna, 2017; Camilleri, 2021).

In the 2017 Report on equality between men and women in the EU, Malta was shown to have the third lowest percentage of women in employment at 56% compared to the 83% registered for men. Furthermore, female representation in the National Parliament stood at just 13%. Additionally, Malta scored lowest in the proportion of women who held decision-

making positions with 4.5% compared to the majority 95.5% being men (Naudi et al, 2018). Such statistics indicate that in Malta gender-based inequality is still a cause for concern. However, changes in the last 20 years such as the introduction of divorce (Abela et. al, 2015), Malta's accession into the EU (Bastin, 2011), the availability of free childcare (Vella, 2015) and access to emergency contraception (Degabriele, 2016) have had an impact on changes in Maltese society that are affecting women, though reproductive rights of women remain limited (OHCHR, 2023). An increase in women in the employment market has been registered since 2013. Recent NSO statistics (NSO News Release, 2020) show that the employment gender gap has been decreasing. In 2018, the percentage of women in employment was around 62%, which was 20% less than for the male counterparts. However, the gender pay gap stood at nearly 12%, showing an increase of 2% over 2013.

In the last three decades, there have been important developments concerning women's rights and equality. The 1991 legislative amendments to the Constitution of Malta gave more legal rights to women. The Gender Equality Act (Chapter 456 of the Laws of Malta) of 2003 was also a further step in securing equal rights across genders. Also, the National Commission on the Promotion of Equality was set up in 2004 to safeguard equality concerning family responsibilities, gender identity, sexual orientation, ethnicity, and religious belief (NCPE, 2024). Notwithstanding these advances, there is still a need to address the gender gap in drug treatment services that are gender-specific (Scicluna, 2017).

Clark and Scicluna (2019) report that around 33% of women in Europe have experienced incidences of physical, sexual, or psychological abuse. Locally, the European Union Agency for Fundamental Rights (2014) found that some 15% of women in Malta had experienced physical and/or sexual abuse by their current or past partner. Psychological violence was experienced by 37%. It was also reported that 23% of partnered women in Malta suffered forms of abusive behaviour in their lifetime; 12% experienced physical violence, 9%

sexual abuse, and 26.5 suffered emotional, physical and sexual violence by their current or former partner (Fsadni et al, 2011). Additionally, 11% had either contemplated or tried to commit suicide, whilst 54% had not attempted to seek a form of support. These statistics may be in part because, in Malta, patriarchal culture has endured for many years (Baldacchino et al, 2016; Naudi et al, 2018), which has important consequences for how the role of women is perceived in Maltese society.

Drug treatment data for the Maltese Islands continues to show that the vast majority of service users are male, accounting for around 80% of the total individuals in treatment in 2021, while only the remaining 20% were female (Gellel et al, 2022). Among people seeking treatment for heroin use, the percentage of female service users was 20% in 2021. The trajectories of women's addictive careers are different from those of men. Clark and Scicluna (2019) write that whilst men usually report peers to be the main influence in initiating substance use, women often cite initiating use through their male partners. The methods by which the drug use disorder is sustained by women in Malta are also different from those for males, with more women becoming involved in sex work as a means of acquiring funds. This puts these women at further risk of sexual and physical abuse, which leaves great traumatic consequences (Clark & Scicluna, 2019). The societal expectation that women should take up the role of caring for the family and children has important implications for women who use drugs, who often suffer increased stigmatisation due to their substance use. Furthermore, women who use drugs may find difficulty in accessing treatment due to the impact that this may have on their roles as mothers or caregivers (Chou et al., 2019).

Heroin Use Trends

Heroin use has been a recurring issue particularly among people who seek treatment for their substance use (Gellel et al., 2023)., The problem became conspicuous during the 1980s. Similar to other countries, this situation has manifested fluctuations in trends of use particularly in recent years with the emergence of new substances that have been added to the global drug markets. In the local context, reliable data related to individuals accessing services due to their heroin use dates back to 2003, when the Malta National Focal Point for Drugs and Drug Addiction was set up.

The National Report on the Drug Situation and Responses in Malta is published annually by the National Focal Point for Drugs. The report includes data related to health issues, such as the prevalence of drug-related infectious diseases, syringe distribution and drug-related mortality, treatment demand for drug services, and prevalence estimates of problem drug use (defined in Malta as daily heroin use). The National Focal Point on Drugs has consistently monitored the total number of people entering treatment every year, since 2003. In that year 1444 individuals made use of services. By 2006, the number of individuals in services had increased to 1848 (Girard et al, 2007). These figures have remained stable at around the 1800 individuals mark, with 1834 individuals in 2013 until 2018 with a registered 1845 individuals in treatment services. The data for 2021, report a further increase of 1990 individuals in service provision (Gellel et al, 2022). The percentage of individuals accessing treatment primarily for their heroin use has been quite high compared to other drugs. However, this has been declining steadily for several years, with a figure of 85% of all treatment entrants being heroin users in 2006 (Gerard, et al., 2007), decreasing to 74% by 2013 and dropping to 50% in 2021 (Gellel et al, 2022). However, one must also consider that treatment demand has also increased from 1441 persons in 2003 (Girard et al, 2004) to 1990 in 2021, while in terms of the number of persons in treatment, the decrease proves to be much

less significant. Indeed in 2003, the number of individuals in treatment for heroin use amounted to 1227 while in 2021, the figure stood at 990. The figures above show that though heroin use among people in treatment has decreased through the years, it remains a cause for concern.

Estimates, for daily heroin users among the drug-using population, using the capture-recapture method, are also included in the National Report. The figure below illustrates the estimates between 2015 and 2020. In 2015, it was estimated that around 36% of those estimated to be problematic heroin users were in treatment services during that year. The data for 2020 places the percentage of problematic heroin users who were in contact with services at 94%, with 844 individuals in services reporting being daily heroin users from an estimated entire daily user population of 896. Due to technical issues encountered by the Maltese Focal Point, the problem drug use prevalence estimate exercise was not conducted for the report 2022. The percentage increase in this case is attributed to the fact that problematic heroin use seems to be decreasing. However, one must also consider that a substantial number of heroin users report being in services for many years during their addictive careers (Gellel et al, 2019).

Table 1 *Table of estimated daily opiate users in Malta 2015-2020*

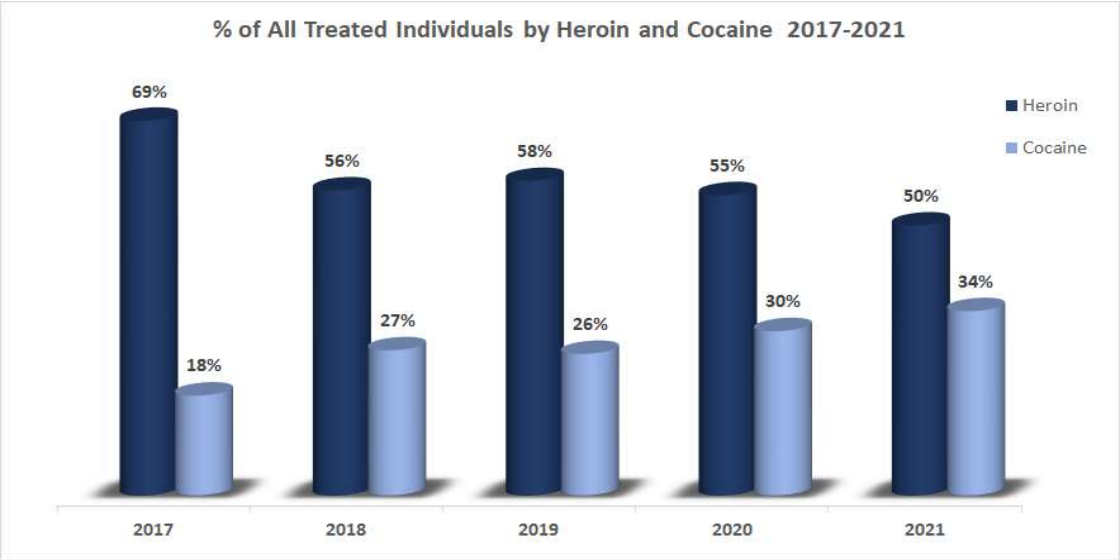
Year	*Daily opiate users*		*Daily opiate users not in treatment*		Rate per 1000 pop (aged 15 to 64)	
	Central Estimate	*95% Confidence Interval*	Central Estimate	*95% Confidence Interval*	Central Estimate	95% Confidence Interval
2015	**1,708**	*1,584 to 1,863*	**613**	*489 to 768*	**5.99**	*5.55 to 6.53*
2016	**1,592**	*1,476 to 1,742*	**511**	*395 to 661*	**5.52**	*5.12 to 6.04*
2017	**1,425**	*1,332 to 1,544*	**419**	*326 to 538*	**4.51**	*4.21 to 4.88*
2018	**1,161**	*1,050 to 1,317*	**387**	*276 to 543*	**3.69**	*3.32 to 4.17*
2019	**1,049**	*980 to 1,146*	**243**	*174 to 340*	**3.18**	*2.97 to 3.48*
2020	**896**	*838 to 1,035*	**99**	*41 to 238*	**2.60**	*2.43 to 3.00*

(Source: National Report on the Drug Situation and Responses in Malta, 2021)

Heroin use has been a recurring and predominant issue in the local drug use scene for many years, with the first services for drug-related issues emerging in the 1980s (Gerard, et al, 2004). Since 2004 the number of individuals entering treatment has continued to grow. In 2021 people in treatment amounted to 1990, which is a 38% increase over 2004, when this figure amounted to 1441 individuals. It is still to be established if this trend will continue. Also, these figures still show that 50% of all individuals who were in treatment had accessed services primarily due to heroin use. Meanwhile, the percentage of persons entering treatment primarily because of their cocaine use has continued to rise steadily with 34% reported in 2021, indicating a sharp increase since 2011 (12%) (Gellel et al, 2022). Similar trends are taking place in the EU with the 2020 EMCDDA European Drug Report reporting that some 75,000 individuals in treatment during 2018 entered treatment primarily due to their cocaine use. Additionally, 22 countries among the EU Member States reported that among first-time entrants to treatment, which means people who accessed treatment for the first time in their lives in the year reported, those entering due primarily to cocaine use increased between 2014

and 2021, leading to an overall increase in Europe among this client group. (EMCDDA, 2023).

Figure 1 *Percentage of All Treated Clients by Heroin and Cocaine 2017-2021*

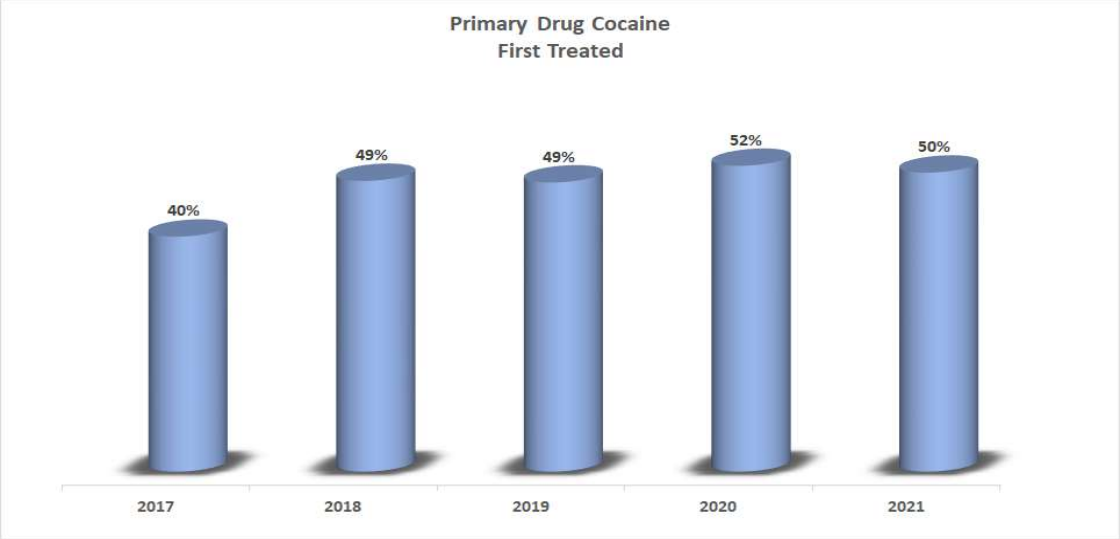


(Source: The Drug Situation and Responses in Malta, 2022)

Despite these registered changes in heroin use, according to the European Drug Report 2020 (EMCDDA, 2020), heroin is still strongly linked to harms associated with the use of drugs. Additionally, new synthetic opioids such as fentanyl, and opioid agonist treatments such as methadone have become more available within the illicit market. However, in Malta, there is no evidence of the emergence of abuse for these substances as treatment data continue to report heroin as the main opiate used locally. The report also indicated that there has been an overall drop in seizures of heroin. There was a shortage of heroin reported in Europe during 2011 and 2012. Trends indicate that seizures have stabilised with 37000 seizures reported in 2017 and 2018 (EMCDDA, 2020). Trends in Malta also indicate that heroin use among first-time entrants into treatment has steadily been decreasing for several years. In 2014 heroin users among first treatment entrants stood at 26%, and a major drop was reported in 2019 to 18% (76 individuals), however rising to just over 20% (101 individuals) in 2020. The number of new entrants primarily due to heroin use continued to decrease to 71

individuals (7%) in 2021. Conversely, during recent years, demand among first-time entrants who use cocaine as their primary drug has risen from 25% in 2011, almost doubling by 2019 with figures reporting an increase to 49% of all new treatment entrants, with an additional increase to 52% in 2020. In 2021, however, there was a slight decrease to 50%. Trends therefore clearly show that there is an increase in cocaine use as a primary drug, while heroin use in this cohort of clients in services is becoming less frequent. Despite these registered changes in heroin use, according to the European Drug Report 2020 (EMCDDA, 2020), heroin is still strongly linked to harms associated with the use of drugs.

Figure 2 *Percentage of First Treated Entrants by Cocaine, 2017-2021*



(Source: National Report on The Drug Situation and Responses in Malta, 2022)

The number of individuals entering treatment who are above the age of 35 years has increased, with 1242 (62%) of individuals in treatment being older than 35 years, and those aged 35 to 44 years accounting for some 37% (734) of people in treatment. This contrasts with previous years when most individuals in treatment would be younger service users (National Report on the Drug Situation, 2022). Such figures indicate an ageing population of drug users, particularly among the heroin-using cohort. This may be a result of individuals staying in treatment for longer periods during their substance use careers, perhaps also for the

fact that a number of these individuals continue to receive Opioid Agonist Treatment for many years, even after having desisted from heroin use. The 2019 National Report on the Drug Situation (2019) reported that around 32% of service users during 2017 had been in the services for less than 5 years, whilst there were a further 20% that had reported being in contact with services for between five and ten years and 33% had been in contact between eleven and 20 years. There were also 6% who had been in contact for longer than 20 years. These figures indicate that the majority of treatment users remain in contact with services for many years and that these individuals were in treatment for their heroin use.

The current situation seems to indicate a decline in the production, and use of heroin, particularly among new treatment entrants. The UNODC World Drug Report (UNODC, 2019) reported that the cultivation and production of opium continued to show an upward trend in the last 20 years. In fact, in 2018, an estimated 7,790 tons were produced, which, even though registering a drop of 25% over 2017, is still 'the third largest total since UNODC started systematically monitoring opium production, in the 1990s' (UNODC, 2019: 44). However, since the Taliban takeover in August of 2021, in 2023, Afghanistan registered production of 333 tonnes, a 95% decrease in production (UNODC, 2023). Additionally, opiate seizures globally have substantially increased to unprecedented proportions in 2017 with some 693 tons seized, marking a 5 % increase over 2016. However, a 10% decrease in seizures was registered in 2021 (UNODC, 2023a). These trends indicate that there is no shortage of the substance and also that new trends are emerging in illicit trafficking and the use of synthetic opioids.

In 2021 it was estimated that, the number of people using opioids for non-medical purposes world wide amounted to 60.4 million people. Around 31.5 million of these were opiate users, mainly heroin (UNODC, 2023a).

The World Drug Report of 2023 cites a figure of an estimated 39.5 million people worldwide suffering from drug use disorders, marking an increase of 4.5 million over an earlier estimate of 35 million, (UNODC, 2019) whilst UNESCO had estimated the figure to be 200 million in 1999 (UNESCO, 1999). The report also claims that annual drug-related deaths amount to around 500,000 in 2019 (UNODC, 2023). The European Drug Markets Report (EMCDDA, 2023) reported that the minimum estimate for the EU's drug market strands at some €31bn annually. The EMCDDA indeed claims that the current situation calls for a concerted global effort to counter a drug market that is becoming ever more globalised, with innovative, 'digitally enabled' resources at its disposal. The figures cited above show that, notwithstanding efforts to control the global drug situation, drug use among the world's population persists and the negative consequences continue to be great cause for concern globally.

Service Provision in Malta

An overview of the emergence and evolution of local drug treatment services and the eventual adoption of the first National Drugs Policy which was first launched in 2008 throws light on measures that are being taken to tackle the drug situation in Malta.

It is not exactly documented, when heroin use started in Malta, however, it would seem that the situation became noticeable during the early 1980's. Indeed, it was around 1984 that the need for a service that caters for individuals with substance use problems started to be felt. During this time, Caritas Malta opened the first services in the country, and in 1985, newly recruited staff members attended specialised training abroad. This was done in collaboration with the Coolemine Lodge Therapeutic Community of Ireland. The first therapeutic day program was launched in March 1985 (Girard et al, 2004). When demand for treatment started to increase, Caritas felt a further need to invest in the first ever Residential

Therapeutic Community, and in June the San Blas long-term rehabilitation program was launched. San Blas Therapeutic Community still operates as a residential facility to this day. Since that time, Caritas services have extended their remit through the opening of a further 3 residential facilities, namely the Male Shelter, the Et Iris Females' Therapeutic Community, the Prison Inmates Programme, as well as a specialised semi-residential/aftercare unit (Dar Charles Miceli). Caritas also offers a community-based Outreach Service and an Evening Programme (Caritas Malta, 2024).

Opioid substitution treatment in the form of the provision of methadone dates to before 1985, when take-home doses were administered every week to a small number of heroin users from the St. Luke's Hospital Psychiatric Unit. This was followed by the opening of what is still commonly known as the Detox Unit in 1987; a service that is still delivered free of charge to this day and is responsible for providing daily opioid agonist treatment (OAT) to 693 individuals in 2021 (Gellel et al, 2022). Eventually, a dedicated inpatient facility was also opened in 1994 (Girard et al, 2004).

Following the setting up of a working committee that was commissioned to evaluate existing services, the Meli Report was presented, with recommendations for reform in the field of substance use. Such recommendations included the setting up of the National Agency against Drugs and Alcohol Abuse, Sedqa in June of 1994 (Foundation for Social Welfare Services, 2024). Sedqa has since its inception, been delivering several specialised services both at residential levels, through Santa Marija Therapeutic Community and the 'Dar L-Impenn' inpatient unit and also offers services within the community, through the Drugs Community Services.

Treatment for addictive disorder in Gozo was initiated in 1992 by the OASI Foundation, initially as an outpatient service, but eventually also included residential treatment for people with addictive disorder. The program provides treatment for all types of

addictive disorder, not only drug use. OASI also work in close collaboration with Narcotics Anonymous and Alcoholics Anonymous as the service is based on the twelve step self-help approach. Oasi also provide prevention services to the community. There are also services delivered from Mount Carmel Hospital, which was the national mental health hospital in Malta, both as outpatient services as well as dedicated inpatient Dual Diagnosis Units for both male and female patients suffering from mental health issues whilst also having a substance use disorder. Individuals encountering problems related to their drug use can also opt to access private support and/or treatment through family doctors and private psychotherapy services. However, data for this treatment option is lacking in Malta and is not covered in the annual data collection exercise conducted by the Maltese National Focal Point for Drugs.

One of the strengths of drug treatment services in Malta is the proximity and physical access of the services to service users. The Substance Misuse Outpatient Unit (SMOPU/DETOX), the only authorised methadone dispensing unit in the country, provided services to 1141 individuals in 2021, 70% of whom received opioid agonist treatment. Opioid Agonist Treatment is also available for take-home doses for selected patients. These services would include residential, inpatient, and prison inmate services, dual diagnosis services as well as services provided within the community and aftercare services. An additional harm reduction service also includes the availability of a needle distribution system that makes syringes available to injecting drug users on a twenty-four-hour level through a distribution system from local primary health care centres. There are a total of seven fixed locations across the country. This service is also available without cost to the injecting drug users, with around 106, 276 syringes distributed in 2021 (Gellel et al, 2022). In addition to these services, SMOPU and the Department of Public Health also offer screening for drug-related infectious diseases such as Hepatitis B/C and HIV and also treatment to those who test positive for such diseases. These data further indicate that there is a wide use of services among heroin users in

the country (Gellel et al. 2022) and also that services are structured to cater to the diverse needs of individuals. One must also note that for some years, services have identified the need to set up specialised units that cater to the needs of female clients who require specialised drug treatment. Treatment services in the country also offer support to the families and significant others of individuals affected by drug-related problems. These are in the main provided free of charge to those who require assistance, with the central government contributing towards the financing of both existent NGOs (Caritas and OASI) and also fully funding SEDQA services and other medical interventions provided by the Department of Health. Another strength of local drug services that makes them more available to the service user is the immediacy by which an individual is offered services, with waiting lists to receive services not being longer than a few days. This of course applies to services in the community, as, understandably, residential services are made available when bed space is available.

Barriers to Treatment

Despite the availability of services, various obstacles can hinder individuals' access to them. These obstacles can be multifaceted and can arise from economic, social, cultural, or institutional factors.

Among barriers to people accessing treatment, is the fear of being discovered and stigmatised. It is quite common that individuals try to conceal an addiction from family and friends, out of fear of being judged and labelled. Being caught out as a drug user may have detrimental effects on the ability of drug users to find or retain employment (Zwick et. al, 2020).

Parenthood can also be a barrier to treatment, particularly for women who use drugs problematically. The National Institute on Drug Abuse (NIDA, 2017, p. 5) recently reported

that women can experience unique difficulties to go into treatment such as not being able to find childcare (NIDA, 2017) or being administered treatment that has not been sufficiently tested on women. Being singled out as an 'addict' may also have consequences on the custody of the children, as women who use drugs may be considered incapable of good parenting. In the context of substance use, being a single mother also has implications for access to treatment because having to care for their children, women have to forgo treatment due to not being able to find adequate care for them for the duration of the treatment. It has also been contended that societal expectations of women who are mothers have a further stigmatising effect on women since they are expected to be the primary caregivers for their children. "The societal expectation that mothers assume the role of primary caregivers places extra pressure on mothers in choosing their options for treatment since treatment may impact their roles as mothers." (Chou et al, 2019, p.1115). Such difficulties would necessitate women who find themselves in such situations to devise strategies by which access to treatment is made possible whilst negotiating the risk of being detected by authorities (Stone, 2014). It may be more difficult for a woman who is a parent to access residential treatment for instance, due to finding difficulty in placing children into other people's care. Gerassi (2018) argues that residential treatment for women should be a priority as it provides a safe therapeutic environment. The multifaceted approach adopted by residential services caters to the multiple needs of female service users. However, due to the issues stated above, residential care may at times not be a real, accessible option for women who are also mothers. Though efforts have been made in the EU and also in Malta in recent years to make services for drug users more accessible across all genders, particularly with the opening of services that meet the specific needs of female drug users, the Pompidou Group reports that gender-specific interventions are still not sufficiently available, and such services are poorly monitored (Mutatayi et. al, 2022). However, in a study looking at trajectories of desistance from problem drug use, Gatt (2017)

contends that parenthood is a determinant factor in women's motivation to desist. In a study 'Mothering and Desistance from Addiction Careers' Camilleri (2021) found that identity transformation from active addict to non-addict and mother, and their integration within their communities were important contingencies towards desistance for women who use drugs in Malta.

Another issue that may hinder the process of accessing treatment can be female heroin users' involvement in sex work and violence that is often associated with such involvement. Though sex work is not exclusive to women, women who develop a drug use disorder may resort to sex work as a means to sustain their use (Scicluna & Clark, 2019). Sex workers often may find difficulty in deciding to access treatment out of fear of being identified by the police (Decker et. al. 2015). The situation even becomes more difficult when sex workers fear suffering violence at the hands of their partner or pimp if they decide to access treatment. This further highlights the need for gender-specific services that meet the needs of female users who experience different career paths throughout their years of active drug use.

People who use heroin problematically may also encounter financial burdens that make it hard for them to enter treatment. Though services in Malta are provided free of charge, services such as residential treatment in Therapeutic Communities and/or inpatient treatment may be difficult to access for some. If persons are employed and do not have funds to cope with expenses unless they remain so, this creates a barrier to accessing services. Commitments such as rent, caring for one's children's needs, or even coping with the personal basic daily needs while in treatment become a problem due to inadequate financial means. Lack of coordination among services, and fragmentation in the healthcare system, with poor coordination between services of mental health, primary care, and drug use treatment facilities, can impede access to comprehensive care. The absence of reliable transportation can hinder individuals from attending treatment sessions, especially if

treatment facilities are located far from their residences. However, the proximity and accessibility of services in Malta make this less of an issue.

Cumbersome admission processes, paperwork, and administrative hurdles can discourage individuals from seeking treatment. Long waiting times for assessment and treatment initiation can be detrimental, as individuals in need may lose motivation or face increased health risks during the waiting period. Simplifying these processes can make it easier for people to access the help they need. Cultural and linguistic barriers may also become barriers to treatment. Services may not be culturally sensitive or available in languages spoken by diverse populations. This can create difficulties for individuals from different cultural backgrounds in seeking and receiving effective treatment. Individuals with co-occurring mental health disorders may find it challenging to access integrated treatment services that address both their mental health and substance use issues. The availability of two dual diagnosis units, and the outpatient mental health services decreases the problem, but gaps still exist that need further investment in the treatment of individuals with dual diagnosis.

Insufficient availability of treatment services, particularly in rural or underserved areas, can be a significant obstacle. Individuals may encounter long waiting lists or may need to travel long distances to go to treatment centres. Accessing drug treatment can be a complex process, and individuals facing substance use disorders often encounter various barriers that hinder their ability to seek and receive appropriate care. The particular needs of specific groups such as women with children, people involved in sex work, and individuals with mental health problems need to be adequately addressed to make services more accessible. The varied availability of services and the proximity of services for people who use drugs are advantages that alleviate the burden of travel time and long waiting periods to access services in Malta. However, more coordination among the various services will make access to treatment easier.

Drug Policy in Malta

The first National Drug Policy was launched in 2008. The Policy aimed to bring together various government, private, and voluntary organisations working in the field of drugs to foster collaboration and promote a multidisciplinary approach to the drug use phenomenon. The approach within this first policy was to address all aspects related to substance use in the country by targeting the supply reduction of drugs through enforcement, whilst also giving much importance to reducing the demand for drugs through prevention and treatment measures. Coordination of the Drug Policy was addressed through the setting up of specific bodies, among them the National Coordinating Unit for Drugs and Alcohol, which has been in place since 2010 and is responsible for the monitoring of the implementation of the National Drug Policy and managing the National Focal Point on Drugs. The National Focal Point is responsible for the collation, analysis, and publication of drug-related data to keep abreast with local drug use trends and also meet the Maltese national obligations to report to the EMCDDA and the UNODC within the United Nations. The data obtained through the National Focal Point since its setting up has greatly contributed towards informing drug policy on trends on the use of illicit substances. The section dedicated to the legal and judicial framework is concerned with ascertaining that local legislation reflects the ever-emerging trends in drug consumption and that Malta continues to comply with international obligations in terms of legislation related to drug use. Supply reduction specifically addresses the coordination of effective law enforcement efforts to reduce the availability of drugs. The section on demand reduction targets the provision of adequate services in Universal, Selected, and Targeted Prevention services to reduce the use of drugs among the general population of Malta. The policy also addresses international obligations, through policy measures that strengthen Malta's cooperation in European and international fora, and monitoring, evaluation, research, and training.

In Malta there have been several changes in legislation, particularly since 2015, when Chapter 537, Drug Dependence, Treatment not Imprisonment Act was enacted, to divert individuals apprehended for simple possession of stipulated amounts of illicit drugs from the judicial system, towards a framework that encourages treatment when such is warranted. Since the introduction of Chapter 537, people caught with limited amounts of specific substances for personal use are no longer arraigned in court and are instead given fines. Since the implementation of the law, the possession of up to two grams of heroin for personal use is no longer a prosecutable offence. In cases of repeated offences for possession of substances other than cannabis, individuals are then referred to the Commissioner for Justice. The Commissioner has the power to sanction referral to a Drug Rehabilitation Board if s/he deems the need for substance use treatment. The Board in turn has the task to assess the individual and refer to treatment when it is decided that such is warranted. This legislation has contributed to Malta's further shift from a repressive model of substance use to a public health approach that aims to treat individuals who use drugs, particularly those with problematic patterns of use. Chapter 537 was amended in 2021 to regulate the use of cannabis in limited amounts, allowing consumers to carry up to 7g of cannabis on their person and allowing individuals to grow up to four plants of cannabis at home, provided that such plants are not accessible to minors, not visible to the public, and not used for distribution purposes under any form. Furthermore, in 2021 Chapter 628 - Authority on the Responsible Use of Cannabis Act was also enacted to regulate the distribution of cannabis through designated Cannabis Harm Reduction Associations to further remove the stigma related to the use of cannabis (https://legislation.mt/eli/cap/628/20211218/eng).

In 2023, the second National Drug Policy (2023-2033) was launched. Building on the strengths of the 2008 National Drug Policy, the new policy aims to meet the evolving needs of Malta on substance use. Whilst it retains the emphasis placed on the legal and judicial framework, supply reduction, and demand reduction, the policy addresses new challenges and opportunities for stepped-up efforts in an ever-changing drug market by taking account of the evolution of new drug trafficking routes and distribution methods. The policy measures focused on supply reduction are focused towards addressing drug trafficking and the identification of new psychoactive substances, whilst also emphasising the need to address the treatment needs of people who use drugs and become involved with the criminal justice system through adequate services that facilitate the reintegration of people coming out of prison. The policy also retains its focus on providing and improving services related to prevention and treatment, and introduces a strong component of harm reduction measures, in line with the European Union's common goal to step up efforts of harm reduction that meet the needs of people who use drugs by as much as possible minimising the harm caused by substance use. The policy also stresses the need to provide services that aim towards the integration of people who use drugs within the community in Malta by addressing the stigma that substance use still carries within societies. The policy places particular emphasis on the provision of treatment services yet does not directly address the need to include the community as an integral component in the process of treatment and eventual desistance. Furthermore, a need to invest further in aftercare services and the facilitation of the reintegration into society of persons who use drugs is not addressed. The policy, however, addresses the need to place more resources into facilitating the reintegration of persons coming out of institutions such as prisons.

There is a strong component that addresses the human rights of people who use drugs, through providing access to 'care and human dignity, as encapsulated in the European Convention on Human Rights and the EU Charter of Fundamental Rights (National Drug Policy, 2023-2033, p:20). Importance is also given to furthering the training for professionals who may come into contact with people who use drugs in their profession by proposing the introduction of training modules on addiction for courses of youth work, social work, medical professions and psychotherapy and other related professions. In recent years, the University of Malta has introduced a specific course of Master in Addiction Studies that further aims to provide education opportunities for people working or aspiring to work in the field of substance use. Such measures continue to consolidate the holistic approach in addressing the needs of the community in Malta and the specific needs of people who use drugs.

Conclusion

In this chapter, I have attempted to give a historical overview of heroin use in the Maltese context and how heroin use has been addressed locally, through a brief overview of the evolution of drug-related services in the country. This historical overview sheds light on the trends of heroin use in the country and helps put into perspective the experiences encountered by people who use heroin in Malta. I have also presented a brief sociological analysis of the Maltese Islands and provided a summary of trends in heroin use throughout the years whilst taking into consideration culture and Malta's unique demographic properties which helped shape local understanding of heroin use. A better understanding of how people who use heroin are affected by the society, they live in facilitates a better cognisance of the needs of this particular group of drug users. The aim of this research is ultimately to formulate a theory on how people with heroin careers negotiate desistance. The discussion of the barriers encountered by people who use heroin in accessing treatment aims to elicit a dialogue

on how services can better meet their needs, whilst also acknowledging the good work that already is being done. The chapter ends with a brief discussion of the evolution of drug policy in Malta, focusing specifically on the paradigm shift that now gives more prominence to the need to uphold human rights of people who use drugs and diverting drug users into treatment as opposed to taking a repressive stance through the criminal justice system.

Chapter Three: A Sensitising Review of the Literature

Introduction

The inclusion or otherwise of a literature review within a grounded theory study has been the cause for debate since its inception with Glaser and Strauss' *The Discovery of Grounded Theory* (1967). Given that conceptual categories are expected to emerge from data, conflicting positions exist regarding how the literature review may influence the researcher's interpretation of the phenomenon being studied. Classic grounded theory (Glaser & Strauss, 1967) encourages the researcher to delay the review of the literature until after the data is collected. A literature review is believed to contaminate the findings due to influences on the researcher's interpretation of the data. Hard-core grounded theorists eschew starting a study with a pre-conceived theory at the beginning of a study, preferring the literature presented together with data analysis. In *The Discovery of Grounded Theory*, Glaser and Strauss (1967) advised, 'An effective strategy is, at first, literally to ignore the literature of theory and fact on the area under study' (1967, p. 37). Strauss eventually moved away from this stance and, with Juliet Corbin, began to advocate for an early review of relevant literature. In this dissertation, the literature is used to develop theoretical sensitivity to the area, to develop questions for use in collecting data during interviewing, to develop a theoretical sample, and to partially validate theory as it is developed (Corbin & Strauss, 2015).

This research is concerned with desistance from heroin careers. To examine desistance, three important issues are discussed in this review: the conceptualisation of addiction; the concept of addiction careers; and the process of desistance. Addiction is a topic that is highly debated. This debate stems from the divergence of conceptualisations on what constitutes addiction. The evolution of the term 'addiction' is therefore engaged with. The main models proposed in the addiction literature to explain addiction are all seen as shedding

light on the various contingencies operating in the stages of the addictive career, including desistance. The chapter finally zeros in to unpacking desistance.

The concept of career has evolved within symbolic interactionist studies of deviance (Becker, 1969; Goffman, 1963; Shaw, 1932). According to Vieira Barros et al. (2018), the concept of career can be defined in several ways. A career can mean a paid job or an unpaid activity. A career may or may not belong to a professional body, an artistic or vocational path taken up by an individual or status within an organisation. A career can also be associated with a personal trajectory for pursuing the actualisation of a person's goals (Vieira et al. 2018). Adamson et al (1998) said that a career is not solely associated with paid employment but with the progression of an activity through a temporal context. When an activity continues through time it becomes a career. This social-psychological or micro-sociological perspective views human interaction as the driver for the meanings attributed to social phenomena (Blumer, 1969). Symbolic interactionism is a perspective in sociology that emphasises the importance of shared meanings and symbols in human interaction. From this viewpoint, individuals respond to social phenomena based on the meanings they ascribe to them. Others interpret their conduct and respond accordingly. The central element in this process is the significance assigned to human interaction and the inherent meaning-making processes. Additionally, the meaning assigned to any interaction has a bearing on how one reacts to others. Grant (2007) explains that the symbolic interactionist paradigm is dependent on three assumptions. The first is that the way individuals act towards things is contingent on their understanding of them. The second assumption is that meanings emanate from individuals' social interactions. The third assumption is that meanings are shaped according to the interpretation attributed to things and experiences through individuals' interactions with each other (Grant, 2007). This is applied to the understanding of addiction.

The Construct of Addiction

Intoxication has been understood and addressed in distinct ways at particular points in history, in different societies and cultures, and under diverse circumstances (Herring et al, 2013; Levine, 1978). Addiction has been dealt with through medical, classical (rational choice theories), psychological and socio-cultural perspectives, amongst others. This has led to an ongoing debate on the legitimacy of each approach, with positions at times seemingly at odds with one another.

The term addiction is relatively young, having only been in use since the late 1700s when Benjamin Rush and Thomas Trotter made detailed observations of alcohol-addicted patients and their families (Edwards, 2012), and proposed that excessive use of alcohol should be considered a medical disease, rather than mere character deficiency (Olsen, 2022). The word addiction originates from the Latin word ‘addictus’ which means to devote, sacrifice, sell out, betray, or abandon. In Roman law, an addicted person meant a person ‘given over’ into slavery or creditor through a court ruling. In the context of substance use, individuals are often perceived to be giving themselves over to the addictive behaviour or substance, becoming powerless. The brain disease model is the most widely accepted in the Western world (Leshner, 1997) and has been instrumental in moving away from viewing addiction as a moral weakness and a purely criminal justice issue. It has seen policy shift from the punishment of persons who use drugs to a treatment model. In the Maltese context, the 2015 legislative changes saw the enactment of the ‘Treatment not Imprisonment Act’, resulting in decreased stigmatisation and increased intervention. However, the brain disease model is not without its critics. Proponents of the choice perspective (Heyman, 2009; Lewis, 2017; Pickard, 2019) discuss how the disease model's focus on compulsion 'locks' persons who use drugs into addiction careers and the belief that ‘once an addict always an addict’, which can be equally stigmatising and has important implications for individuals’ capacity for eventual

desistance. They refer to epidemiological data that shows that most persons who use drugs, even problematically, eventually desist (Klingemann et al, 2001). In this context of 'conceptual acrobatics' (Reinarman, 2005) it is important to acknowledge that scientific expertise regarding addiction is shaped not only by scientific discoveries but by the cultural and institutional contexts within which it is forged (Herring et al, 2013).

Complexities in Defining Addiction

The term addiction has been overstretched. 'The addiction concept may well be the Frankenstein monster of modern American life' (Walters, 1999:1). It is common to attribute the label of addiction to overindulgence in day-to-day behaviours. Valentino (2017) cites a study (Rudski et al., 2009) that found that "10% of Harry Potter fans surveyed reported showing characteristics of addiction after the final book in the popular series was released." (Valentino, 2017:8-9). Such loose use of the term runs the danger of diluting the true meaning of addiction. Schaffer (1999) argues that the fact that it has proven difficult to effectively define the term addiction, has, and continues to create obstacles to-finding ways how to measure the prevalence of addiction, identify its causes, and subsequently address it.

The fifth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) introduced the term 'addiction', eliminating the terms substance abuse and dependence and replacing them with Substance Use and Addictive Disorders and including for the first time non-substance addiction disorders, namely gambling disorder. Internet gaming disorder (IGD) is in the appendix awaiting further research. Marlatt et al (1988) define addiction as:

> …a repetitive habit pattern that increases the risk of disease and/or associated personal and social problems. Addictive behaviours are often experienced subjectively as 'loss of control' – the behaviour continues to occur despite volitional attempts to abstain or moderate use. These habit patterns are typically characterised by immediate

> gratification (short-term reward), often coupled with delayed deleterious effects (long-term costs). Attempts to change addictive behaviour (via treatment or self-initiation) are typically marked with high relapse rates. (Marlatt et al, 1988, p.224)

The EMCDDA uses the following definition for problem drug use yet does not use the term addiction. They define it as "recurrent drug use that is causing actual harms (negative consequences) to the person (including dependence, but also other health, psychological or social problems), or is placing the person at a high probability/risk of suffering such harms" (EMCDDA, 2024:1)

Components of Addiction

Griffiths (2005) proposed six core components of the addictive process: salience, mood modification, tolerance, withdrawal symptoms, conflict, and relapse, arguing that these components are transferrable to various forms of addictions, besides addiction to substances.

Salience refers to when a particular activity becomes prominent in the day-to-day life of affected individuals, at times at the expense of other activities, which in turn diminish in importance. The incentive-sensitising theory suggests that drug use disorder is the increase of psychological desire which is triggered by cues which are not necessarily reflected in the 'amplification of liking' (Berridge & Robinson, 2016 p.1). This is due to neural sensitisation, resulting from extended changes in dopamine-connected motivation systems. The Impaired Response Inhibition and Salience Attribution model (iRISA), proposed by Goldstein and Volkow (2002; 2011), discusses how as the neuropsychological functions of response inhibition and salience attribution are impaired, this directly contributes towards the development of craving, intoxication and withdrawal. Zilverstand et al (2018) showed that six brain networks (habit, executive, reward, salience, self-directed and memory networks) were compromised during exposure to drug cues. People with drug use disorder demonstrated

increased activity of these brain networks during exposure to drugs, which became less active in response to exposure to non-drug-related cues.

Mood modification refers to the experience of the altered state of mind of individuals derived from indulging in a particular behaviour. The experience can vary between one of pleasure-seeking, a feeling of escape or tranquillity, depending on the context. Heroin could be used for the euphoric effects it produces or as a means of coping with psychological distress (Valerand et al, 2015; Billieux et al, 2019; Griffiths, 2005).

Tolerance develops when, following the individual's increase in the frequency and intensity of the activity the substance stops producing the desired effect. The individual then has to increase the frequency and dose to continue to produce the desired effect. Christie (2008) describes tolerance as 'reduced responsiveness to an opioid agonist such as morphine' (Christie, 2008 p 384). Tolerance is directly linked to increased engagement in the behaviour. It has also been shown that in addicted gamblers, though there is no physical ingestion taking place, the gambler may feel the urge to raise the bet to experience arousal from the behaviour (Griffiths, 2005).

Withdrawal symptoms are undesirable psychological states and adverse biological effects that an individual feels after discontinuing a prolonged period of engaging in an activity. These withdrawal effects can be psychological where individuals feel anxiety, distress and irritability caused by cessation; or physiological symptoms that may include headaches, nausea or insomnia. Following cessation, the heroin user will experience a series of physical symptoms that may at times require medical intervention. Such symptoms may last between three and ten days for heroin users (Florimbio, 2023). Though physiological effects have been more closely associated with drug use, evidence shows that people with gambling disorder also experience physical withdrawal (Rosenthal and Lesieur, 1992).

Conflict refers to the friction that arises between the individual with addiction disorder and the people around him/her or the inner conflict of the individual who experiences mixed feelings of guilt, remorse, desire and pleasure-seeking. Such conflicting feelings may contribute to an individual's subjective sense of loss of control. This conflict is caused by the person with addictive disorder's pursuit of short-term rewards to the detriment of interpersonal relationships such as with parents, partners, children, or friends (Griffiths, 2013). In the Maltese context which this research discusses, the issue of conflict with family and significant others may be more pertinent in the lives of people who use heroin problematically due to the tight-knit family and community culture that exists in Malta (Abela, 2010). Many people who develop a drug use disorder continue to live with their family of origin (Gellel et al., 2022). Such living conditions may exacerbate the conflict due to the continued interaction between the individuals and their families and communities that continue to have a strong influence on them (Abela, 2010). However, in the context of an attempt at desistance, the maintenance of close family ties may be an important agent for change. I think that conflict can be an important 'hook for change' (Giordano, 2002:992) the insight that life has become unmanageable.

Relapse is the resumption of behaviour, after a period of cessation, which often leads to the individual reverting to the behaviour, often equalling, or exceeding the intensity of previous episodes. This may take place at any given time, even after years of desistance. It is important to note that relapse is a common occurrence in every type of addictive disorder. Relapse can be closely linked to the construct of impaired control (Volkow & Li, 2004). Melemis (2015) argues that relapse entails a process involving three distinct stages. The first stage is emotional relapse when the individual starts finding difficulty in healthily coping with emotions. In the mental relapse stage, the individual experiences conflicting feelings about

remaining abstinent. The third stage is the physical relapse when the individual resumes the use of substances.

Models of Addiction

The debate about addiction could be described as a 'tug-of-war' of ideas. All positions have relevance for how we understand addictive disorder as well as implications for policy and practice with people who use drugs. I will be making a case for allowing for a transdisciplinary approach to addictive disorder that considers biological, social, historical, psychological, and choice factors. Among the various discourses surrounding drugs and drug use disorder, the dominant paradigm in recent decades has been the disease model. In the United States of America, the National Institute for Drug Addiction (NIDA), which mostly lends itself to scientific research that attempts to establish biological-based causes and treatment options for addictive disorder, funds 85% of all the world's research on addiction (NIDA, 2005). The medical model of addictive disorder has widely contributed towards changing attitudes towards addiction among policymakers and the public. Addiction ceases to be a choice that the individual makes; a moral failing that is best dealt with through punishment. The approach is based on supporting and treating the individual with addictive disorder and removing stigma. However, it also creates new challenges and ethical concerns, particularly because social and cultural contexts that contribute to the development of addictive disorder at times fail to be prioritised (Kuorikoski & Uusitalo, 2018). The capacity to make rational decisions is precluded from the person due to the state of addiction, which may also foster a feeling of helplessness. Buss and Westlund (2018) propose that when people develop an addictive disorder, a conflict arises between their judgement and the desire to indulge in the behaviour. This may lead to an impaired ability to make rational choices (Pickard, 2021), which suggests that engaging in addictive behaviour is not based on rational

choices after careful consideration of the ensuing consequences. This is of particular relevance to eventual desistance from addictive disorder as it suggests that the individual loses the capacity to exercise autonomy in the process of deciding to desist, hence the person will need professional intervention. Kuorikoski & Uusitalo (2018) argue that this stance is particularly problematic due to the emphasis on removing agency from people who become addicted. Volkow, who is the director of NIDA (National Institute on Drug Abuse), explains drug use disorder as a consequence of changes in the brain structure that are a consequence of repeated use of addictive substances. Drug use disorder can be understood as a dysregulation of motivational circuits in the brain. This is the result of heavily increased salience, the formation of habit, excessive stress, deficiencies in reward, and compromised executive function. The increased salience and habit formation is caused by the rewarding effects of the behaviour, and this involves changes in opioid peptides and dopamine in the basal ganglia. An increase in negative emotions and stress, caused by withdrawal and negative consequences leads to a decrease in the function of dopamine and the activation of brain stress neurotransmitters in the neurocircuitry of the extended amygdala. The preoccupation stage, when cravings and decreased executive function occur, involves "the dysregulation of key afferent projections from the prefrontal cortex and insula, including glutamate, to the basal ganglia and extended amygdala." (Koob & Volkow, 2016, p.1).

In recent years, anhedonia, defined as the inability to feel pleasure in the presence of positive events, has been associated with the onset and escalation of addiction and relapse (Sussman and Leventhal, 2014). Dopamine acts as a signal for the brain to identify, prioritise, and anticipate the reward. According to this medical perspective, drugs adversely interfere with an individual's capability to delay gratification as the individual becomes unable to experience pleasure in the absence of the substance and motivation is driven by the anticipation of the 'reward' of ingesting the drug. Redish (2004) adds that dopamine is not

only responsible for pleasure. Dopamine informs the brain when a reward is salient or better than expected. Similar to activities such as having sex and eating, taking drugs, at least initially, is a rewarding behaviour. Formerly, the main theory for addictive disorder was that with repeated and frequent use, drugs hijack the system of dopamine production. People with drug use disorder have brains that become sensitive to the drug and produce more dopamine than those not addicted. However, further studies (Volkow et al, 2007) have shown otherwise, where in fact, individuals who are who develop a drug use disorder produce less dopamine when ingesting the drug. However, the anticipation of use triggers a surge in dopamine. So, if dopamine production is indeed lowered, the logical question arose as to why individuals would bother taking the drug in the first place. Findings by Schultz (2013) showed that in animals when given a reward, dopamine levels rise. However, with repeated exposure, the dopamine cells stop firing. Instead, the production of dopamine is triggered when the animals are exposed to conditioned stimuli that predict the reward. In other words, the anticipation of the reward was, in fact, the stimulus necessary for the production of dopamine.

Studies on genetic predisposition have also contributed to the understanding of addictive disorder. (Kuorikoski & Uusitalo, 2018). McNicol (2017) cites studies that show that among individuals with siblings with addictive disorder, the risk of developing an addictive disorder themselves is increased to 40-80% among men and 20-30% among women, compared to the general population when the incidence stands at 10-15%. Genotypes associated with addictive behaviour have been studied through research on families, twin siblings and adoption. Studies of children of alcoholics indicate that their patterns of alcohol consumption will be similar to that of their biological parents. Numerous family studies show evidence that there is a high rate of incidence of addictive disorder among families who have relatives who have an addictive disorder (Ducci & Goldman, 2012; Buhler et al., 2015; Crist et al., 2018).

Proponents of the biological model propose that drug use starts as a choice but, with continued exposure to the drug, the ability to exercise self-control can be compromised (NIH, 2018; Leshner, 1998). Changes in the brain are used to explain the seeming lack of control over self-determined behaviour. Indeed, an addictive disorder is compared to other illnesses such as diabetes (Volkow et al. 2003). Volkow's position asserts that in comparison to the insulin deficiency in people sick with diabetes, which requires medication to stabilise such deficiency, an addictive disorder that is a chronic disease of the brain, would equally require medical treatment. Dole and Nyswander (1965) made this very claim in the 1960s, which facilitated the availability of methadone treatment to heroin users. It was also shown through brain image studies of people with substance use disorder that there are biological changes in specific locations of the brain which are crucial for learning, decision-making and memory. These changes compromise the individuals' ability to be in control of their behaviour (NIH, 2018). By being conditioned, individuals are motivated to engage in a behaviour that will produce a reward. This is what drives the behaviour of individuals with drug use disorder. Repeated administration triggers neuroadaptations in the dopamine pathway and makes them less sensitive to normal physiological stimuli.

Conceptualising addictive disorder as a biological construct helped the move away from repressive, moralistic models of addiction and reduced stigma. The scientific evidence that established a biological basis for addictive disorder was instrumental in promoting access to treatment (Heilig et al., 2021) rather than promoting punishment. The conceptualisation of 'addiction' as a mental health condition contributed to changing the mindset of the public, healthcare professionals and policymakers about addiction (Heilig et al., 2021). However, the point of contention of the biological model stems from the assertion that addictive disorder is a disease. One of the criticisms of 'addiction' as a disease is that it pathologises the behaviour and removes agency (Clark, 2011). Armstrong (1983) suggests that the disease model reduces

individuals to mere subjects in medical experimentation and practice. Furthermore, the medicalisation of ‘addiction’ also runs the risk of substituting the deviant label associated with addictive disorder to one of ‘helpless patient’ who is dependent on the intervention of professionals due to the lack of ability to exert control over their behaviour. However, Clark (2011) argues that there is ample evidence that the motivation of people with substance use disorder is instrumental in desistance, which draws a fundamental difference from other medical conditions.

Lewis (2017) proposes that the existing evidence about changes in the brain is not necessarily grounds to define addictive disorder as a disease. He refers to the phenomenon of neuroplasticity and claims that similar changes in the brain take place when individuals are repeatedly exposed to a stimulus or a newly learned experience. When an activity becomes routine and internalised within the regular structure of the individual, it eventually leads to the formation of habit. This process of habituation has the tendency to be amplified when the activity has a high motivational impact. However, the brain of the individual who goes through a sustained period of desistance from addictive behaviour also changes.

Medical intervention has proven to be a valuable tool in addressing addictive disorders. However, people who develop an addictive disorder also experience social and psychological problems that may contribute to the difficulties that they face. The application of principles pertaining to other models of ‘addiction’ contributes toward a transdisciplinary approach that tackles ‘addiction’ from various aspects. For instance, medical intervention is often complemented by psychosocial interventions that meet the diverse needs of people with problematic substance use (Wangensteen & Hystad, 2022). Methadone treatment and/or maintenance, for example, is rarely administered as a standalone treatment. The psychological, social, and legal needs of individuals with substance use disorder are also addressed to complement medical treatment.

In his classic study emphasising the social dimension, Lindesmith (1938) investigated users of heroin who were being administered the drug in medical settings and compared their perception of heroin use to other street heroin users. He found that individuals, who were administered heroin in a medical setting, rarely developed a drug use disorder. He theorised that the reason lay in the fact that users were unaware of the symptoms of withdrawal and did not seek further drug use to alleviate the symptoms. This differs for street heroin users who, through their interaction with drug-using peers, are schooled to recognise tolerance and interpret withdrawals due to their use of heroin (Herring et al, 2013). Zinberg (1984) contends that to understand drug use, three factors must be explored. These factors are the drug itself and its pharmacological action; set, the attitude and frame of mind that the individual finds him/herself at the time of using the drug; and the setting, which would be the physical and social environment in which the use of drugs takes place. These contingencies have a bearing on the drug use and the pattern that it takes in the lives of drug users, (Zinberg, 1984).

The multifaceted nature of addictive disorder has prompted scholars to explore diverse perspectives. Adherents of the disease model (Koob & Le Moal, 2001; Heilig et al., 2021, Volkow et al, 2007 Volkow et al, 2007) emphasise the psychopathological aspect of addictive disorder, positing that it arises from neurocognitive dysfunction manifested as compulsive behaviour. Contrastingly, choice theorists (Heyman, 2009; Lewis, 2017; Pickard, 2019) propose a perspective that views the consumption of drugs as a deliberate choice influenced by individual priorities and circumstances at the time, rather than being solely a result of psychopathological factors. These contrasting viewpoints highlight the ongoing debate within the scholarly community, with some emphasising the pathological roots of addictive disorder and others emphasising individual agency.

Heyman (2010) argues for the choice model of ‘addiction’. The choice perspective on ‘addiction’ stresses the importance of individual agency and decision-making in the

development and continuation of addictive behaviours. He contends that voluntary behaviour can be self-destructive. Addictive disorder is presented as a 'disorder of choice', which necessitates voluntary mechanisms, at least in the initial stages of the behaviour. Further explanation of addictive disorder is the notion that individuals with an addictive disorder, similar to children who still need to make a distinction between instant and delayed gratification, are known to be driven to act to the promise of immediate reward. This is described by Heyman as a 'local choice' (Heyman, 2009).

In behavioural economics, the concept of matching law (Herrnstein, 1961), proposes that given the choice between two options, people choose the one that corresponds with the highest amount of reinforcement. Furthermore, Herrnstein and Prelec (1991) spoke about melioration, that proposes that when people are provided with several options, they will choose the one that provides the highest yields in the current circumstances. According to such propositions, people who use drugs choose to act according to what they perceive to be the better, more immediate option at the time. Such choice may not necessarily be considered rational. Heroin careers often lead to an accumulation of losses, such as deteriorating health, loss of trust, strained family and community relations and loss of liberty. Yet people who use drugs problematically may continue to do so for several years, notwithstanding the costs. However, the accumulation of these losses through time may eventually begin to outweigh the immediate rewards, resulting in the decreased value of the immediate choice (Monterosso & Ainslie, 2006). This may contribute to the contemplation that change may be warranted that entail favouring actions that may reap better, longer lasting rewards in the longer term.

Heather (2017) contends that addictive disorder cannot be described as merely an ordinary choice, as is evidenced by the documented difficulties that persons with an addictive disorder experience in attempting to desist. He proposes that the truth lies between the element of free choice and losing the capacity to have any such choice. A study of Vietnam

Soldiers (Robins, Davis & Nurco, 1974), showed that the great majority of the servicemen who were using heroin problematically whilst deployed in Vietnam quit drugs successfully upon their return home. Later Heyman (2010) observed that these soldiers had common narratives for their success. Upon returning these individuals found that continued drug use was not compatible with their other commitments back home such as being in relationships, raising a family, work, and peer relationships.

There are multiple psychological perspectives on addictive disorder. The psychological perspective argues that people develop an addictive disorder as a consequence of unmet psychological needs. An example of this would be the hypothesis that individuals use substances to counter mental/physical health conditions or psychological distress (Khantzian, 1997). Trauma is strongly linked to the development of problematic drug use among young people who experience traumatic experiences at an early age (Khoury et.al, 2010). This is also the case for individuals suffering from Post Traumatic Stress Disorder where correlation between PTSD and Substance use disorder was found to be high (Chilcoat & Menard, 2003). When the individuals in question learn that the effects of the substance alleviate suffering this serves as an incentive for use, which with time becomes habitual, similar to other daily activities that become routine through regular exposure. This perspective is possibly best suited to explain why certain individuals are capable of indulging in drug use recreationally while some develop a disorder (Clark, 2011). Those who have internalised psychological issues become more prone to develop a drug use disorder as the substance gives them respite from their distress (Khantzian, 1997).

One might argue that psychological distress may be the result of substance use itself. People engaged in a heroin career may initially have started using recreationally; however, psychological issues may surface with increased participation in drug taking. The legal, personal, social and health issues arising from increased participation in heroin use may lead

to psychological distress. Whether psychological distress arises before or after the development of an addictive disorder, the hypothesis of self-medication remains pertinent in that it may partially explain the individuals' motivation to continue taking the drug.

Another hypothesis is that individuals may have particular personality traits that make them more prone to becoming addicted. Some adherents to this model propose that there may be a link between the personality of individuals and the development of an addictive disorder (Eysenck, 1997). Though extensive research on the relationship between addictive disorder and these personality dimensions is available, the results of such studies have yielded inconsistent results.

Mood modification is also important as an explanatory framework. The function of the serotonergic system is related to the inhibition of behaviour, and the dopamine system, which is associated with the salience of stimuli amongst other systems, are very important when discussing addictive disorders (Potenza, 2008). People decide to engage in a behaviour if they anticipate that they can achieve a positive consequence, such as the high following the ingestion of drugs, or to reduce negative effects, such as drinking alcohol to alleviate negative emotions. Thus, desirable rewards and/or mood modification are key components in the process toward developing an addictive disorder. Interestingly, addictive disorder is often characterised by a change from the motivation to get positive rewards, towards the prevention of negative ones; it moves from being an addictive process that is ego-syntonic towards one that is ego-dystonic (Chambers & Potenza, 2003; Brewer & Potenza, 2008). Motivational models of addictive disorders place importance on the individual and human agency. The individual's seemingly uncontrolled behaviour is described as the reaction of that individual to the environment and options at the time (Gilford & Humphreys, 2007). Individuals who use heroin, for instance, may choose to do so out of motivation to experience the euphoric effects

of the substance (positive reinforcement) or may take their dose to avoid discomfort or pain (negative reinforcement).

Similar to the biological model of 'addiction', the psychological perspective also places importance on the internalised processes but also considers the role of the person, the behaviour, the environment in which the behaviour is taking place, and the interaction with others in the process of addictive disorder. According to Gifford and Humphreys (2007: 353), "Addiction is not simply a physiological process, but the action of multi-dimensional individuals behaving in a particular fashion in certain contexts".

The main criticism of the psychological perspective is the relationship between problematic addictive behaviours and the alleviation of psychological distress. It could be argued that a reciprocal relationship exists wherein the involvement in addictive careers may be the cause of psychological distress (Clark, 2011; Walters, 1985). Clark (2011) suggests that a bidirectional explanation would be best to explain this phenomenon.

The psychological model departs from a purely biomedical stance on addictive disorder that suggests biomedical solutions to it (Clark, 2011). The psychological model has greatly contributed to the development of new theories about addictive disorder and interventions. According to Gifford and Humphreys (2007), the greatest limitation of this model is the primary emphasis on the individual and does not sufficiently address the context in which the individual is functioning.

The discussion of loss vs retained/impaired control continues to be debated among 'addiction' experts. Members of Alcoholics Anonymous argued that problematic alcohol use is characterised by a loss of control over one's intake of alcohol (Anonymous, 2011). However, 'addiction' theorists moved from the construct of loss of control towards a model of impaired control (Edwards, 1982; Heather, 2017). Generally, the understanding of addictive disorders entails a loss of autonomy because of a neurobiological disease that compels people

with substance use disorder. Though it cannot be denied that it is indeed difficult for addicted individuals to desist from using drugs, evidence suggests that people who use drugs problematically are not always compelled to use (Pickard, 2019), but respond to incentives that make it appealing to use in a particular context. Such incentives to use are very strong but are not impossible to overcome. Satel and Lilienfeld (2014) have also done some interesting research on methamphetamine users that shows that they can be incentivised to choose money over drugs.

Henden et al (2013) acknowledge that individuals who develop an addictive disorder tend to engage in the behaviour notwithstanding the risks and harms associated with it. However, people also engage in other activities that are considered high-risk, such as driving at excessive speeds, participating in high-risk sporting activities and eating unhealthy foods, notwithstanding the consequences and risks of their actions. They argue that such risky behaviours cannot be considered all to be involuntary, but that at the time, they consider that the benefits of the activity outweigh the costs (Henden et al, 2013). They argue that an alternative middle-ground way of explaining addictive behaviour is that it can be both voluntary and irrational.

Heyman (2009) argues that there is ample evidence that shows that most individuals indeed manage to desist. However, Heyman also considers that there are individuals who find themselves with comorbid mental health conditions, who may consequently necessitate the involvement of professionals due to the underlying mental health conditions (Regier et al., 1990; Branch, 2011). People with dual diagnosis, who suffer from chronic mental health conditions, find it much harder to stay in control of their addictive disorder. The EMCDDA (2016) argue that comorbidity is an important factor to look into, both because there is a high prevalence of dual diagnosis among those with drug use disorder, but also because comorbidity is associated with poor treatment outcomes among those who are affected.

Evidence indicates that when compared to individuals who only have a substance use disorder, individuals with comorbid mental health conditions have more severe psychopathology (Langas et al. 2011; EMCDDA, 2016).

Heilig et al. (2021), in an attempt to reconcile opposing arguments on the issue, recognise the merits and validity of criticism levelled at conceptualising addictive disorder as a disease and suggest that some tenets of the model require refinement. However, they also stress that caution must be exercised against questionable arguments (p.1716) that threaten access to treatment for people who require it. They also acknowledge that the conceptualisation of 'addiction' necessitates that both biological and environmental factors are considered. Heilig et al. (2021) continue that identifying brain mechanisms that contribute to a better understanding of addiction does not negate the importance of 'psychological, social and socioeconomic processes' (p.1716) in the causation and consequences of drug use. They propose that a 'plurality of disciplines brings important and trenchant insights to bear on this condition; it is the exclusive remit of no single perspective or field' (p.1721).

All the models discussed have much validity and relevance to the study of addictive disorder and eventual desistance. However, it seems also clear that the study of addictive disorder would be better served through a multi-disciplinary approach that builds upon the strengths of the different conceptualisations of addictive behaviour. It is only in this manner that the complexity of addictive disorder can be addressed, taking a transdisciplinary approach that focuses on the medical, psychological and social needs of people who use drugs problematically.

The Career Approach to Addiction

A career approach conceptualises addictive behaviour as a process that takes place 'along points on a continuum' (Clark, 2011:61). An addictive disorder has a point of onset,

active involvement, and an eventual end through desistance. The engagement with substance use has different consequences for individuals, as some develop an addictive disorder, while others experiment with use but never develop a disorder (NIDA, 2014). Though there is no single contingency that determines why some develop an addictive disorder while others don't, NIDA suggest that risk factors increase the odds of developing a problematic pattern of use. On the other hand, protective factors contribute to preventing the initiation or the escalation of drug use (NIDA, 2014). For that small percentage who develop an addictive disorder, the behaviour is characterised by increased frequency of use, which eventually leads to diminished control over the behaviour, as substance use becomes more central, and the individual user starts to show decreased interest in other activities (NIDA, 2014). The career approach considers subjectively experienced factors such as identity change, and perceived loss of control that may contribute to an individual's continuation along an addictive career path. It also acknowledges the more objective contingencies such as family, health, or legal issues as well as the biological factors (Clark, 2006). This perspective sits well with the scope of this research in that the study seeks to shed light on how problematic heroin users negotiate the eventual desistance from heroin careers. A career perspective allows the researcher to explore how different turning points in an individual's life have an important impact on the trajectory that an individual life history takes (Clark, 2011).

Heroin Careers

In this study, I adopt a symbolic interactionist career approach to both addictive disorder and desistance. A career approach proposes that both addictive disorder and desistance entail a process that is similar to other life trajectories in that it includes a starting point, a process of learning and becoming immersed in the activity, becoming proficient in it,

establishing status and identity associated with the career trajectory, and eventual desistance (Elder et al., 2002).

The term "career" refers to the process through which a person moves from one position to another in daily life (Becker, 1952). It was first applied to the study of vocations, but several authors aligned with symbolic interactionism have effectively modified it for the study of deviance (Becker, 1963, 1977; Lemert, 1951; Farrington, 1991). The term has two distinct meanings according to dictionaries: a path or progression through life and a means of subsistence. In this thesis it will be utilised in the first sense. Similar to how a career in a conventional occupation is influenced by such contingencies as having the necessary qualifications and contacts, being in the right place at the right time, and learning the ropes, one's progress through an addictive career is influenced by contingencies that take place. Contingencies are defined as events that may, but do not necessarily always affect a career trajectory. According to Clark (1999), contingencies do not determine the development of deviant careers but may facilitate the process depending on how they are interpreted by the social actor. Since a trajectory may not be fully discernible until a person has made some headway along it, it is frequently the case that career contingencies are clearer when analysed retrospectively. Turning points serve to guide a person into further involvement with substances or reroute him into desistance from drug use, depending on how the actor interprets the events at the time.

Goffman (1968) proposed that there are two distinct sides to the concept of career. He writes:

> One value of the concept of career is its two-sidedness. One side is linked to internal matters held clearly and closely such as an image of self and felt identity; the other side concerns official position, jural relations and style of life... The concept of career

> then allows one to move back and forth between the personal and the public, between the self and its significant society. (Goffman, 1968, p.119)

Symbolic interactionism offers a nuanced understanding of addiction careers as dynamic processes shaped by social interactions, meanings, and identities. By examining how people who use drugs interpret, negotiate, and enact their roles within social contexts, this perspective sheds light on the complexities of addiction career development and the link between individual agency and social forces.

Symbolic interactionism emphasises the role of social interactions in shaping behaviour including addictive behaviour. Participation in addictive behaviour can influence an individual's self-identity. Symbolic interactionism's concept of the "looking-glass self" (Cooley, 1902) suggested that individuals develop their self-concept on the basis of how they believe they are perceive by others. Individuals struggling with addiction might internalise negative perceptions, leading to a cycle of substance use. Originally used by Harry Stack Sullivan (1953), the concept of reflected appraisals, which is when a person uses other people's perception of him/her and comes to see him/herself according to that perception (Mead, 1934; Cooley, 1902), has been extensively studied in social psychology (Wallace et al. 2012). The construct of the self has important implications for desistance as the 'addict' identity assumed by people who use drugs problematically impinges on their self-image and membership within the community and may lead to isolation and the eventual association with people who also use drugs (Dingle et al, 2015). The self is a process that evolves through interaction with others. Blumer (1969) asserts that people give meaning to things and events in their lives according to their interaction with others. These interactions determine how individuals react to a situation according to their understanding of events taking place. This understanding is established through an interpretative process of reflection on how they will

react next. Their actions are in turn interpreted by others, who then react accordingly. The meaning assigned to human interaction and symbols is central to this process.

Symbolic interactionism contributes to understanding how labels affect behaviour (Becker, 1963). Individuals labelled as "addicts" may internalise this identity, which can affect their self-concept and behaviour. Stigmatisation from society can further perpetuate addictive behaviours. A symbolic interactionist perspective suggests that ‘addiction’ is constructed through social processes and is influenced by societal definitions, attitudes, and norms. It sheds light on the process of desistance. It highlights the importance of changing meanings, perceptions, and social interactions to break free from addictive behaviours. Desistance involves reshaping one's self-concept, and the interactions with others. Through reconstructing their biography individuals who desist often reconstruct their life narratives and identities (Becker, 1963; Blumer, 1969; Best, 2019). Symbolic interactionism underscores the significance of storytelling and narrative in shaping how individuals understand and communicate their experiences with addictive disorder and desistance.

The concept of process in heroin careers is essential for this study. Heroin careers develop through time (Faupel, 1991). It entails a starting point that begins with the experimentation of use, the escalation and eventual commitment to heroin careers, and ends with eventual desistance. The process is not necessarily linear (Clark, 2005) as individuals may come in and out of addictive disorder at different points in their careers and engage with it to different degrees (Faupel, 1991). Furthermore, the level of engagement, motivation and the individual’s understanding of the heroin career changes as the career continues to develop (Clark, 2005).

Social interactions have a direct effect on how a career develops as it impinges on one’s concept of self. Once the person becomes identified by others as deviant, the heroin user may be relegated to a deviant role (role-taking), he may actively engage in this role (role-

making) and assume a user identity. Identity is actively constructed through the process of social interaction (Goffman, 1961; Scicluna, 2017). According to Pickard (2021), increased engagement with addictive behaviour consolidates the 'addict' identity and develops an attachment to the lifestyle. Furthermore, Moshier et al. (2012) suggest that factors such as loss of relationships with families, unemployment, and engagement in criminal activity contribute to the isolation of people who use drugs from the community and contribute to the association of drug users with deviant groups. As they gain skills within the group, they establish status and belonging within the group.

The process of eventual desistance also entails a similar trajectory, as an individual's journey to desistance is also influenced by the interaction with others and is contingent on their embracing of the efforts to desist and reintegrate the former heroin user as a fully participant member of the community. Through this process, the former user assumes new, multiple identities. The process of desistance entails relinquishing a deviant identity and the development of multiple alternative identities through the take up of prosocial roles. Carter and Marony (2018) speak of role identities that represent individuals' self-views as actors within the roles that they adopt. According to Stryker and Burke (2000), role identities are also influenced by other people's expectations of the individual.

Identity

Individuals form their identities through their interactions with others. Their understanding of their role and perception of self within that society is acquired through the meanings they assign to such interactions. In the case of heroin careers, the societal rules that are attached to the use of heroin and how society reacts to such use (punishment, labelling and stigma, and social exclusion of the individual) have a drastic impact on an individual's identity and sense of self.

Several factors may influence an individual's process towards taking up a deviant career or desisting. Individuals become increasingly involved in deviant behaviour over time as a result of societal reactions to their initial acts of deviance. These deviant careers can become central to individuals' role enactments, identities and social interactions.

Pickard (2018) suggests that people who develop an drug use disorder, very often do not continue to derive pleasure from the behaviour. Yet many people continue to use drugs notwithstanding this. She continues that, when strong value is assigned to the functions that drugs serve in their lives, people with drug use disorder give less value to the loss of relationships. Furthermore, Pickard argues that the context in which a behaviour is taking place has a strong bearing on the effects that it leaves on people's identity. For instance, in countries that have decriminalized substance use, the user does not suffer costs associated with criminal prosecution. Similarly, persons who have the financial means to cope with the cost of an addictive disorder may be able to maintain activity within a social circle as the availability of cash protects them from some of the consequences of substance use. The impact on the social identities of individuals engaged in substance use is therefore contingent on how the use of drugs is conceptualised in a given society, and the affected addicted person's understanding of their status within that society.

Lemert (1951) talked about primary and secondary deviance. Primary deviance is described as an initial engagement with deviant behaviour, the isolated acts or behaviours that may not significantly impact an individual's social identity and self-concept. The individual may be using drugs but is not perceived as a 'drug user' by others and consequently does not see themselves as deviant nor as having a deviant identity. As long as the action remains largely inconsequential and perhaps more importantly, inconspicuous to society, the consequences are minimal. However, when repeated deviant actions start to lead to adverse societal reactions, the deviant behaviour becomes more prominent in the individual's

conception of self. When this occurs, the behaviour becomes secondary deviance. The individual starts identifying with the deviant role. Secondary deviance thus refers to subsequent drug use that occurs as a result of societal reaction to initial drug use. The person who uses drugs internalises the deviant label of drug user imposed on them by society in response to their initial behaviour. This internalisation of the deviant label may lead to a self-fulfilling prophecy, where the individual's behaviour conforms to the deviant label he has been assigned. This perspective is useful in understanding the social processes involved in the creation and reinforcement of user identities that are shaped by societal reactions and labelling. Conversely, Maruna and Farrall (2004) suggest a model of two phases in the desistance process. Primary desistance is the phase at which the use of substances is stopped without alteration in one's self identity. During the secondary desistance phase, the individual experiences a change of identity away from the user identity. This process entails complex interactions between the individual and the community through the passage of time.

When an individual acts in discord from the rest of society, this creates an identity that is incongruent with societal expectations. So, a sense of pride or shame is not determined by one's perception of self, but rather by how one imagines the impact that a particular action will have on significant others. Tannenbaum (1938) spoke about the dramatisation of evil. He contended that attributing a label of evil to a person based on the individual's committing of an evil deed, leads to the segregation and shaming of that individual. Becker (1963) adds that individuals come to adopt the deviant identity attributed to them by others and it becomes their overarching master status.

Becker argues that being identified and labelled as deviant has important consequences on the social participation of the individual and his self-image (Becker, 1963). The public identity bestowed upon the individual due to being caught committing a crime, for example, is shaped even following one singular incident of involvement in delinquent

behaviour. It is assumed that once an individual commits one act of deviance (Tannenbaum, 1938; Ashford et al., 2019; Dertadian, 2023;), it is more likely for that individual to be involved in other forms of deviant behaviour. The individual gradually begins to identify with the label assigned to him. Consequently, this new identity pushes the individual to become isolated from the community. The influence is bidirectional as the individual also reacts by further detaching from the community and identifying with a user subculture which is more harmonised with this new identity. In a recent study on juvenile delinquency, Kroska et al. (2017) elaborated on the hypothesis of labelling theory, that the development of a deviant self-image is promoted by the label assigned to the individual by others. The study aimed to provide new data related to this hypothesis because the data available is mostly very old, and according to them, does not give due importance to three important dimensions of assigning meaning to the self. These dimensions are self-evaluation, which leads to an individual's assessment of self-esteem and feelings of self-worth; self-potency, which is correlated with the individual's ability for self-efficacy and 'feelings of empowerment through competence or achievement; and self-activity which elicits feelings of liveliness through one's ability to manifest agency (Kroska et al, 2017). Their findings showed that a deviant label is tied to lowered opportunities in mainstream society, a lowered self-evaluation that corresponds with the label assigned, and higher self-potency as it provided them with an adult identity and status within the deviant group (Kroska et.al, 2017). This study concluded that labelling contributes to the development of a deviant identity.

An example to describe the effects of labelling is the public perception of people who use drugs problematically, who are often looked upon as 'weak-willed' individuals who are not able to desist from their behaviour. This tagging of individuals as criminals and 'drug addicts' contributes to the formation of a self that identifies with the label. The identification with the label may reinforce further participation in deviant behaviour (Bernburg, 2009).

When an individual is caught using drugs, the label of drug user or ‘addict’ suddenly becomes the dominant characteristic describing that individual. This change in perception affects how the individual starts looking and her/himself and the person assumes an ‘addict’ master status (Becker, 1963). At this stage, the individual moves from being a doer of bad things and becomes identified as a bad person. This label leads people who use drugs to be stigmatised and further ostracised by the community who at this point only attribute the ‘addict’ identity to the individual. Zwick et al. (2020) argue that the language used by the community to describe people who use drugs problematically creates obstacles to accessing essential services and opportunities like health care, work, legal services, and financial or insurance services, which further contribute to isolation. They also argue that these barriers make it more difficult for drug users trying to desist as they are denied the opportunity to make meaningful contributions to the community. The stigma also contributes to the propagation of shame by drug users for not being able to comply with societal expectations. Shame may lead to a deterioration in societal participation, detachment, and further immersion into heroin careers (Giordano, 2012; De Bono, 2017). The label assigned to the individual may elicit different emotions and courses of action taken. While many may react by feeling shame and detaching from others, some others may rebel against and take a defiant stance toward society. This further isolates the individual from society, and s/he becomes an outsider (Becker, 1963). This leads the individual to seek the company of like-minded peers and identify with other drug users. It is here that such individuals find acceptance.

> Labelling theory throws much light on the process of becoming a ‘junky’ or ‘junkification’. The label ‘addict’ becomes one’s master status and core identification leading to behaviour that is congruent with that identity and role. Labelling theory is more agentic than either structural or functionalist perspectives on addiction in that it

> recognises the role the actor plays in the imputation of the deviant label. (Clark, 2011:61)

The community's perception of deviant behaviour has important implications in the process of desistance. If the community tag the 'addict' label as irredeemable, this may shut out the individual entirely. Conversely, if the community are open to the possibility of change, then a more reconciliatory attitude may support the individual's consideration that desistance can be both attainable and desirable. Relinquishing the deviant label is essential for successful desistance (Braithwaite, 1989).

Identification with a deviant group

Biernacki (1986) remarks that the social values held by people who use drugs problematically have different meanings in varying contexts and may be understood differently by specific groups of people. He posits that the addicted identity may be one deserving of scorn within the addict's family context as the behaviour of the individual conflicts with the values held by the other family members. Conversely, it may provide status, belonging and prestige among a group of individuals in the drug using community. People engaging in heroin careers may choose role models to whom they look up to, and aspire to emulate. The acquisition of status among the drug using community is contingent upon the acquisition of skills and becoming proficient at them (Finestone, 1957).

Sutherland's (1932) account of a professional thief showed how identification and association with other criminal individuals provide the deviant individual with tools and skills that make the individual proficient in crime. Glaser (1957), also adds:

> members of this profession gradually acquire a complex of highly specialised techniques, including skill in planning offences, verbal abilities for dealing with victims and with the law, knowledge of how to dispose of stolen goods, and if

> detected, the ability to 'fix' a case by dealing with the police, court officials and victims. Such knowledge is acquired only through association and cooperation with thieves, much of the former occurring in jails and prisons. (Glaser, 1957, p.685)

Here, the emphasis is placed on the process of learning and a gradual change in the 'self'. I contend that the process of developing an addictive career can be compared to an apprenticeship in a 'regular job' during which the apprentice acquires the skills and the knowledge of the trade. As the apprentice becomes more proficient in his skills, that individual establishes his/her foothold in the deviant group. The development of heroin careers can indeed be compared to other so-called 'conventional careers' that necessitate an initiation, an identification with role models (people to learn from and emulate) and a learning curve which helps the individual establish proficiency in the acquired skill and gain respectability, status and belonging within that particular circle. Conversely, disassociating from heroin-using peers is an instrumental step for many to attain desistance. Snoek et.al (2016) argue that the most common strategy among individuals who were successful in desisting from addiction careers was physically changing their location and disassociating themselves from drug-using peers.

Stigma and Shame

People who use heroin problematically often suffer increased stigma as society labels the activity and the actor as deviant (Buchman & Reiner, 2009). Consequently, the individual is labelled by others resulting in a spoilt identity (Goffman, 1963). In a small society like Malta stigma is hard to avoid as it is difficult to maintain anonymity and avoid gossip (Clark, 2012). When the user is exposed and stigmatised as deviant and perceived to be untrustworthy, the person loses credibility with others and expectations by others suddenly change. Consequently, the person is labelled as deviant and assigned a master 'addict' identity

(Becker, 1963). Goffman (1963) refers to this process as the formation of a spoilt identity. This leads the person to feel shame at having come short of the expectations laid by mainstream society. Shame is a topic that has been extensively explored within studies on addictive careers (Bernburg et al, 2006; Tannenbaum, 1938; Scicluna, 2017; Visanich, 2012). Shame has important implications, both in the development of heroin careers, and desistance. Giddens (1991), argues that shame impinges on the identity of individuals as it instigates anxiety over the person's difficulty in complying with societal expectations.

DeBono (2017) argues that shaming hurts the people who use drugs when it is not re-integrative. He argues that stigmatic shaming contributes to drug users' alienation from the community and their insertion among deviant groups where they do not feel stigmatised and shamed. When shame is re-integrative (Harris & Maruna, 2006), showing disapproval of wrongdoing, while at the same time remaining open to the prospect of redemption and forgiveness, it can contribute to the process of desistance as it does not stigmatise or label the individual. According to Darmanin Kissaun and Clark (2022) shame can be understood both positively and negatively. When shame is understood negatively, it leads to loss of status within the community that causes embarrassment to the individual. Conversely, when shame is construed positively, it can lead to a person's efforts to make amends and indicates the consideration of keeping one's reputation within the community as important for forgiveness and finally avoids attributing a master status and maintains that desistance is possible.

Gendered careers

Addiction careers of women differ distinctly from those of their male counterparts. The onset of addiction careers differs among men and women, with men often reporting starting use with friends and peers, whilst women more commonly indicate that their first contact with substance use takes place while in a relationship with a substance user (Clark &

Scicluna, 2019). Subsequently, many women stay in the relationship due to issues related to the supply of drugs, housing issues and income limitations. Financial constraints suffered by women may force them to become dependent on their relationships as a means of coping with the expenses of heroin careers. Furthermore, Clark & Vella (2022), referring to the term telescoping, indicate that escalation and commitment to substance use among women may develop more rapidly than among men. Women also take different approaches to sustain their addictive disorder. For instance, women may become involved with sex work as a means of income more than their male counterparts. This of course has consequences on female users who become victimised not only by their substance use, but also through exposure to health risks, potential abuse, and violence suffered due to their involvement in sex work (Clark, 2010; Clark & Scicluna, 2019; Clark & Vella, 2022). Some health-related complications are exclusive to women, such as the effects of drugs on pregnant women and the potential for health consequences in newborn children (Thibaut, 2018). Thibaut (2018) adds that women who become addicted are more prone to co-occurring disorder like depression, anxiety, and stress-related disorders, which makes them more vulnerable to triggers of relapse and continued use. Furthermore, women are often expected to care for the family, particularly when children are involved. This has direct consequences on how women, who are considered to be the 'main caregivers' in a patriarchal society such as Malta, are judged by society (Baldacchino et.al, 2016). One could also argue that such pressure inflicted on women who use drugs may cause anxiety and stress due to the demands and expectations posed on them. Furthermore, the imprisonment of women who are parents also has a different effect on the dynamics of a family and the women themselves when compared to when the male parent is incarcerated. According to Carretero-Trigo et.al (2021):

> Men may have a more positive experience of parenthood in prison insofar as their children continue to receive the same care as they had been receiving before

> imprisonment. This facilitates the need to maintain family unity and communication. In the case of women, they are more likely to experience a more negative experience of parenthood as they must accept that they are no longer the primary caregiver, which they may have been until the time of their imprisonment. (Carretero-Trigo et.al, 2021, p.2)

Since the movement into addictive careers and the maintenance of heroin careers is different for women, desistance may also differ for women. For example, women who use heroin and are also parents may find difficulties in seeking treatment such as residential care as they have the added responsibility of caring for their children, (Gatt 2017; Chou et al, 2019). This is further compounded by the fear of losing custody of their children, and the lack of adequate childcare provisions and gender-sensitive services (Clark & Vella, 2022). At a global level, outpatient services which cater for the needs of women are grossly under-represented (Thibaut, 2018), making it more difficult for women to have different options that accommodate their requirements as individuals with substance use disorder, whilst caring for their children.

Shame among women who use drugs is also amplified due to failure to submit to the stereotypical expectations of women and society. As discussed in Chapter Two, in Malta, women are predominantly considered responsible for maintaining family cohesion, and caring for the household and offspring (Cassar. 2003; Baldacchino et al, 2016). Failure to comply with such roles may result in the stigmatisation of women who use drugs. As a consequence, the women learn to internalise and accept the stigma assigned, adopt a negative interpretation of themselves and feel shame (Gilbert, 1997; Scicluna, 2017).

Desistance

In this next section, I discuss desistance. I provide the rationale for the choice of terminology over other language and attempt to provide a working definition of desistance in the context of this research. I also provide a sensitising review of the literature about important theories on the study of desistance and also discuss contingencies that have been shown to facilitate or hinder the process of desistance from heroin use. Since the term desistance is very often associated with the cessation of criminal and delinquent behaviour I also refer to some studies of criminality to provide a link with the relevance of the term in the study of addictive disorder.

Defining desistance

It has been shown that desistance is an attainable goal for many who experience problematic substance use (Best et al, 2008; Peele, 2016; Klingemann, 2001). Desistance can be described as signalling the 'termination point' of a behaviour (Maruna & Immarigeon, 2004). In this research, I understand desistance as a process. The process starts with the contemplation to stop using drugs, and eventual actions taken to achieve desistance, followed by embracing a 'non-addict' identity and attaining sustained long-term cessation and reintegration in society.

The study of desistance arose as a distinct topic in criminology in the mid-twentieth century, with fundamental publications investigating the age-crime curve and offending tendencies across time. Early authors, such as Sheldon and Eleanor Glueck (1950), and Sampson and Laub (1993), emphasised age-graded informal social restraints, such as job security and marriage, as significant drivers of desistance. These theories of desistance sought to explain how and why offenders stop committing crime at some point in their careers. However, empirical research shows a more nuanced, complicated, and contextual depiction of

the sequencing, consequences, and effects of important social ties, whereas theoretical explanations tend to generalise and oversimplify explanations of desistance (Weaver, 2019). Critics of theories of informal social control also argue that such theories rely too much on male samples, whereas data indicates that social connections to marriage and work have a lesser influence on criminal behaviour among women (Weaver, 2019, Giordano, Cernkovich, & Rudolph, 2002; King et al., 2007; Kreager, Matsueda, & Erosheva, 2010; Maruna, 1997). The debate over definitions of desistance reflects the variety of theoretical conceptualisations of desistance as well as the difficulties of quantifying desistance experimentally. Criminologists and addiction specialists use the term "abstinence" to refer to the process of stopping and maintaining criminal or addictive behaviour (Weaver, 2019). Psychological theories of desistance, particularly those focused on identity change (Maruna, 2001) propose that desistance is a process of internalising a "redemption script," in which individuals reframe their previous deviance as a basis for good development. McNeill's phases of primary, secondary, and tertiary desistance (McNeill, 2012) build on Maruna's ideas, clearly incorporating the importance of societal acknowledgement in tertiary desistance. McNeill's work is especially noteworthy because of its integrated approach. He criticises merely structural theories for ignoring the subjective, agentic and contextual features of desistance, as well as purely psychological models for undervaluing the role of external supports. His emphasis on secondary desistance (identity transformation) and tertiary desistance (societal reintegration) brings these ideas together, providing a more comprehensive explanation of how people come to desist.

The term desistance can also be useful in studies about cessation from addiction careers (Best et. al, 2017) as it is considered a less 'loaded' term and refrains from aligning with any theoretical position. Other terms such as 'remission' and 'recovery' draw heavily from the 'disease' model of 'addiction' (Volkow et al. 2013). Such terminologies imply that since addictive disorder is a disease, individuals who are afflicted with such disease are never really cured but merely control their addiction through periods of abstinence (Leshner, 1997; Volkow et al. 2013). Conversely, the term desistance describes the absence of an activity, which in this study would be heroin use. The dictionary meaning of desistance is 'to stop'.

Theoretical models of desistance

The historical, societal and personal contexts in which heroin use and eventual desistance take place play a key role in the journey toward sustained desistance as they impinge on how addictive disorder and desistance are understood by both the actor and the community in which s/he lives (Blumer, 1969). Several theories about the process of desistance have emerged through the years, originally from criminology. However, it has been shown that desistance theory can, and does borrow itself well to the study of cessation from substance use and other deviant careers. The interactions of people who use heroin problematically with their communities have a strong bearing both in the adoption of 'addicted' identities when they become committed to heroin careers (Pickard, 2021), as well as the relinquishing of such identities and the take-up of new 'non-addicted' identities when they pursue desistance (Laudet, 2007).

Below I include a brief discussion of the main theories about how and why people with problematic heroin use decide to desist. I also explore literature about the role of treatment in the desistance process, support networks such as family, friends and the

community, and the centrality of the participation of individuals involved in problematic heroin careers in their journey to desistance.

Maturing Out. While there is ample evidence that indeed most individuals involved in drug use careers eventually mature out of such activity (Winnick, 1962; Murray et al. 2014; Vergés et al., 2013), there is a lack of knowledge related to the process of desistance and why it occurs. The theory of maturing out has been proposed in studies related to desistance from crime and delinquency but has also been adapted to include studies on desistance from problematic substance use. The Cambridge Study (Farrington & West, 1990; Murray et al., 2014) has presented evidence that participation in delinquency and crime tends to initiate at the age of fourteen, the peak age for the prevalence of convictions was seventeen years, whilst most individuals desisted from such behaviour by the age of twenty-three (Farrington, 2003). Matza (1964) explains that delinquency is most often transient and that most young people leave delinquency behind, as they grow older. The relationship between age and desistance from offending dates back to Glueck and Glueck (1940) who had originally developed the theory of 'Maturational Reform.' They argued that criminal activity tends to decline by the age of twenty-five (Maruna, 1997). They also contended that age was the only significant factor to emerge in the process of desistance.

Many people use drugs, but most of them stop at around the age of twenty-three as proposed by Winnick (1962). Gottfredson and Hirschi (1990) argued that desistance could be attributed to the ageing process rather than any other social contingency. However, several other factors like taking on adult roles and commitments (Sampson & Laub, 1993), psychological development, and brain maturation among others also play a key part in the desistance process. However, some continue to use but eventually age out during mid-life, very often due to burning out. In a study with problematic heroin users who had desisted after an average period of 10 years of active use, factors such as 'becoming tired of the lifestyle'

and experiencing psychological difficulties were often mentioned as important motivators for change (Best et al, 2008).

McIntosh and McKeganey (2000) also suggest that 'maturing out' entails the process of ageing, but that it is also accompanied by a diminished interest in the pleasures derived from the addictive behaviour, which in turn becomes less attractive to the individual due to losses suffered. Though age may be an important contingency to explore, the process of 'maturing out' of heroin careers will necessitate different factors rather than age alone.

Stage theories of desistance. According to some theorists, desistance from heroin careers happens in stages. Prochaska and DiClemente (1992) propose a 'trans-theoretical model' of behaviour change, stating that behavioural change takes place through six different stages: pre-contemplation-contemplation-preparation-action-maintenance-termination. They argue that people are ultimately capable of making informed choices in their own best interest. This cyclical theory of behavioural change does not imply that the cycle is necessarily linear, but individuals may find themselves moving back and forth between stages. Identifying the stage of change is essential for deciding upon appropriate goals and how such goals can be attained. Maruna (2001) argues that individuals involved in deviant behaviour do not do so constantly but go through periods of cessation from their activities throughout their careers. These periods of cessation also occur with individuals who become involved in heroin careers. This would mean that the termination stage would not necessarily mean that desistance is reached in any ultimate sense just as similarly, incidences of lapses or relapses into the deviant behaviour would not mean the abandonment of the process.

Maruna and Farrall (2004) propose a model of two phases of desistance. This later developed into a three-phase model (McNeill et al, 2012). The ideas about primary, secondary and tertiary desistance in the desistance literature were developed to explain desistance from offending, but they may also explain desistance from heroin use. The primary phase of

desistance is the initial period when cessation of the behaviour takes place. As the individual progresses in maintaining desistance for a longer period, the individual starts to identify less with the ‘addict’ identity and starts building a new identity as a non-addict. This phase must be accompanied by a change in the social network of the individual. Tertiary desistance takes place when people who desist find a sense of belonging and reintegration into their respective communities. The sense of belonging is manifested differently for different people. However, research has established that recognition by others of the desisting individuals’ efforts and willingness to change strengthens the process of desistance (Mc Neil et al, 2012).

Weaver (2019) argues that whilst there are commonalities across theories of desistance, not least in their conceptualisation of desistance as a process of change, they differ in their explanations as to how a person comes to desist, and what supports it.

Rational Choice Theories. Paternoster and Bushway (2009) created the "identity theory of criminal desistance," which is a model of the desistance process that is primarily cognitive, rational choice, and individualistic. They propose that people consciously choose to change when they become more dissatisfied with their lives. This is conceptually connected to an expected future and evaluated against a self as a future non-offender (Weaver, 2019). This recalculation motivates people to make changes. They see any drive towards "social institutions," like marriage or work, for instance, as occurring after the process of (identity) change has been started, which is different from social and structural theories.

Interactionist Theories. Desistance cannot be easily attributed to the impact of internal or external forces. In reality, a growing number of desistance theories use firsthand reports of people's desistance processes to conceptualise the process as an interplay between

or integration of structural and agentic variables. According to these "interactionist" theories, desistance arises when a person tries to change their sociostructural environment to adopt new pro-social roles and behaviours, or vice versa, which in turn causes related changes in the person's social and personal identity (Weaver, 2019, Bottoms et al., 2004; Farrall, Bottoms, & Shapland, 2010). These desistance theories emphasise varying degrees the significance of individuals and their social settings, often attributing explanatory importance to the realisation and utilisation of agency, as well as transformations in personal identity and perceptions of social identity (Weaver, 2019).

Self-Determination Theory. According to self-determination theory (Chan et al., 2019) the internalisation of self-determined behaviour requires that three psychological needs are met. First, it is suggested that autonomy is the person's ability to make decisions and act upon them in a way that is based on that person's sense of self. The person also needs to manifest competence, which means the ability to attain the goals set and to reliably navigate through the process of implementing a plan effectively and decisively through the development of new skills that facilitate the process of change. The third need is relatedness, which means the individual's need to identify with a new group and aspire to become part of it. The individual needs to feel an inclination that motivates the need to change.

Behavioural economics. Addiction has also been studied within a framework of behavioural economics. Herrnstein (1961) spoke about the concept of matching law, that proposes that in the presence of two possible options, individuals will choose the one that achieves the highest amount of reinforcement. In the context of heroin use, an individual may choose to use the drug as at the time it is perceived to be the better option. It will produce the high, ward off withdrawals, and satisfy the craving. Herrnstein and Prelec (1991) also speak about melioration, which is termed as making a choice from a number of options according to

which one of the options is considered to provide the highest yield at the time. Bickel et al. (2014) argue that 'reinforcement pathologies' (p. 643) are very often a product of a number of choices that affect an individual's eventual options and further choices. They argue that with an increased use of a commodity, individuals manifest 'reinforcement pathology' when the behaviour reaps pleasurable results. This leads to the dependence on a substance becoming more valuable to individuals than other options, which increases the demand for the substance. Consequently, people with an addictive disorder may continue to make choices based on their desire to satisfy an immediate need, over other choices which may have had a more positive outcome in the longer term. Mazur (1978) spoke about delay discounting, which is the propensity of individuals to give decreased value to rewards that are not immediate. This leads to a series of consequences that accumulate over time until the immediate advantages of continued drug use start to be outweighed by the burden of the consequences suffered. In the context of desistance, the principles of behavioural economics are applied by Monterosso and Ainslie (2006) who assert that people desist from a behaviour when after a series of losses, they realise that action needs to be taken to halt or reverse the process of further loss. McDonnell and Van Hout (2011) argue that the accumulated losses may bring about the motivation to stop among people who use drugs. Furthermore, Rathnanather (2021) proposed that the desire to change needs to be accompanied by a hope that the goal of desistance is indeed attainable and also advantageous.

Contingencies for desistance. During initial desistance, some stop using but have not made a firm decision to do so, others do so as they aspire and hope for a better life, while others experience significant turning points such as impactful events like encountering problems with the criminal justice system, losing their children, or getting a health scare (Waldorf & Biernacki, 1981). Chen (2018) argues that loss of personal resources such as relationships, one's freedom, financial capital, loss of one's home and deterioration of health,

serve as catalysts for change in the individuals' pursuit to recover such losses. In reviewing literature related to desistance from drug use, one can draw on different contingencies that are in place that in some way may influence an individual's desistance from the behaviour. Cunningham et al (2005) found that the experience of problems suffered due to alcohol increases the motivation of problematic drinkers to consider changing their behaviour compared to individuals who do not experience problems. This in part can explain why the interest in substance use diminishes with time, leading individuals to eventually decide to stop.

Desistance and Social Bonds. Laub and Sampson (1993) contend that individuals' interactions with institutions of informal social control have a key role to play throughout their life span, from childhood to adulthood. They take a life-course perspective that proposes that individuals' pathways through different ages in life are affected by their social bonds within their communities. Important events are manifested throughout the lifespan and impinge on different decisions that are taken at different stages in life. Best (2019) suggests that the process of desistance entails the participation of several actors, including the individuals themselves, treatment services, families, friends and the community. Best (2010) argues that prolonged desistance over five years has been associated with a reduced risk of relapse. He also adds that community participation and reintegration within society are important in the process of desistance. Establishing social capital through nurturing relationships within the community and the building of social networks contributes to this end and the former addict detaches from the 'junkie identity', making it possible for the individual to identify more with a life without addiction (Farrall, 2004).

The process of desistance is also characterised by a period of action toward change. This stage can be a period of uncertainties and obstacles that accompany the transition into desistance but is also the foundation for exploring motivators that eventually strengthen the

resolution for sustained desistance (Nugent & Schinkle, 2016). Dini Farhana et al. (2012) found that the involvement, encouragement and support of the families of people trying to desist from drug use is a crucial source of help that fosters the motivation to pursue change. Best (2019) adds that nurturing family relationships is a valuable source of social capital that supports former users' transition to long-term desistance. However, such support systems are not available to every individual. Furthermore, the family may at times also serve as an obstacle to desistance. This can be the case when family members lose faith in the individual's ability to desist, exclude the individual and perpetuate feelings of shame.

Stigmatic or non-reintegrative shaming (Maruna 2006; Braithwaite, 1989) speaks about stigmatic and re-integrative shaming. Re-integrative shaming utilises shame by the person trying to desist but encourages re-integration through perpetuating hope and reconciliation. Stigmatic shaming constitutes reactions to substance use that are negative, like exclusion of the individual from family life or disowning which results in further shame and isolation from the respective families. In a study about the impact of shaming on the reintegration process of drug users, DeBono (2017) found that negotiating shame was an important factor in sustaining desistance. He proposed that the emotional experience of shame had an impact on individuals' attempts to maintain desistance. Positive social capital was important in the negotiation of shame in the desistance journey.

Waldorf and Biernacki (1981) found that individuals decided to stop using heroin when the lifestyle conflicted with other activities of interest to the individual such as becoming parents or being in a romantic relationship. Giordano et al., (2002) found that women who become parents may be motivated to desist due to fear that their problems will have a detrimental effect on the upbringing of their children. Furthermore, taking up the maternal role is a good motivational hook for women's journey towards desistance (Giordano et al, 2002). Scicluna (2017) found that for women who use drugs in Malta, becoming

pregnant or mothering signalled a major motivating factor for desistance. Camilleri (2021) found that upon the realisation that mothers who use drugs of the inconsistency between substance use careers and more conventional roles, they become motivated to desist. In the process of desistance, they begin to regain or develop social bonds that further consolidate the internalisation of conventional roles such as mothering.

Studies also propose that peer support is a valuable contingency to desistance. Tracey and Wallace (2016) found that peer validation and support were important for the development of motivation not to reuse drugs, engaging in treatment in a significant way, learning to avoid risky behaviours that may lead to potential relapse and developing self-efficacy. Furthermore, participation in peer group support seemed to have positive effects on sustained desistance, compared with individuals who did not receive such support.

Treatment. Professional treatment for people with problematic heroin use comes in several different forms. Medical science has come a long way in developing effective treatments for heroin use disorders through Opioid Agonist Treatments. OAT is an important treatment option for initial and also sustained desistance (McDonnell & VanHout, 2011), with some using such medication during their first periods of desistance, while others engage in longer-term maintenance treatment. A study by Nehlin et al. (2022) found that some patients on OAT showed apprehension to stop OAT due to having become reliant on the medication for several years, The fear of what might happen to them if they stop OAT was an obstacle for some.

Another treatment option for desistance is residential treatment in Therapeutic Communities (TCs). According to DeLeon and Unterrainer (2020), formal treatment in the TC can provide safety in a drug-free environment designed to foster change through forming an attachment with the staff and residents of TC and breaking the bond with an environment and individuals that are conducive to continued substance use.

According to Perrin & Blagden (2016), people who are trying to desist from substance use benefit greatly from peer support and mutual aid, as such support reduces isolation and loneliness by establishing a sense of belonging through the integration into the structures of mutual aid groups.

Moos (2007) argues that substance users' ability and motivations to desist are influenced by social learning through their interactions and emulation of peers who have successfully desisted, and through social control, by assuming the norms and values of the group that they aspire to belong to. Furthermore, Longabaugh et al. (2010), in reviewing methods of desistance from alcohol use, argue that moving from groups that are supportive of substance use to groups that are supportive of desistance is a key predictor for desistance. This is also supported by the findings of Best (2008) that the transition from drug-using peer groups to desistance groups supported the transition to desistance. He makes recommendations that the involvement of members of the mainstream community should be a key component in the desistance process and that it should continue after the completion of treatment to facilitate the reintegration of people who desisted from drugs. The importance of the community's involvement in the process of desistance is highlighted as he suggests that community is among the important pull factors that contribute to the change and reconstruction of identity (Best, 2008). In addition, social capital was found to be an important factor in desistance from substance use careers. The SAMHSA Working Definition of Recovery (2012) suggests that the involvement of family, peers and the community are instrumental sources of support when such networks can provide hope and encouragement in the process of desistance.

Another factor that is prominent in the study of desistance from substance use is the individuals' move away from deviant groups. Blomqvist (1999) found that removing oneself from the deviant scene was an important requirement.

Self-change. For many individuals, attaining desistance requires professional treatment service intervention (Erickson, 2018). However, for some, desistance without formal intervention is an achievable goal (Peele, 2016). Klingemann et al (2001) cite studies that show evidence that people who try and stop on their own have the same rate of success as individuals accessing treatment. They refer to a study by Cahalan (1987) that found that over 20% of people with alcohol use disorder stop drinking without receiving formal intervention. Similarly, Becker (1963) found that 'Improvement without formal treatment is not a minor or insignificant phenomenon' (p. 56). Though treatment or self-change can indeed be a part of the recovery process, they are not necessarily central to the whole voyage from addictive careers to desistance. In the process of self-change, one cannot discredit the roles that significant others such as parents, partners or spouses, friends, desisting peers, children and the community have in supporting the individual towards achieving desistance (Maruna& Immarigeon, 2004). Asserting that individuals quit on their own is not fully correct, as the individuals and circumstances surrounding the individual can be instrumental in providing hope and encouraging change.

Identity change. This process of desistance is very similar to the process included in developing an addictive career (Becker, 1967) but used in a way to explain the reversal of the process. So here, it is argued that just as one's identity can be altered from that of a non-addict into an active addict, a similar process is possible to reverse such identity. In a recent study by Dingle et. al (2015), two distinct pathways of identity change were identified. The first pathway identified was described as the loss of positive identities that the individual experienced due to their substance use. These individuals tended to reminisce about their past happy lives and positive achievements that they experienced as non-addicts while undergoing a period of treatment. The second pathway is related to individuals who attribute their involvement in addiction to a lack of social support and the experience of isolation. In such

cases, individuals tended to feel different from the mainstream and hence, found a sense of belonging within the drug-using community, at least initially. This belonging gave them a sense of positive identity within that group. In a Therapeutic Community setting, those who experienced narratives of a lost identity tended to gravitate towards motivation to rekindle their 'lost identities', while those experiencing identity gain through their substance use tended to aspire towards newly shaped identities based on aspirations of furthering their studies, improving their career prospects or setting up a family (Dingle et.al, 2015).

This sensitising review of literature related to the process of desistance emphasises the importance of exploring desistance as a process that involves many different actors and situational factors that may support or hinder the journey to desistance. This has motivated my interest in exploring the process of desistance in the Maltese context. Though in recent years, the interest by local researchers in exploring desistance has increased (Clark, Scicluna, 2017; DeBono, 2017; Camilleri, 2021), a further exploration that sheds light on the process of desistance in Malta is warranted.

Conclusion

At a local level, much attention has been given to research on the causes of addictive disorder as well as treatment options that are available to drug users (De Bono, 2020). However, not much attention has been given to the navigation of desistance from heroin careers and drug use. This research explores and theorises on what drives people to desist, how desistance from problematic long-term heroin use heroin careers is negotiated and reached, and how people who desist from heroin careers manage to maintain desistance within the Maltese context. It is anticipated that the findings of this research may give new perspectives as to what processes are actually in place when individuals make changes in their behaviour. A sensitising review of the literature about the conceptualisation of addiction and

key studies that aim toward the understanding of desistance paves the way for shedding light on key concepts that will be explored in the process of this research. It is hoped that through the findings of this study, this research will be in a position to contribute toward shaping local drug policy and inform practice in the field of support for individuals who find themselves with problems related to addictive disorder.

Chapter Four: Methodology and Methods

Introduction

This chapter examines methodological issues brought into play in the exploration of how people involved in problematic heroin use navigate the journey to desistance from heroin careers in the Maltese context. I give an overview of the research agenda and the rationale for adopting a qualitative research approach. My chosen methodology of evolved grounded theory, which takes an interpretivist worldview is also discussed. The ontological and epistemological underpinnings of this research are examined. I explain how the conceptual framework of Symbolic Interactionism sits well with an interpretivist approach, and briefly discuss the approach to theory development. I then provide a review of the research design and examine such issues as procedure, participant recruitment, data analysis, and ethical considerations and their implications for the study of desistance from heroin careers and also consider my positionality within the framework of this research. Through engaging in reflexivity, I explore the impact that my own set of beliefs and values may have had in the continuous meaning-making process during data collection, analysis, and theory development.

Research Agenda and Rationale

I investigate the process of desistance from heroin careers among a sample of Maltese participants who have desisted from heroin for at least 5 years. The lack of theoretical understanding of the process of desistance from heroin careers in the Maltese context is concerning. To address this issue, it is vital to gain a deeper understanding of the desistance process from the participants' perspective. Moreover, it is crucial to shed light on how contingencies operate in the navigation out of heroin careers in Malta. This is achieved through theorising how people contemplate desistance, move toward achieving desistance and maintain it in the longer term. I achieve this by drawing from the lived experiences of persons

who were involved in heroin careers and successfully desisted. A substantive level theory is concerned with focusing on one substantive area and developing a theory that can be transferable to a broader context with similar characteristics to the area being studied (Glaser & Strauss, 1967). The main objective of this research is to develop a substantive theory grounded in the real-life experiences of individuals who have abandoned heroin careers. The main aim of the study is to construct a theoretical framework elucidating the process of desistance. The overarching question guiding this grounded theory research is: "How do individuals in Malta, who were once deeply involved in heroin use, navigate desistance from heroin careers?"

I have chosen to use the evolved grounded theory approach as proposed by Corbin and Strauss (2015). The study aims to develop a substantive-level theory about how desistance is negotiated with a focus on exploring processes rather than verification of-hypothesis. This sits well with a qualitative approach that aims to present an interpretivist view of the data collected, grounded in the meaning that participants assigned to the process they navigated through in achieving desistance (Lyons, 2008). This meaning is formulated by the participants' interaction with their social world (Willig, 2008) and the interpretation of their actions and strategies in achieving their goals. The findings from this research are a valuable tool in informing policy and practice about the phenomenon of desistance from heroin careers.

Philosophical Underpinnings

To better understand how people who used heroin problematically negotiate desistance, it is important to examine and understand the philosophical assumptions that guided my choice of research methods in this study. I must make careful considerations regarding the conceptual backdrop of this study and present my reflection on the research

paradigm, the ontological and epistemological underpinnings, the conceptual framework, and the methodology to consolidate my rationale for the design of this research (Jackson, 2013).

Research Paradigm

The pursuit of truth and evidence is subject to diverging theoretical positions that have an impact on how research methodologies take form (Lincoln & Guba, 2005). To one end, some lean towards logical positivism which seeks verification of a phenomenon based on empirical fact and aims toward an objective truth. On the other extreme other positions adhere to the constructionist assumption that all facts are socially constructed and are hence open to interpretations. Grounded theory has been associated with both approaches discussed here. According to Glaser (1967), grounded theory is the exact reproduction of a reality that was already present but uncovered through data collection. On the other hand, the constructionist position argues that theory is not discovered but is instead co-constructed between the research participants' understanding of events and the researcher's interpretation of the narrative in the data (Charmaz, 2006; Black, 2006).

This research adopts an interpretivist paradigm. Interpretivism, as a research paradigm, offers a distinctive lens through which researchers can delve into the complexity of human experiences. Rooted in the belief that reality is subjective and context-dependent, interpretivism emphasises the importance of understanding the meanings individuals attribute to their actions and interactions. An interpretivist paradigm acknowledges that the researcher's understanding and beliefs of the world will ultimately affect the researcher's way of interpreting findings (Denzin & Lincoln, 2005; Levers, 2013). This is in line with the evolved grounded theory methodology that this research takes, which also posits that prior knowledge of the topic at hand, will influence how the researcher interprets data (Corbin & Strauss, 2008). The researcher participates in the process of emergence whilst acknowledging

that s/he is part of the system giving birth to the emergent conceptual categories that form the basis of the developing theory (Levers, 2013).

It is acknowledged that individuals construct their meaning and interpretation of the world, and that reality is subjective, varied, and socially shaped (Berger & Luckman, 1967; Lincoln & Guba, 1985). The understanding of reality is unique to each person and influenced by their personal histories and social contexts. This also applies to the subjective experiences of the participants of this study and the interpretation that they provide of the events that paved the way to their attainment of desistance. Similarly, the final results presented are my interpretation of the documentation of events provided by the participants. Context plays a crucial role in interpretivism, as actions and meanings are embedded in specific social and cultural contexts (Archer et.al, 1998). The participants' perception of reality is linked to their personal experiences, which are coloured by social factors specific to Maltese society. The qualitative approach in this study allows for a more comprehensive understanding of the richness and depth of the participants' experiences.

Ontological positioning

A relativist ontology posits that there are multiple constructed realities and that one reality, though dissimilar, does not necessarily refute another (Denzin & Lincoln, 2005). According to Weiner (2014), the construction of reality is subject to individual experiences and the interpretation given by individuals, who are functioning within a particular society, or historical context. The meaning assigned to reality is dependent on the minds of individual players and cannot exist outside of the way they think about it. Such a position proposes that reality is finite as the understanding of it is constantly mutable. For example, the continuous use of heroin develops into an individual’s physiological dependence, and the absence of the substance will result in withdrawal symptoms. The understanding of the experience and

impact of withdrawal is influenced by the individual's understanding of what it means to be withdrawing and the social context in which withdrawals are experienced. The reality of withdrawal is contingent on the individual's subjective experience of it (Guba & Lincoln, 2005).

While Glaser and Strauss's classic grounded theory (1967) adopted a realist ontology, evolved grounded theory, as presented in the latest edition of 'Basics of Qualitative Research' (2015) by Corbin and Strauss adopts a relativist and interpretivist position. Corbin (2015) writes, that no one reality is awaiting discovery and that ultimately theories are constructions.

This study's interpretivist positioning sees theory as emerging from the interpretations of the participants. Indeed, the key to the schism created among proponents of grounded theory would be the difference between a position that sees theory as something that needs discovery (a realist positioning), and a relativist position that though reality exists, such contingencies as the historical epoch, circumstances, individual traits, society, and culture all influence how reality is given meaning and understood (Gaba & Lincoln, 1994).

A relativist ontology allows for flexibility to consider the multiple interpretations of reality whilst taking stock and critically evaluating the different contingencies that contribute to the understanding of desistance from heroin careers (Denzin & Lincoln, 2005). Through an approach that, as much as possible, strives to stay loyal to the data provided through the participants' experiences and realities, the representation I pen tries to assure authenticity, yet does not make the assertion of it being an absolute representation of reality (Bryant & Charmaz, 2007; Corbin & Strauss, 1998; Bhaskar 1975). A relativist ontological stance blends well with the methodology of evolved grounded theory since they commit themselves to acknowledge that knowledge is not constant, in that new knowledge of a pre-existing object can, and very often does, replace old knowledge (Oliver, 2012).

Epistemological positioning

In debates of the 1980s between the quantitative and qualitative research paradigms, constructivism was presented as the appropriate epistemological paradigm for qualitative research. Maxwell (2011) wrote, "The position that our understanding of reality is a social construction, not an objective truth and that there exist 'multiple realities' associated with different groups and perspectives." (p.10). This contrasted with the positivists' position that "knowledge simply reflects or mirrors what is 'out there'" (Schwandt, 2007, p.38). Constructivism asserts that researchers reconstruct the experience of participants and the meanings assigned to their stories through their interpretation of events recollected. Hard-line constructivism is a research framework that asserts that reality does not exist but is socially constructed by individuals' experiences and understanding, hence making realities' existence subjective to the meaning an individual assigns to it (Guba & Lincoln, 1989). Strauss and Corbin (1994) assert that they disagree with the existence of a pre-existing reality as they would otherwise be taking a positivistic position that they fervently refuted. They assert that reality is enacted. Charmaz (2000) adds that "data do not provide a window on reality. Rather, the 'discovered' reality arises from the interactive process and its temporal, cultural, and structural contexts" (Charmaz 2000:524). Reality is not denied but understood within the context of history and societal backgrounds which are everchanging. Reality is given new meaning by societies and individuals according to the context in which it is taking place.

This research adopts an epistemological position of contextual constructivism. The approach is based on what can be observed whilst acknowledging that reality is often deeper than one can observe (Kempster & Parry, 2011). This means that since reality is never uncovered completely, there will always be room for new interpretations of such reality to which researchers should stay open. The nature of reality makes it impossible to establish any absolutely conclusive knowledge, since new aspects of reality may be uncovered that put in

doubt or ultimately discredit any previous knowledge about an object. To give but one example, the understanding of what constitutes addiction has been shaped by how the phenomenon has been conceptualised in the last two hundred years. In addition, during this period, such understanding of the phenomenon has mutated several times. Different societies have had different understandings through different historical periods. A person who uses heroin problematically was looked upon differently during the 19th century when the substance was available legally and marketed as a 'non-addictive' form of medicine. Strauss and Corbin (1994), assert that "theories are embedded in history- historical epochs; eras and moments are to be taken into account in the creation, judgment, revision, and reformation of theories" (Corbin & Strauss, 1994, p.280).

The table below describes in brief the position that my work takes concerning ontology, epistemology, the conceptual framework, and the methodology adopted.

Table 2: *Research Paradigm and Approach*

Ontology	Epistemology	Conceptual framework	Methodology
Relativism	Contextual constructivism	Symbolic interactionism and career	Evolved grounded theory (Corbin & Strauss, 2015)

Conceptual Framework

In their publication, '*Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory'* (Corbin & Strauss, 2015), the authors provide a list of sixteen assumptions that explicitly link grounded theory to symbolic interactionism (Chamberlain-Salaun, Mills & Usher, 2013). This study draws from concepts from symbolic interactionism, mainly that of career (Becker, 1969; Goffman, 1963).

Blumer (1969) asserts that the meanings that individuals give to things and events that take place in their lives are influenced by the interactions that they have with others and society. Individuals react to situations according to how they are affected by the interaction with the community that they live in and the meaning given to the learned processes. Individuals develop meanings to things through an interpretive process that entails a process of reflection on how they will react next. These thought processes necessitate that individuals interact symbolically and determine how they will react. Conversely, their reactions also have consequences on how others understand their behaviour. Others' reactions are then framed within their understanding of the individuals' actions. The meaning attributed to human interaction and symbols is central to this process.

Symbolic interactionism has been very influential in the study of deviance and more specifically deviant careers. One example would be the labelling theory developed by Becker (1963) who asserted that societal reactions to deviance result in the labelling of the deviant actor and the isolation of that individual from society as the person is assigned a deviant identity. The 'deviant actor' eventually learns to identify with the label attributed to him/her and assumes the 'deviant' identity. The individual then seeks to belong in deviant groups, in which s/he feels accepted. The career approach to addiction considers subjective factors such as identity change, and perceived loss of control that contribute to taking up an addictive career. Interactions with family, the community, contact with the criminal justice system, drug-using peers, and health-related issues all affect how heroin careers develop (Clark, 2006). Symbolic interactionism is also reflected in Cooley's (1902) concept of the looking-glass self which suggests that people develop their concept of self through the observations that they make on how others perceive them. The negative societal perceptions of addiction, for example, impinge on drug users' self-concept and contribute to the internalisation of the

'addict' identity. This may lead to isolation and identification with deviant groups (Dingle et al., 2015).

Blumer (1969) cites three themes that illustrate the interconnectedness of a grounded theory methodology and symbolic interactionism. These themes are meaning, action, and interaction. He asserts that individuals react to objects and realities around them according to the meaning that they assign to that object or reality. This contrasts with a purely realist position that tends to depict reality as having a universal meaning, independent from any interpretation. Importance is also given to 'process' whilst taking a career approach to look at addiction and eventual desistance. The termination of the addictive career can be explained as a journey, which necessitates social processes to maintain initial desistance in the longer term. Similar to the development of heroin careers, desistance can best be explained as a process. It is argued that just as people assume 'addict' identities when they commit to heroin careers, a similar process of identity change takes place that necessitates the relinquishing of the 'addict' label and the adoption of multiple new pro-social identities.

It has been proposed that symbolic interactionism and grounded theory make up a strong theory/methods package (Clark, 2008). It is for this reason that I have identified Symbolic interactionism as the conceptual framework for my work. Clark goes on to explain that "the concept of theory/methods package assumes that ontology and epistemology are both co-constitutive (make each other up) and manifest in actual practices." (Clark, 2008, p.117). It needs to be stressed here, that even when taking a symbolic interactionist approach, the way reality is viewed varies between the notable scholars within the field. For instance, for Blumer, reality exists only according to the human understanding of it (Low, 2008). This is congruent with the approach that this research intends to take which stresses that reality is contingent upon human thought, whilst retaining a contextual constructionist epistemological position. Indeed, some proposed that George Herbert Mead, who is considered the originator

of Symbolic Interactionism, held that ‘society has an objective character that exists “apart from our perception of it” (Low. J, 2008:327).

From a symbolic interactionist viewpoint, humans act towards things and events according to the meaning that they assign to them (Blumer, 1969). In the case of heroin users, such individuals act towards the lifestyle surrounding the drug according to the learned processes that stimulate their thoughts about the drug. These thoughts eventually form the meaning that the individual will give to the object, the lifestyle associated with its substance use, and interaction with it and its environment. This in turn produces the action that is taken by the individual toward an addictive career. Goffman (1963) identifies two sides of the concept of career. He proposes that one side is attached to internal issues of the individual such as one’s perception of self-image and identification of one’s identity. The other aspect is attached to one’s life in the public sphere and the interaction with institutions like schools, local communities. or religious groups. These institutions will influence one’s style of life. The individual is constantly moving back and forth between his/her perception of self and the interaction with the society in which one lives.

’Fact’ is always subject to the interpretation of individuals or collective groups. Therefore, since as the researcher, I am also an actor within the framework of a research endeavour and the community that I am part of, inevitably, my thought process is affected by the interaction with the topic at hand, my past knowledge, my experiences, and my values and beliefs. Consequently, the interpretation of the participants’ retelling of their experiences inevitably affected my understanding of the participants’ experiences. The interpretation provided in this study is the result of a co-construction between myself and the participants resulting from our understanding of the events that took place in their journey to desistance (Corbin & Strauss, 2015; Charmaz, 2006). Evolved grounded theory methodology recognises the benefits of consulting literature before gathering information from participants, as stated

by Corbin and Strauss (2015). Concepts from Symbolic Interactionism served as a guide in developing the emerging theory and establishing a conceptual foundation, as suggested by Bowen (2006).

Grounded Theory

The following section explores how grounded theory has evolved through the adoption of different perspectives that have continued to shape this approach. I then provide a brief discussion on the key features of grounded theory and my reasoning for choosing to undertake research using an evolved grounded theory methodology.

A Historical Overview of the evolution of Grounded Theory

Grounded Theory emerged into the research arena during the second half of the 1960s and was originated by two American Sociologists, Barney. G. Glaser and Anselm. L. Strauss. The basis for grounded theory spawned from these two sociologists' disillusion with the way that they saw research being conducted at the time. They saw that contemporary research was becoming overly preoccupied with the verification of already established theories, to the detriment of the generation of new theories (Kenny and Fourie, 2014). Their view was that the generation of new theories that can subsequently be verified was equally important for social research (Glaser & Strauss, 1967). Different from models of research based on testing and/or verification of theory, Glaser and Strauss's classic grounded theory works with data that are explicitly emerging during the process of conducting research. These data are the basis by which new theory is generated, grounded in the very data available.

Glaser and Strauss (1967) argued that "A theory's only replacement is a better theory" (p.28). Researchers at times get discouraged from generating theory for fear of criticism, particularly coming from high-profile, well-established academics with prominent, verified, and generalised theories attributed to them. Grounded theory is not concerned with the

verification of theory but rather the uncovering of new theory. Verification should always be based upon grounding findings through emerging data, hence the emphasis on generating theory. Classic grounded theory methodology also stresses that emerging data will contribute towards further elaboration of the theory being generated. Theory which is directly emergent from data, would be difficult to reject or supersede (Kenny & Fourie, 2014).

Focus on theory development. Since the origins of classic grounded theory, there has been disagreement that led it to be taken in different directions (Kenny & Fourie, 2014). Strauss's later work moved away from classic grounded theory. It was in 1990 that he eventually teamed up with Juliet Corbin and together with her refined the properties of the 'Classic' model of Grounded Theory, to which Glaser has always kept faithful.

The methodology adopted by Strauss and Corbin (2015) is based on the philosophy of symbolic interactionism and influenced by the writings of Dewey (1922) and Mead (1934). They take an interpretivist position that sees theory as emerging from the interpretations of the participants rather than a theory that pre-existed and necessitated discovery. Indeed, the key to the schism created among proponents of grounded theory would be the difference between a position that sees theory as something that needs discovery, and a position that asserts that though reality exists, such contingencies as time, circumstances, individual traits, society and culture all influence how reality is perceived and understood (Guba & Lincoln, 1994).

One major change that featured in the newer approach to Grounded Theory was that Strauss and Corbin formulated a 'highly analytical and rigorous framework for coding (Kenny & Fourie, 2014) which was designed to assist in generating theory from the data in a systematic manner. This was a major shift in paradigm as it proposed that the researcher approaches research 'with an open mind versus an empty mind' (Jones & Alony, 2011. P.99). Evolved grounded theory moved away from the classic grounded theory stance of taking a

purely inductive methodology to an abductive approach (Corbin & Strauss, 2015; Jones and Alony, 2011). Whereas the classic grounded theory has the 'objective' goal of staying true to the data as it was produced by participants, an abductive view taken by evolved grounded theorists remains open to discovering new theories by utilising what is already known about the phenomenon being studied and enriching it by introducing new perspectives and meanings to how it comes to be understood (Corbin & Strauss, 2015). This shift in approach eventually provoked criticism from the part of Glaser who saw this shift as not conforming to the 'true model' of conducting Grounded Theory.

A further contribution towards Grounded Theory came later on through Kathy Charmaz (2006) who proposed a new approach which she calls 'Constructivist Grounded Theory'. Though certainly influenced and inspired by the work of her predecessors, Charmaz is not restricted by the two approaches of Glaser, and Strauss and Corbin. Constructivist Grounded Theory as proposed by Charmaz steers away from subscribing to Glaser's philosophy that Grounded Theory discovers theory. She asserts that theories are constructed by the interplay between that which is expressed by the research participant and the interpretation of those data which are given by the researcher through his/her personal experiences with people and through former knowledge that is already possessed by the individual researcher, as well as the time and circumstances in which the researcher is attempting to make sense of the data available (Kenny and Fourie, 2014).

I have worked in the field of addiction in Malta for several years, and I am aware of my positionality on the topic. I feel that the stance taken by an evolved grounded theory best suits the purpose of this research. I feel that during the coding, and analysis process, my views emerged in my interpretation of the data. Through an approach that strives to stay loyal to the data provided through the participants' perspectives on experiences and realities, the

interpretation penned by the researcher tries to assure authenticity yet does not assert that it is an absolute representation of reality (Bryant & Charmaz, 2007; Corbin & Strauss, 2015).

The use of literature in grounded theory

One particular point of debate among Grounded Theory researchers is that classic grounded theory necessitates that the researcher enters an area being researched without preconceived notions regarding the topic of research (Glaser & Strauss, 1967). Categories that are reliant on or borrowed from other work and theory can be a hindrance and are not sufficient to explain the uncovered data and will not suffice to describe the data being uncovered. Glaser and Strauss (1967) propose that the best approach would be to leave the review of literature until after the data are analysed and categories have already emerged to avoid the contamination of the data from preconceived theorising. This can be difficult in practical terms as it would require that the individual researcher unlearns whatever experiences s/he may have from past academic involvement or even work that the researcher may have been involved with before the research in question. Researchers most often take up research endeavours in which they have a particular professional interest. So, it would be rather unrealistic to expect that the researcher would not possess knowledge about the area being researched.

I take the position taken by evolved grounded theory that allows and encourages the use of literature to shed light on sensitising concepts that will be explored. According to Corbin and Strauss (2015), this approach enhances theoretical sensitivity to develop questions to use in the data collection process.

Theoretical Sensitivity

As stated earlier, one would need to be careful about coming into the research area with pre-conceived theories as this will risk making the researcher insensitive to the newly emerging theory, focusing instead on fitting data into a prescriptive position. One could almost describe this as an exercise in humility in that the researcher, whilst not forgoing his/her knowledge, sets it aside whilst collecting, analysing, and interpreting data. In this research, I adopted an inductive approach to theory development. Inductive reasoning allows themes and patterns to emerge organically from the data rather than being imposed based on predetermined ideas.

Inductive reasoning attempts to formulate explanations derived from the observation of data (Thomas, 2006). Abductive reasoning, as introduced by philosopher Peirce, involves creating the best possible explanation for a set of observed phenomena, given the available evidence. It's a form of inference that goes beyond merely deducing conclusions from existing knowledge (deductive reasoning) or generalising based on observed patterns (inductive reasoning). In the context of evolved grounded theory, inductive reasoning plays a crucial role in developing explanations that are continuously refined and adapted iteratively throughout the study. This process is explained in the two examples of memoing in Appendix P. The process involves moving back and forth between data collection, analysis, and theory development, with each iteration refining the emerging theory. Abduction aids in identifying connections between different phenomena observed in the data. I used inductive reasoning to develop propositions that could explain the observed patterns and then confirmed these propositions against the data. I remained open to revising my theoretical framework based on the emergent data, ensuring the theory remained grounded in the realities of the participants.

The interrelationship between data collection and research analysis

Evolved grounded theory methodology entails collecting data and conducting analysis contemporarily as the emerging findings from the analysis are used to inform the researcher about gaps in the data and particular areas of research that require more focus and revisiting (Corbin & Strauss, 2015). In this study, I started the research process by gathering data and conducting the analysis contemporarily. This process supported me to make reflections on the process as data emerged. This process supported me in identifying key concepts that needed further exploration and gaps in the data that needed addressing so that I could refine my data collection approach and theoretical sampling accordingly (Charmaz, 2006).

Theoretical Saturation

Grounded Theory methodology bases the research sample on theoretical saturation in that one stops collecting data when the data already collected fail to yield new information and insights to the reader during the analysis (Corbin & Strauss, 2015). According to Bryant and Charmaz (2007), this point in the data analysis process signals that the generation of conceptual categories informing the research has reached saturation and that the emerging theory has a strong basis for comprehension and credibility (Hennink et al, 2017). In the process of this research, I felt that theoretical saturation was reached when I had concluded twenty-two interviews. This was attained through utilising the constant comparative method of coding that allowed me to continue to elicit key concepts contemporarily with the data collection process. At the point when I had conducted my twenty-second interview, it was clear to me that the data were no longer uncovering new phenomena that required further investigation on my part. At this point, I felt that the categories that emerged from the coding process were sufficient to inform my writing and the developing theory.

Research design and methods

I now focus on giving a clear overview of the research design that this study undertakes. In the process, I discuss issues of sampling and recruitment procedure, and criteria for eligibility. I then discuss the research tool and briefly present the interview guide. I further go on to explain the process for data analysis. My positionality within the research will also be discussed. Personal values will be scrutinised through engaging in reflexivity. I explore the impact that these personal values may have had in the process of giving meaning to the data presented whilst analysing the data and developing theory. Finally, I present a list of ethical considerations and their implications for the study of desistance from heroin careers.

Sampling Strategy and Recruitment

Participants for this research were recruited by utilising a number of methods. The first source was through approaching and recruiting the assistance of aftercare services of the treatment agencies in the Maltese Islands. I also attempted to recruit participants through snowball sampling. The reason for snowball sampling is that I also wanted to gather data from individuals who may have not undergone treatment in the process of desisting from their heroin use. I felt that including such individuals would enrich the data collection process by providing different perspectives on how individuals reach desistance. This is in line with the theoretically oriented grounded theory methodology that adopts a sampling procedure that is oriented toward generating theory, rather than providing descriptive accounts (Breckenridge & Jones, 2009).

The first step was to approach entities involved with providing services for people who use drugs to recruit their assistance in contacting people who had used their services in the past (Appendix B). Prospective participants were given a Recruitment Letter (Appendix

G) and then they were invited to contact me directly if they were interested in participating, thus ensuring an opt-in recruitment strategy. Staff members approaching the prospective participants were asked not to intervene in any way in this process to avoid any subtle coercion of prospective participants on their part. If the person accepted to take part, my contact details as a researcher were available on the recruitment letter. A similar approach was taken in recruiting individuals through snowball sampling in that other participants who had already taken part in the project were invited to give the recruitment letter (Appendix G) to other individuals that they may know and invite them to contact the researcher should they decide to participate.

The final sample consisted of twenty-two participants who had desisted from heroin use for at least five years at the time of the interview. Ages of participants varied between twenty-six and sixty-four years during the time of the interviews. The length of the heroin careers also varied between two years and twenty-three years. Additionally, participants had desisted from heroin use for periods ranging between five years and thirty-three years. Most had undergone treatment while one participant had not. Brief biographies of the participants are found in Appendix O. Analysis of the data was conducted concurrently with data collection.

Eligibility Criteria

The eligibility criteria were men and women who were at least eighteen years old at the time of recruitment, had a history of problematic heroin use, and had desisted from heroin use for at least five years at the time of the interview. The sample size was not pre-determined, and sampling stopped when theoretical saturation was reached.

It is well documented in the literature that men's and women’s experiences of heroin careers and eventual desistance are different in several ways (Clark and Scicluna, 2019;

Carretero-Trigo et.al, 2021; Clark & Vella, 2022). It was therefore important to explore the journey of both male and female participants in this study. The age criteria were established to avoid issues related to acquiring consent for the recruitment of minors. One of the main concerns in the process of planning my recruitment strategy was the establishment of a specific period of abstinence that would fit the definition of sustained desistance. There is a difference between how different treatment models view desistance. Twelve-step programs require members of their group to maintain contact with the 12-step program as they view addiction to be a lifelong chronic condition. On the other hand, Therapeutic Community Models view addiction differently, in that a lifelong commitment is not required by individuals who graduate from the program as these are identified as 'former addicts' (Best, Irving & Albertson, 2017). Because it has proven difficult to identify a specific timeframe on how much time needs to lapse from initial stopping to achieving desistance, viewing desistance as a process would perhaps be more useful (Best et al, 2015). This can be explained by utilising an approach involving different stages of desistance, from pre-desistance to sustained, long-term desistance. These were discussed in detail in the sensitising review of the literature chapter. Best (2010) suggests that the risk for relapse progressively decreases during the first five years of stopping use and that stability of desistance is reached around that time. Furthermore, the Betty Ford Institute Consensus Panel suggests that recovery is a process that has three stages (Best et al, 2017). The first phase is 'early recovery' which is reached after the first year of abstinence, 'sustained recovery' which represents the period between the first and fifth year of abstinence and the final third phase, which is 'stable recovery', characterized by five or more years of recovery (Betty Ford Consensus Panel, 2007). McNeill et al. also define desistance as a process that entails long-term abstinence (2012). I have chosen to adopt a five-year desistance time frame for two reasons. The first is based on ethical considerations as I wanted to ensure that participants felt stable in their

desistance to avoid any undue dangers to their well-being. Secondly, since the research scope is to explore how former heroin users navigate through the process of desistance, allowing a five-year timeframe would better suit this purpose.

Research tool and procedure

The data collection strategy involved conducting semi-structured interviews. These interviews were conducted in the Maltese or English language according to the preference of the research participants. Many Maltese people are bi-lingual, and some prefer English to Maltese. For these interviews, I utilized the SQUIN (Single Question aimed at Inducing Narrative) method developed by Wengraf (2013). This method of interviewing aims at giving freedom to research participants and allows them to give their account of their journey to desistance from heroin careers without interference on the part of the interviewer. Questions to the participants take place after they complete retelling their story. Questions need to be directed toward further discussion of important themes with the focus remaining on the narrative of the participants. This interview method blends well with the evolved grounded theory methodology as it allows for the story to develop according to the interpretation provided by the participant. The SQUIN method entails three subsections during the interview. The first section is the single question aimed at facilitating the initiation of the narrative as interpreted by the participants. I started the interviews with the question 'Can you please tell me about your recollection of the time when you made the decision to stop using heroin? You can start by giving your account of events that were taking place during this time that you feel were important to you. You can then talk to me about your journey from when you stopped using heroin and how you continued to desist during these years.' The second subsection aimed at asking participants for further elaboration on issues raised in the first part of the interview. I limited myself to asking further questions about points mentioned by the

participants while maintaining impartiality and avoiding any leading questions that could confuse the participants. These questions were based on the notes taken during the interview and were posed to participants in the order that they were narrated (Wengraf, 2013). The third subsection was dedicated to asking questions that were relevant to the interest of the researcher that may have been addressed insufficiently, or perhaps not discussed at all during the process of subsections one and two. These questions were asked to make further inquiries on issues of theoretical relevance that were not yet discussed during the interview (Wengraf, 2013).

Data analytic strategy

The constant comparative method developed by Glaser and Strauss (1967) was used. The process entails the identification of a phenomenon and the concepts and principles that explain that phenomenon. The Constant Comparative Method is a systematic and iterative process used to analyse data and develop grounded theories. Subsequently, further decisions about analysis are based on the emergence of theory, informed by the data collected. The hallmark of the constant comparative method is the constant comparison of data. As new data is collected, it is compared with existing data and codes to identify similarities, differences, and patterns. This iterative process continues throughout the study (Strauss & Corbin, 2015). The method involves open, axial, and core coding. Through using the constant comparative method, I identified a number of concepts within the data. These concepts were grouped according to the relationships between them to form the six categories explored in this work, namely, commitment to heroin careers, moving toward change, action toward change, embracing desistance, belonging, and identity.

Memoing

Writing memos in the process of conducting research is a way for the researcher to stop and analyse one's ideas about the data being collected and the codes being produced. Corbin and Strauss (2015) describe memo writing as specifically documented records that aim to serve an analytical purpose rather than simply a descriptive function. One could say that memo writing is a form of brainstorming in which the researcher engages in an exercise of documenting one's thoughts and ideas as they come within that given moment, which in turn become analytical notes. This facilitates the researcher's ability to reflect on the research and constantly analyse the data (Charmaz, 2006). Such an exercise can be described as giving life to the data and the emerging codes so that the researcher's hunches, reflections, and ideas are constantly kept in perspective and documented. Hence, this will pave the way for further steps that the research trajectory may take, based on such reflections.

Additionally, in generating theory it is important to watch out for pitfalls of ending up basing subsequent research on initial findings. Initial data may indicate where the research findings may be heading, but it also has the potential to trigger the researcher into taking new paths, which are informed by such initial sampling. Further into one's work, initial data may have better information added to it, giving it a more supportive position, or making it superfluous when new data indicate that the research is taking a different perspective altogether. It is also necessary to be aware of the clear distinction between what is 'fact' and how it comes to be understood. For instance, the concept of loss could be understood simply as fact, which could only contribute to the knowledge that people who use drugs problematically experience loss. Conversely, this fact can be conceptually analysed to allow for theorization on what the losses experienced were, what meaning they were given, how the various types of losses affect people in heroin careers, and the consequences they had on different individuals and their journey toward desistance (See Appendix P). Reflection on

such issues, documented in memo writing will support the researcher in being able to make such distinctions and encourage looking into data through a wide angle of perspectives so that relationships between different categories within the data can be established (Charmaz, 2006; Corbin & Strauss, 2015). Memos are closely integrated with the constant comparative method. As new data is collected, researchers compare it with existing data and memos, refining codes and categories based on these comparisons. Theoretical memos play a critical role in connecting codes and categories, forming a coherent theoretical framework that is grounded in the data.

Coding Process

Coding in grounded theory can be described as the process of asking analytical questions about the data collected (Strauss & Corbin, 1998). It is the crucial connection between data collection and the development of emerging theory. Qualitative coding aims to describe what the data collected are about. It is the first step in moving from a mere descriptive stance to an attempt at making an analytical interpretation of those data. Through this analysis, the first concepts are formed which describe the events and try to establish meaning to the data.

The coding system adopted for this research is in line with the system proposed by Strauss and Corbin (2015). The coding system entails three distinct steps or phases; open coding, which is meant to study closely the fragments of data provided to be able to move to analytical import. These initial codes then form the basis for the Axial Coding. The term axial comes from the fact that these subcategories are elicited from the categories constructed during open coding to give more depth to the data. Axial coding is intended to specify the properties and dimensions of a category and build strong, rich relationships between

categories. The third phase of coding is called selective coding. This process includes integrating and fine-tuning the theory (Corbin & Strauss, 2015)**.**

Open Coding. The initial phase entailed open coding which means that I underwent a thorough, line-by-line examination of the data and attempted to make sense of the many different meanings that could be attributed to the available data. The process necessitated that I stay faithful to the data collected. In this exercise, the initial concepts informing the coding process surfaced. These concepts were important as I could then critically engage with the data to formulate the initial codes. This served to inform the direction that the data collection process took and allowed me to elicit new ideas that could be included in the process of the subsequent interviews (Corbin & Strauss, 2015). Furthermore, the initial codes allowed me to identify gaps that needed to be addressed to shed further light on emerging codes.

Axial coding. Open coding was followed by going by Axial Coding, which means making use of earlier initial codes and developing them further. In conducting this closer coding process, I was able to identify aspects that I needed to examine further. One could describe axial coding as the reverse application of what goes on in open coding. Whilst in the open coding I broke down data into distinct codes, through axial coding I was able to group particular codes to form a more coherent whole picture (Corbin & Strauss, 2015). Through this clearer picture, I could then have better insight into questions that investigate dimensions such as the temporal aspect of events, the circumstances in which an event was taking place, the reasons why it was happening, who the key players were, how the event developed and what consequence it triggered. (Corbin & Strauss, 2015). This process allowed for more depth on a conceptual level in making sense of the emerging categories.

Selective Coding. The final process of selective coding is when the data are shaped into theory. Strauss and Corbin (2015) refer to this phase as the time when the codes become integrated over time. During the time of collecting data and going through the process of

coding, I underwent what can be described as an evolution of thoughts that started with the initial coding and eventually brought about the discovery of theory. Of course, as in all phases, the interaction between the data and myself was of crucial importance as this relationship led to the interpretation and selection of salient categories. In this phase, I made important decisions on what the central category guiding my study should be. The choice of the central category was determined by my interpretation of events, guided by my conceptual orientation. This level of coding required that I present the details of my conclusions in a manner that can be coherent and logical to other researchers, irrespective of the divergence in conceptual orientation. Keeping memos of the development of the story (Corbin & Strauss, 2015) is a method of revisiting categories and rebuilding a story by elaborating on concepts that are revealed in open and axial coding. This process facilitated the connectedness between concepts.

Theory generation

In this brief section, I discuss the process of how the coding strategy supported the generation of the theory for this study.

Following each interview, I engaged in the exercise of writing transcripts. This exercise was conducted soon after each interview and all efforts were made to anonymize the text. I then ensured that data were stored safely on my personal, password-protected computer and in an external hard drive. During this exercise, I could also take mental notes on the various important data that were surfacing in the data, which later on could be used to inform my thought process during line-by-line coding. During this line-by-line coding, I also engaged in memo writing to document my thought process on the emerging codes. These memos were instrumental in identifying the six main categories explored in this work. These categories were attained following the constant comparative method of open, axial, and selective coding

that uncovered several subthemes, themes, subcategories, and categories (Corbin & Strauss, 2015). These subthemes, which were rather descriptive, surfaced as a result of the line-by-line open coding process described earlier on in this chapter. The ensuing axial coding process eventually brought me to grouping the interrelated subthemes to form more focused themes. I then engaged in selective coding to refine the themes and elucidate to process to uncover several subcategories that were eventually subsumed into the six main categories. In the process of conducting selective coding, the core category for this study was also uncovered. Through this process, I was able to formulate the table of categories (Appendix M) that served as the building blocks for developing propositions that informed my writing of the analytic chapters.

As referred to earlier in this chapter, this study adheres to a conceptual framework that draws from symbolic interactionist concepts, most notably career. The main tenet of symbolic interactionism is that human interaction is the basis that drives people to establish meaning to events in their lives (Blumer, 1969). An individual reacts to the environment and people's actions according to how that person comes to understand the interaction taking place. This means that my interpretation of the data is based on my interaction with the data, the participants, the society I live in, and past knowledge of addiction, heroin careers, and desistance. In line with evolved grounded theory methodology (Corbin & Strauss, 2015), in developing the propositions made in my work I draw on already established theories that informed my conceptual framework.

The entire process of the analysis led me to develop a substantive-level theory on the process of desistance among people who use heroin problematically in the Maltese context. During the data analysis, the process that was documented in the data regarding the participants' journey in attaining desistance was uncovered. Data revealed how people engaged in heroin careers developed strategies for coming out of addiction. The conditions

under which the participants developed a commitment to heroin careers, the impact that this had on their identity within their communities, and how these interactions eventually paved the way for their desire to change were crucial in developing a theory on how they eventually negotiated strategies to attain long term, sustained desistance. Theoretical saturation was reached when I concluded my twenty-second interview. It became evident at that point that the coding process was no longer yielding new insights into the data collected.

Theory Corroboration

This study aimed to contribute toward generating theory, based upon the data provided by individuals who have indeed 'walked the walk'. In this respect, my position reflected respect towards the participants' perspectives as narrated during the time of the interview. I have stated earlier in this chapter that I adopted a contextual constructivist epistemological position. Though I remained truthful to the data, it must also be considered that in formulating my interpretation of the data as narrated by participants, personal knowledge and values affected such interpretation. For this reason, toward the end of the study period, and after the establishment of the emerging theory, I contacted five participants for a follow-up interview. These five interviews were an opportunity for me to share my emerging theory with the participants so that they could intervene, share their views on the findings, and validate or rebut my theory. I started the interview by providing a detailed overview of my theory, using the diagram that I developed to explain the process of desistance (see Appendix N). In the process, participants were free to intervene at any point of the interview, whenever they felt the need to either clarify, contest, or corroborate any part of the process of desistance as I was documenting it. All five participants made several observations about the theory that was presented to them and they were able to corroborate my findings as they felt that it described well the process that they conveyed during the initial interview.

Axiology

Equally important as the ontological and epistemological considerations of this study is the discussion of axiology. In the process of this research, due consideration was given to my values as a researcher, and also as a person who has worked in the field of 'addiction' for several years. Though attempts were made at staying neutral and true to the narrations as presented by the participants, my values, even if perhaps unconsciously, have surely affected the way that I have interpreted the data provided. Indeed, my values as a person affect how I consider people who have problems with substance use. I consider 'addiction' as a biopsychosocial issue that at times necessitates multidisciplinary interventions taken in the best interest of the individual. I am also a firm believer that individuals with problems related to their substance use, can, and should be part of any process that endeavours to improve their lives. During this research, I was made further aware that in the process of uncovering my emerging theory, lending a voice to the participants of this study became increasingly important to me. Because of this, I feel that one major contribution that this study makes is that the evolving theory was based on the participants' retelling of their experiences within the process of desistance, hence making them active participants in improving knowledge about the desistance journey within the Maltese context.

Objectivity and Sensitivity

Whilst objectivity is encouraged and sought in virtually any piece of good research being carried out, it is virtually impossible to eliminate all possibilities of subjectivity from the standpoint of the researcher. From the standpoint of evolved grounded theory, this is even more so given that the emergent theory is seen as a result of different interactions at different points in time and under varying conditions (Corbin & Strauss, 2015). What needs to take place is for the researcher to take stock of such subjectivity, assumptions, and pre-conceptions

and in keeping aware of such, try as much as possible to minimize reliance on those assumptions while interpreting data, or further still, while interviewing the study participants. I achieved this through engaging in reflections on my personal views of a particular phenomenon and acknowledging that my interpretation of the findings could be influenced by these assumptions. However, by staying true to the interpretation of the data, as narrated by the participants, I was able to maintain impartiality and keep in consideration their recollection of events. It was important to acknowledge at this point, that ultimately, there was no better expert to narrate the lived experience than the participants themselves. Strauss and Corbin (2015) suggest that it is recommended that in the process of data interpretation, the researcher goes back to the participants and verifies with them that the meaning that the researcher is pinning to a particular narrative indeed matches their experiences as participants. I ascertained that I was constantly aware of my positionality within the framework of this research and attempted to formulate the reconstructed interpretation of the data in a way that recognized that my past professional experience working with drug users and my values and views may have influenced the process of giving meaning to the content of the interviews. This was achieved through engaging in reflexivity during the entire process of data collection and analysis**.**

Reflexivity

As the interviewer, I did not at any point interfere in the interview process and allowed participants to speak freely about their experiences. This was assured by maintaining a neutral method of interviewing that avoided influencing the respondents in any way. The SQUIN method of interviewing was applied so that I could ensure that the participants were able to narrate their stories freely, with no interference on my part in the initial part of the interview. Any subsequent questions in the second and third phases of the interview were guided by the

stories narrated by the participants. Because I worked for a drug agency in the past, it occurred that some individuals had contact with me directly or indirectly in the past. In such cases, the participants were assured that anything that I would have come to know about that individual through past interactions would not be used for this research unless they referred to it in the interview. I adhered strictly to whatever text was collected in the process of interviewing. In conducting the analysis and coding of the data collected, awareness of my positionality within the framework of this research was always kept. I attempted to formulate the reconstruction of the interviews in a way that recognized and utilized the influences that professional experiences, personal values, and personal views may have had in the process of facilitating the process of giving meaning to the content of the interviews, in a way that especially reflected the experiences of the study participants.

Trustworthiness

Qualitative research does not seek verification but represents an approximation of the truth, which is ultimately subjective to individuals' interpretations, places, circumstances, and time, among other contingencies. In qualitative research, trustworthiness becomes more appropriate than establishing validity and reliability as the latter are not considered applicable in the case of qualitative research.

Criteria for trustworthiness can be adopted by taking six broad positions (Bitsch, 2005; Morse et al., 2002; Guba & Lincoln, 1989). A researcher may select from one or more of these positions so that s/he may be in a position to claim trustworthiness.

The first proposition is that qualitative research must adhere to the same criteria as quantitative research. In the case of this research, it was not possible to use all criteria for trustworthiness, which are like those for quantitative research. For instance, the sample was not large enough to secure representativeness. However, the level of procedural precision that

is entailed in grounded theory data analysis contributed to establishing trustworthiness. The coding system and memo writing applied in this research allowed me to evaluate the approach and seek to self-correct in the case when the interviewing strategy is not yielding the desired results (Morse et al., 2002). This was established by concurrently engaging in data collection and data analysis.

Another method of establishing trustworthiness is through a parallel methodological criteria approach. This position argues that qualitative research necessitates a different approach to establishing criteria for trustworthiness. Guba and Lincoln (1989) developed criteria that can be utilized as an alternative to criteria for quantitative research. These are 'credibility with internal validity', 'auditability (dependability) with reliability', 'fittingness (transferability) with external validity', and 'confirmability with objectivity'. This approach fits well with the grounded theory approach adopted that aimed at generating a theory that is grounded in the data collected itself. The narrative of the participants took a central role in the process.

The third position proposes multiple criteria. This position proposes one list of criteria per qualitative research approach. For instance, it proposes that by applying three criteria the trustworthiness of an ethnographic report can be evaluated. These are: veracity, objectivity, and perspicacity (Stewart, 1998). In grounded theory, several forms have been suggested. McCann and Clark (2003) emphasise the discrepancies between the criteria proposed by Glaser of 'fit', 'work', 'relevance', and 'modifiability'.

Position four proposes fresh and universal criteria. There are specific 'general' criteria for gauging the rigour of qualitative research. These criteria are yet to be identified and agreed on, though there are ample suggestions on what should constitute such criteria. Morse and Richards (2002) propose generic criteria that can be aggregated under the headings of: 'asking the right question', 'ensuring an appropriate design', 'making trustworthy data', 'verification

or completion', and 'solid theory-building'. The rigour entailed in the coding process of grounded theory as proposed by Corbin and Strauss (2015) allows the researcher to break down data into categories and themes and the researcher can identify gaps in the data which direct the researcher to revisit the research field for further inquiry.

Position five (Bitsch, 2005) suggests that each study develops subjective, suitable, justifiable criteria. It has become more common in recent times for researchers to be flexible in developing their list of criteria for the trustworthiness of a study. The qualitative research approach used, together with justifications stemming from philosophical, ethical, and political reasons, justifies the choice.

One of the criteria can be an audit (decision trail). In this case, the researcher records the decisions made when s/he is planning the research design, choosing the sample, data collection procedures and methods, and the eventual process of data analysis (Sandelowski, 1986). The thorough process of recording provides the reader with evidence for the trustworthiness of the study. This process shifts the responsibility for evaluating trustworthiness from the researcher to the reader (Rolfe 2006). Another method is member (participant) checking, which requires the researcher to check the descriptions, categories, concepts, or emerging theories with the participants to gain their approval to be able to claim trustworthiness. This exercise was conducted with five participants as discussed earlier in this chapter. Another option would be peer analysis checking, where peers check either the acceptability of data analysis or of the research process overall. This is sought during the life of the study by recruiting independent peer 'experts' who evaluate the emerging interpretation or application of the research approach. In the process of my journey conducting this research, I maintained regular contact with my supervisors and always kept them abreast of my thought process. Their feedback and evaluation of my ongoing work were invaluable in assisting me

in making important decisions on the validity and trustworthiness of my observations and ensuing theory development.

The sixth position (Ahmed, 2023) proposes that no criteria are necessary. This post-modern position discards the necessity for the researcher to choose criteria for the trustworthiness of a qualitative research study. The reasoning behind this position is partly that findings in qualitative research are 'both a process and a product in which the researcher is deeply and unavoidably implicated' (Sandelowski & Barroso 2002). The findings are a reconstruction based on the interaction of both participant and researcher and the reflection of the researcher through journalling. This was done through the interpretivist worldview applied to this study and the study's conceptual framework drawing significantly from symbolic interactionism. I acknowledged from the onset that knowledge is subjective in that my beliefs and activities would also have an important role in the interpretation. The findings are unique social interactions. Consequently, this qualitative research cannot be considered to be generalisable. The research and its findings are then accepted or rejected by the reader according to their subjective criteria.

Ethical Considerations

In this section, I take note of ethical considerations adhered to in the process of conducting this research. Issues related to what is ethical and correct behaviour were always considered. This entailed ensuring that the purpose of the research aimed to be of added value to the topic being researched, the research participants, the data, and the intended audience to whom this research will be submitted. Research must always ensure that the benefits outweigh the risks involved. Additionally, results from any study must contribute to the betterment of society. Fundamental to conducting research is the conviction that a project can indeed be carried out and that it is worth carrying out. In this research, I have endeavoured to

ensure that it constituted added value to the field of addiction research, more specifically to studies on desistance. The safety and integrity of the individuals who agreed to participate in this study were a priority for me in preparing the groundwork for my interaction with them.

It was ensured that participation in interviews was voluntary. The recruiting process entailed the engagement of local drug treatment agencies as gatekeepers. This was done through written communication in which I formally requested the agencies' consent to act as gatekeepers (Appendix B). Signed consent was received by all three main service providers in Malta (Appendix D). The role of the gatekeepers was to identify suitable candidates from among their past clients, who met the criteria for inclusion in this study, contact them, and provide a copy of the recruiting letter (Appendix G) informing them of the purpose of the study. The research adopted an opt-in policy to recruit participants. The candidates were invited to call me personally if they decided to participate. This was done to ensure that potential participants did not feel pressured to participate in any way.

The protection of the participants' identity was always ensured. Any names of the participants were changed so that their identity was protected. Following acceptance of participation, I explained to the participants the research to be conducted, so that they may be aware of the purpose of the research and make an informed choice on whether to participate or otherwise. Written and verbal assurance that their anonymity will be protected was also provided (Appendix G). It was also ensured that all prospective participants were at least 18 years or older to ensure that they were of consenting age.

Additionally, in the process of the interviews, I ensured that I provided an environment where research participants could feel in control of the process of the interview. This was done by assuring that each participant was competent and able to make informed decisions and demonstrate autonomy. I also ensured that the participants had all been

desisting from heroin use for at least five years during the time of the interview to ensure that they were at a phase of their desistance when stability was reached (Best, 2010).

Furthermore, every effort was made to include participants in the decision-making process on where and when the interviews could take place. It was also important that participants felt at ease with me so that they could feel as comfortable and safe as possible with sharing their experiences with me. I also kept in mind that the narrative expected from these interviews required the participants to share very intimate, personal, and possibly traumatic experiences which would require a high level of sensitivity and consideration on my part. In this respect, measures were taken to avoid any risk or harm to the participants (Oates, Kwiatkowski & Coulthard, 2010). At no point were participants coerced into discussing any issues that they were not willing to disclose. I also ensured that the process of the interview was completely transparent and that at no point did I engage in any deceptive dialogue that could mislead the participants about the purpose of the interviews.

An important aspect, which was given due consideration while collecting data, is the gender dimension in heroin careers and the process towards desistance that this research intended to explore. This is an important aspect, both for the sake of having an equally represented sample, and most importantly to shed light on the gender dimension of drug use and eventual desistance in Malta.

Finally, during the interviews, participants were notified that they reserve the right to stop the interview at any given point and that if they so wished, they could decide to withdraw their participation at any time. I also took it upon myself to stop the interview if at some point any discomfort or distress on the part of the participant was noticed. I also ensured that my tone of voice and the language used during my interventions were conducive to helping the participants feel at ease, and never challenged by my interventions. Since I audio recorded each interview, participants were asked for permission to record and were further notified that

data would only be accessed by myself and that after the research concludes, data collected would be discarded. Furthermore, at the end of the interview, participants were presented with a debriefing (Appendix K) form that invited participants to contact me personally if they needed any clarification following the interview. The debriefing note contained my personal phone number and personal email address. The letter also contained information related to the contact details of treatment services in case they felt the need to contact such services as a consequence of participating in the study.

Conclusion

In this chapter, I have attempted to highlight the rationale behind my choice of methodology, and I have discussed several factors related to the theoretical underpinnings of Evolved Grounded Theory. I have also made clear my position concerning why the research that I conducted would be better suited with a qualitative approach. I have provided an extensive overview of the interpretivist research paradigm that drove this work and elucidated the reasoning behind adopting a relativist ontology and conceptual constructivist epistemology. I have also explained the reasoning behind adopting a conceptual framework that draws heavily on concepts from symbolic interactionism, mainly the concept of career. I also give a thorough explanation of the choice of an evolved grounded theory methodology that unlike, classic grounded theory, encourages the researcher to engage with the already established knowledge and theory, and also acknowledges that the researcher's interpretation of the data will be influenced by the interaction of the researcher with the community, the participants, the environmental context and the knowledge of existing theory. I also provide a concise overview of the process that this research undertook in the collection and analysis of data by elaborating on the constant comparative method as proposed in Corbin and Strauss's (2015) evolved grounded theory methodology. Finally, I engage in a discussion on my

positionality within this research and I discuss ethical considerations that were made in the process of conducting the fieldwork and engaging with participants of the study.

Chapter Five: From Commitment to Heroin Careers to Moving Towards Change: Pre-desistance

Introduction

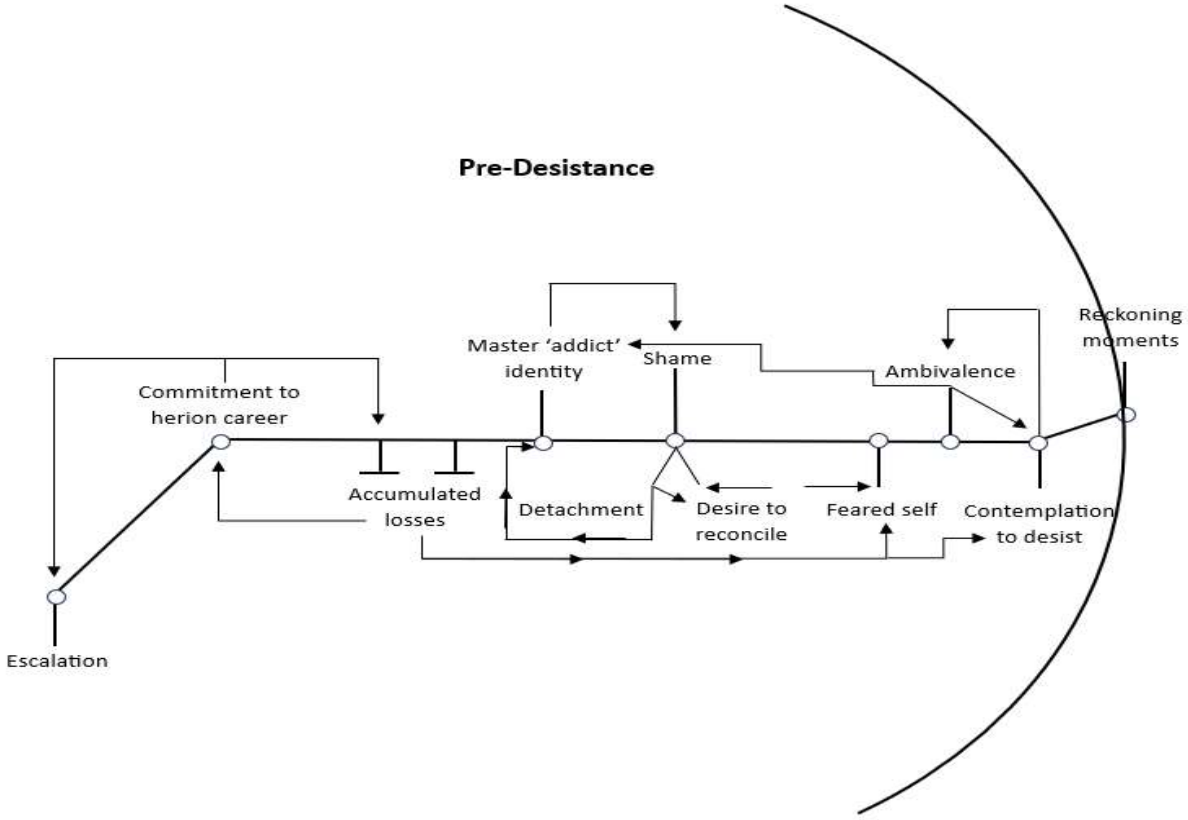
In this chapter, I theorise about the processes entailed in research participants' transition from commitment to a heroin career, to experiencing the desire to stop, to eventually deciding to change. Deleterious consequences of committed heroin use emerged as important contributing contingencies toward individuals' contemplation of change. In this chapter, I engage with the initial stage when participants started considering and transitioning to change in their trajectory towards desistance. I refer to this as the first, pre-desistance stage. I discuss what was happening in the participants' lives to explore how such events may have contributed toward the move from excessive use (Orford, 1985) to contemplation of change, and how this turbulent period in the participants' career may have supported the decision to change. Not everyone who experiences difficulties in their use of heroin decides to stop because of them. It is an unfortunate fact that many persist in their use. Eland-Goossensen et al (1997) argued that, for some individuals, heroin addiction was equivalent to going into a downward spiral where they lose most or all that is precious to them. For some, the losses suffered, further contribute towards the spiralling into increased use. This was not the case for the study participants, who successfully desisted.

The navigation of the journey towards desistance is personal, yet the developing theory identifies common themes about how heroin users in Malta move away from a commitment to heroin careers and come to contemplate desistance. The task of this chapter is to theorise about this process and bring to light the various contingencies that contribute to the eventual 'reckoning moment' that directs problematic heroin users toward change.

Data from this study indicates that following escalated heroin use, participants developed a commitment to heroin careers that evolved into a series of accumulated losses, contributing to unmanageability, marginalization from mainstream society, the formation of a 'master addict' identity (Becker, 1963) and the experience of shame. Shame may affect problematic heroin users in two distinct ways. It can lead to a deterioration in societal participation, detachment, and further immersion into heroin careers (Giordano, 2012; De Bono, 2017). Conversely, shame may bring the desire to reconcile and rejoin the community through contemplation to change (Harris & Maruna, 2006), as was the case for the participants of this study. The loss and shame experienced facilitated ambivalence over their involvement in heroin careers. The fear of spiralling down further brought about contemplation of the necessity of desistance. A sudden, significant event in their career, such as a health scare or an abrupt financial setback, was a reckoning moment that instigated the decision to change direction. The desire to recoup losses and hope that such a task can be achieved resulted in eventual action toward desistance. This will be discussed in the next chapter.

Below I present a diagram that illustrates the emerging theory on the process of the first pre-desistance stage of heroin users in the Maltese context.

Figure 3 *The Process of pre-desistance*



The main conceptual categories contributing to the developing theory of desistance in the Maltese context identified for the pre-desistance stage were:

Commitment to heroin use and experiences of unmanageable use.

Moving towards change

Identity

The first two main categories inform the developing theory of how desistance entails a process that starts from the time when people are still immersed in the heroin lifestyle. During this time, several losses are experienced that contribute towards the contemplation to change and desist from problematic heroin use.

'Identity' emerged as the core conceptual category of this research and a discussion of it is therefore interwoven within all other categories. Identity takes different meanings in the

participants' heroin career trajectory, from the time of commitment to the decision to stop and eventually sustain desistance in the longer term. Identity emerges as a key concept in all other stages identified in the theory and will also be discussed in subsequent chapters.

Below is the table of categories that lists the categories, subcategories, themes, and subthemes informing this chapter:

Table 3 *Table of categories*

Categories	Subcategories	Themes	Subthemes
Commitment to a heroin career/experiences of unmanageable use	Components of commitment	Escalation	Frequency /regularity of use
		Diminished control and autonomy	Adoption of addict identity/junky identity
		Salience	Centrality of behaviour
		Withdrawal and craving	Transition to dependence
		Harm/lack of adaptive functioning	Loss of productivity
			Detachment from mainstream activity
		Mood modification	Solace from using heroin
			Pleasure
	Master status of 'addict' identity	Conflict	Family detachment
			Loss of trust
			Rebellion
			Inner conflict with personal values
		Maltese Context	Gender differences
			Shame
			Addict subculture
			Stigma

			□ Reactions of users to stigma
	Strategies for maintaining addiction	□ Theft □ Prostitution □ Trafficking	□ Gender differences in career trajectories
	Temporal dimension	□ Long /short commitment stage	□ Affected identity □ Early/late onset

Moving toward change- Stage 1- Pre-Desistance

Moving towards change	Loss	Isolation from mainstream society	□ Movement into 'addict' subculture
	Consequence of loss	financial hardship	□ Loss of productivity (employment/personal commitments □ Employment status □ Debt □ Family disowning
		Sex work	□ Trauma □ Abusive relationships
		Legal issues	□ Consequences of Involvement in Crime □ Involvement within the Criminal Justice System □ Issues of child custody
		Loss of health	
		Feeling of helplessness	□ Failure □ Shame and guilt
		Psychological Distress	□ Depression/Suicidal Ideation
		Fear and Ambivalence	□ Fear of dying

			· Fear of being left behind · Fear of change · Fear of escalating problems
	The context within Maltese society	Family of origin	
		Shame and guilt	
		Stigma and loss of trust	

Core category: Identity

Core category: IDENTITY	Consequences of heroin careers	Accumulated Loss	· Loneliness · Labelling/stigma · Estrangement from family · Loss of employment · Income · Involvement in crime · Shame/guilt · Resentment
	Addict Identity	Detachment	· Absence of belonging · Hopelessness vs hope
	Desistance Identity	Recovering loss	· Recovering Health · Reestablishing relations with family and community · Trust · Financial stability · Relations with children
		Commitment to change	
		Wanting to belong	
		Commitment to desistance	Commitment to lifelong addict identity vs new identity of non-user

	Non-addict identity	Owning the change	· Hope · Recovered personal values · Belonging

Commitment to Heroin Careers and Experiences of Unmanageable Heroin Use

When asked in the interviews to engage with their process of desistance, participants started their narratives by talking about the time when they were committed to their heroin careers. Several subcategories were identified that elucidate the level of engagement of the participants with heroin that may have contributed to the decision to desist. A deeper understanding of how participants came about their decision to eventually stop using heroin is facilitated through an exposition of the difficulties encountered when heroin use became unmanageable. It will be shown that lived experiences in the commitment stage of their heroin careers were instrumental in the participants' eventual journey toward desistance.

The following section discusses the components contributing to the development of commitment, the eventual development of a master status of an 'addict' identity, strategies utilized by participants to maintain their heroin use, the temporal dimension, and the context in which commitment to heroin developed.

To theorise how participants came to stop using heroin, it is crucial to have a thorough comprehension of what they were desisting from and how participants' motivation to quit heroin was impacted by the negative consequences brought about by the same addictive behaviour.

Components of commitment

Escalation of heroin use distinguishes the initial casual use of a substance from the eventual formation of a more problematic pattern of use (Clark, 2006). Subsequently, commitment can be defined as the dedication to the activity and a refutation of alternative courses of action *at the time* (Clark, 2006). Increased use contributed to diminished control

(NIDA, 2014) and impaired autonomy (Heather, 2016) as heroin use became more salient (Griffiths, 2005). The development of withdrawal symptoms was a component in the formation of commitment. Increased use was also affected by mood modification. The pursuit of the behaviour, notwithstanding the negative consequences and harm, is also a key component that indicates commitment, with accumulated losses and negative consequences eventually becoming a strong motivator for desistance. The discussion of these components is important as it sheds light on the lived experience of the participants at the time when they contemplated, and eventually decided to stop using heroin.

Participants documented the move from manageable to unmanageable use. Among these, Peter said, "…u hemm fejn jiġifieri… jekk qabel il-management ta' xi ħaga, jiġifieri żammejt ix-xogħol, kien ikolli l-flus biex ngħaddi(…)spiċċat immaniġabbli l-biċċa tax-xogħol(…) sa ma mbgħad instabatt mal-ħajt." "…and that is when…if before the management of anything, I mean I had retained my job, I would have money to get by(…) the issue ended up unmanageable(…) until I eventually crashed."

Another participant, Steve, also said, "Ħajtek tibda ddur mad-drogi, ħajtek, kull ħaga li se tgħamel, qabel ma taħsibha tibda taħseb fuq id-drogi. Kull problema li tiġri f'ħajtek trid issolviha bid-drogi." "Your life starts revolving around drugs. Your life, everything you do, before you think about it, you think about drugs. Every problem that happens in your life you solve by using drugs." Carl also retells the story of how his life had become unmanageable, "Ħajti kienet litteralment immaniġġabbli, ma kontx noħroġ mid-dar." "My life had become unmanagable, I would not leave my house."

> Imbgħad ġejt dipendenti fuqha akkost ta' kollox, biegħhejt il-ġisem tiegħi għad-droga, Id-droga kienet tikmandani x'ngħamel biex jien nieħu lilha. Mingħalik li int tista tikkontrolla, mingħalik li int ikollok dak il-power li x'ħin trid tgħid isma jien daqshekk, imma fil-verita' kont żbaljat ħafna.

> Then I became dependent on it at any cost, I sold my body for drugs! Drugs would dictate what I would do so I would be able to get it. You think you can control, that you have that power to stop anytime, but I was very mistaken. (Joseph)

Draus, Roddy & Greenwald's (2010) study with active heroin users, found that several participants did indeed live lives fraught with conflict, criminal activity, chaos, social exclusion, and loss of autonomy. However, others could maintain activities and conventional roles. Faupel (1991) also proposed that people who develop a drug use disorder do not necessarily fit the stereotypical behaviour of complete loss of control. To the contrary, he found that for many who become addicted, it was possible to maintain structure in their lives and still function in mainstream society, hold a job, and sustain their finances, whilst avoiding being excluded.

However, data for this study also indicated that a minority of participants recalled being able to maintain conventional roles outside of heroin use, such as keeping a job, whilst still identifying themselves as 'addicted', as they felt they needed the substance regularly. This indicates that for some of the participants, even though they could retain conventional activity, they still had great difficulty in managing their use of heroin. They still felt that they had diminished control over their decision to use heroin, and this eventually warranted desistance.

> Komplejt naħdem(…) jien għamilt żmien li kont naħdem il-belt receptionist, ma nafx kif kien jirnexxieli ngħalimlha. Kont inqum fil-għodu bit-takkuna u pulita u ngħamel xahari u bil-make up(...)għax dak iż-żmien kont għadni ma nsuqx, kont nieqaf b'tal-linja, nieħu l-methadone, ninżel min-naħa l-oħra naqbad tal-linja u mmur il-belt. Fil-break kien jiġi għalija l-boyfriend, konna mmorru (…) fuq il-mutur immorru nixtru,

> insibu x'imkien kantuniera nieħdu, nerġa mmur ix-xogħol u nkolmpli l-ġurnata tax-xogħol(…)Ehe jekk kelli kera ħallastha.
>
> I continued to work,(…) There was a time when I was working in Valletta as a receptionist. I don't know how I managed to do it. I used to wake up in the morning put on my heels, do my hair and make-up(...)Because at the time I did not drive yet, I would stop over by bus, take my methadone, take the bus again, and go to Valletta. During break time my boyfriend would come to pick me up, and we would go(…)on the bike we would go and buy drugs, and find a place to use, I would then go back to work and carry on with my day(…)Yes if I had rent, I would pay it. (Joan)
>
> Yeah, because when you have these sorts of problems and if you have the financial capacity, you can what I call, paper over the problem. You just hire people to do stuff for you. When you have the money…Especially when you work, you are wearing a suit, and a tie and running 61 people. (Nigel)

The data above indicate that though all participants manifested commitment to their heroin use evidenced by difficulties in controlling their use, they did not all experience the extreme deterioration in their lives, often associated with problematic use.

Although there were differences in how commitment to heroin careers was experienced by participants, it was clear that diminished control over heroin use was a key contingency in the process. After a period of escalated use, they experienced impaired control over the use of heroin, and a series of negative consequences that varied across participants. One participant, Nigel said, "I had always been fairly adept at raising funds, mostly legally to support my habit…and that ended(...)I found myself without anywhere to live, I was more couch surfing."

> Qatt ma ndunajt li għandi problema, u qatt ma accettajt, għax fil-verita' ħajti baqgħet, bqajt immur għax-xogħol, relazzjoni mal-familja baqgħet tajba, allura qiesni bqajt għaddej…Pero f'daqqa waħda ġejt f'punt li ndunajt li għandi problema tad-droga. Qiesni, imma qatt ma accettajtha miegħi innifsi għax diment li qiesni bqajt għaddej.
>
> I never realized that I had a problem, and never accepted, because in reality my life continued, I kept going to work, and my relationship with my family remained good, so I sort of kept going…However, suddenly I came to a point where I realized I had a drug problem. It's like, but I never accepted within myself because as long as I sort of kept going. (Clive)

Heather (2016) conceptualises persistent drug taking notwithstanding negative consequences as a form of 'akrasia' which means an individual's decision to act against one's better judgment; the choices made are voluntary, though not rational. He describes addiction as repeated episodes of akratic behaviour. When deciding to use, a person who uses drugs problematically is well aware of the consequences that the behaviour has on him/herself, loved ones, and the community, hence knowing that the better decision would be to desist. The individual nevertheless decides to act against such better judgment due perhaps to impaired decision-making in favour of the repeated behaviour (Heather, 2016). Therefore, one could conclude that when individuals decide to stop and act towards attaining desistance, they will be autonomously acting according to better judgment, notwithstanding the hardships that eventually come with a path towards desistance. Heyman (2009) uses the terms local and global bookkeeping, wherein local bookkeeping implies a decision to act based upon the immediate value of the action at the time. Global bookkeeping refers to individual choices that do not yield immediate high-value returns, but instead, provide greater rewards in the

longer term. This research is a testament to desisted heroin users' ability to move from local to global booking, resume autonomous control, and make decisions in their best interest.

Commitment contingencies

The experience of withdrawals was an important contingency to the development of commitment to heroin use (Griffiths, 2005). Goldstein and Volkow (Goldstein & Volkow, 2002, 2011) in their model of Impaired Response Inhibition and Salience Attribution outline how the neuropsychological functions of response inhibition and salience are compromised as a consequence of addiction. They discuss how the disruption of such function contributes to the formation of cravings that lead to seeking intoxication, the behaviour becoming more prominent through binging and eventually suffering withdrawal. However, the meanings associated with the withdrawal experience are learned in interaction with others. Piper (2015) posits that while withdrawals involve biological responses to the use of substances, there are also personal, and environmental factors and cognitive processes contributing to the experience.

Learning and experiencing withdrawals is part of the process of developing a sense of dependence. The familiarization with withdrawals becomes a major contributor towards the formation of the 'addict identity' that transitions users from casual users to more regular, frequent users, to an eventual state of dependence and commitment to the behaviour.

> Yeah, you know, and ah, I didn't even know, that I was becoming addicted to it. Because somehow in my brain even though I knew that heroin was addictive, I thought it wasn't going to happen to me, and that's so crazy. I don't know why. I think that all 'junkies'. I don't know why we do that; we feel it's not going to happen to us or something. And so, I remember, and it was easy for me to get, I had easy access to it. And so, the one time I couldn't get it I didn't feel very well. I didn't even realize

that was the beginning of withdrawal. So, then I got some more of course and then the next day I was all right again. (Rachel)

Meta bdejt nuża il-heroin bdejt nuża fil-weekends u niftakar darba minnhom konna qiegħdin buġibba u lil sieħbi għidltu llum ma rridx nieħu(…)U beda ġej l-uġigħ. Bdejt ngħatas ħafna…u jien sadattant ma kontx naf x'jiġifieri sick(...)U l-iehor qabad jidħak, ma min kont nuża. Qalli 'ġejt sick', u għidtlu 'u x'ġejt sick' jien, 'ma tarax'…qalli 'imxi ħa nieħdu ħa tara kif jgħaddilek, u għidtlu 'imxi ħa nieħdu. U ħadt u veru għaddieli.

When I started using heroin, I started using it on weekends and I remember one time we were in Bugibba and I told my friend "Today I don't want to use" (…)And the pain started coming. I started sneezing and, in the meantime, I did not know what it meant to be 'sick' (withdrawing)! (…)And the other guy started laughing, the guy I used with. He told me 'You are withdrawing' and I told him, 'No, not possible, as if'… he told me "Let's go and take and you'll see how it passes." And I said, "Let's go and use". And I took and it did pass. (Kyle)

Carl also added, “Niftakar sena wara konna sifirna mal-familja …u ovvjament hemm fuq ma tużax. U għamilt 4 ijiem mingħalija ma niflahx imma fil-verita' kont sick. Anqas idea ma kelli!” “I remember a year later we had travelled on holiday with the family…over there you don’t use. And I spent four days when I thought I was ill, but in reality, I was ‘sick’(withdrawing). I had no idea!”

Data also suggest that in the course of the addiction career, there is a move from positive to negative reinforcement, from a behaviour that is egosyntonic to one that is egodystonic, contributing to commitment. This is in line with Solomon’s (1980) Opponent Process Model

> Ifhimni id-droga fil-bidu tibda qiesek tieħu daqsxejn pjaċir biha u hekk imma imbgħad jasal ċertu żmien li jiena intrikibt minnha ħa ngħid hekk. Jiġifieri kull ġurnata li tgħaddi jrid ikun hemm l-użu tal-eroina xi mod biex int tiffunzjona u tkompli mal-ħajja ta’ kuljum. Fhimt?
>
> You know, in the beginning, you start enjoying it a bit and stuff, but then a time comes when I was overcome by it, I would say. I mean every day that goes by there has to be the use of heroin in some way so that you may function normally and get on with everyday life. Do you understand? (Chris)

Data show that in the stage of commitment to the heroin career, participants experienced several conflicts with significant others in their lives. Conflict with families, peers, and the community were mentioned among the consequences suffered. There was also a reference to conflict within the participants themselves as life committed to heroin became egodystonic.

> Kont imkisser. Naħdem għal-lasta, ngħamel l-overtime u jkolli d-dejn ma tal-ħanut, ħames mija, sitt mija. Naqbad il-paga u nqassamha dejn. Titlef il-fiduċja u l-krittu ma kulħadd, fhimt? Mhux worth it.
>
> I was broken. Working for naught, working overtime and I would have debts at the grocery store, five, six hundred. I'd get paid and pay it in debt. You lose your credibility with everyone, you see! Not worth it. (Roger)

According to Griffiths (2013), conflict arises when individuals become driven by the impulse to participate in a behaviour that reaps short-term rewards whilst conflicting with the expectations of significant people in their lives. Such conflict may also create inner feelings of guilt and shame, often overshadowed by the desire and /or need to use heroin. Conflict was a consequence of commitment to heroin use as participants confirmed their detachment from their families and communities and inserted themselves within a new group, who were also users. One participant, Ella recalls "Kont ngħamilha ma ġuvintur u tfajliet li, unfortunately, kienu bħali." " I used to hang out with guys and girls who unfortunately were like me". According to Becker (1963) movement into an organized deviant group is a very important contingency in commitment as it protects the individuals from the brunt of contempt forwarded by conventional others and also provides the opportunity for continued engagement.

This section documented the transition from casual, recreational use of heroin to a more committed lifestyle. During experimental and controlled use, the experience of heroin use was pleasurable and, as a consequence, participants were reluctant to consider desistance. It will be shown that a shift in the pattern of involvement in heroin careers contributed towards the accumulation of a series of losses that brought about the eventual contemplation of desistance, and moved them away from the primrose path of addiction (Rachlin, 1997;

Heshmat, 2016). The primrose path theory states that during the first period of addiction individuals make a number of decisions that have consequences which are not felt 'until it is too late' (Heshamat, 2016:1). The theory asserts that people who are 'addicted' cognitively focus on their present and make decisions based on the advantages that they can draw in the moment, without giving due importance to future consequences.

Master status of 'addict'

For many of the participants who became engaged in heroin careers, drug use affected their identity, in that being an 'addict' became the overarching master identity in the absence of other alternatives at the time. This level of engagement with addiction and the development of an attachment to heroin made it difficult for individuals who identify as 'addicts', to see themselves in any other way but 'addicts' (Pickard, 2021). The discussion of the establishment of the 'addict' identity has direct implications for the eventual journey of desistance that the participants embarked on, as the relinquishment of this master identity in favour of more conventional identities was a major stumbling block to overcome.

Isolation from, and loss of trust by members of their community contributed to solidifying the 'addict' identity.

> I used to have friends that would go to the pubs and drink, and they all came from, they were part of the neighbourhood, so I sort of…you know because they were drinking rather than doing the stuff I was doing. And gradually they started pulling away from me because they knew what I was doing and they didn't want to do it with me, so, I started hanging out with a different crowd and they were doing harder drugs. (Rachel)

> Il-ħbieb tajbin ikunu ħarbu naqra. Għax imbgħad meta jgħidlek bniedem, it-tieni darba, qiesu jibda jitraskurak meta jara l-affarijiet. Mhux għax kien irid imma (R: Jiddistanzjaw ruhhom) Iva hux, min ikun minn dawn, ipejjep joint u inti tibda tgħamilha ma ċertu nies, tisraq u dak li jkun jibda jgħid dan differenti. Allura, tispiċċa bla ħbieb ukoll which is another problem hux.
>
> The good friends will have gone. Because then when a person warns you, for the second time, he starts to neglect you when he sees these things. Not because he wants (R: They distance themselves). Yes eh, those who smoke a joint and you start frequenting certain people, stealing, and the person starts to say this guy is different. So, you end up without friends, which is another problem eh. (John)
>
> Tiġi excluded minn kollox. Tipo la kelli parti fil-familja tiegħi, la kelli ħbieb. Iddistakkaw ħafna u ma ttihomx tort! Għax jien sirt persuna oħra.
>
> You get excluded from everything. Like I had no part in my family, I had no friends. They disengaged, and I don't blame them. Because I had become a different person. (Joan)

Movement into an organized deviant group resolved this problem (Becker, 1963). Additionally, the 'addict' identity provided status in the addict subculture. For instance, one of the participants, Rachel recalls, "I would see films or tv shows, and a junkie was pictured, like a heroin addict was pictured, any kind of addict…I always found that attractive."

Moshier et al (2012) suggest that:

> The correlates of long-term illicit drug use, including alienation from family and mainstream society, unemployment, and risky behaviours (e.g., drug dealing, property crime, and violence) are associated with a drug use subculture that runs contrary to many of the values of mainstream culture. As individuals gain skills (e.g., finding drugs, making money through illicit means) in this culture and social connection to its members a perceived belongingness to this culture may develop. Moreover, chronic drug use may create a context in which belonging to a subculture of drug use may supersede motivations or the perceived ability to belong to more mainstream, drug-free communities. (Moshier et.al. 2012 pp. 1-2)

Finestone (1957) argued that some subgroups of individuals retreat from the mainstream community and find drug-use careers as an alternative to respond to their disenchantment with the broader group. Through active participation in the subgroup, they establish status within the ranks of the group and gain credibility within the group (Finestone, 1957). One of the challenges that people who use drugs problematically and who are immersed in an 'addict' subculture experience is that they need to relinquish the 'addict' identity and 'addict' subculture and form new connections and new identities. This is discussed in the next chapter as an important stage proposed in the developing theory.

Weinrich (2005) cites the example of a woman who used drugs and was also involved with sex work. For this person, using drugs and sex work was not only a means of coping, but a way of life. In this context, letting go of all of this was akin to forgoing all her life's work and losing the status she had built for herself throughout her career. So, whilst a heroin career, may symbolize a number of losses for some individuals, for others, it is all they know; it is their way of being. Therefore, leaving all that behind can also symbolize great loss.

> Allura meta nqabbilha (Addiction) ma xi ħadd li għandu relazzjoni, jaf li jrid iwaqqafha forsi jaf li mhux healthy, imma ma tafx int dejjem tipprova u tmur il-counselling, imbgħad terġa tipprova xi ħaġa oħra. Mbgħad qiesek deep down taf li din ir-relazzjoni trid twaqqafha imma il-qalb hemm tkun għadha. U naħseb jiena mad-droga, jew almenu fil-każ tiegħi kien hemm din ir-relazzjoni ta' mħabba qiesu.
>
> So when I compare it (Addiction) with someone that has a relationship, he knows he has to stop it maybe, he knows it's not healthy, but you know, you always try to go to counselling, and then you try something else again. Then it's like deep down you know that this relationship has to stop, but the heart is still there. And I think with drugs, or at least in my case, there was this love relationship. (Gabe)

Klingemann et al (2001) propose that self-change in people who use drugs problematically is preceded by a process of 'cognitive appraisal' or 'cognitive evaluation'(p.23) in which individuals take stock of their current identity and eventually contemplate seeking alternative ways forward.

The 'addict' identity becomes more difficult to relinquish as detachment from society, stigma, and shame further consolidate their status within a heroin culture, which results in a reluctance to leave what they know behind for alternatives that seem remote to them.

Maltese Context

This research theorizes on the trajectories that people who use heroin problematically in Malta take in their journey towards desistance and starts by discussing the level of commitment to heroin use around the time when desistance was contemplated. In this section, I theorize on how commitment to heroin use in Malta is affected by Maltese cultural norms. I discuss how such issues as shame, stigma, gender differences, and the 'addict'

subculture contributed to the research participants' commitment toward heroin careers and their eventual contemplation of desistance.

The data for this research suggests that shame had an important role to play in the formation of an 'addict' identity. Shame is defined as an individual's awareness, humiliation, and distress at having increasingly fallen short of societal expectations. The role of shame within addictive careers has been thoroughly studied (Bernburg et al, 2006; Tannenbaum, 1938; Scicluna, 2017; Visanich, 2012). Shame has important implications for individuals developing drug use disorder and the commitment towards heroin careers as well as eventual desistance. According to Giddens (1991, p.65), 'Shame bears directly on self-identity because it is essentially anxiety about the adequacy of the narrative by means of which the individual sustains a coherent biography'.

In Mediterranean societies, honour and shame are dominant societal values (Clark, 2012; Peristiany, 1965). People who use heroin find it hard to escape stigmatization and the consequent shaming that excludes these individuals (De Bono, 2017). The size of the country and social proximity make it more difficult for drug users to be anonymous and avoid stigmatization (Clark, 2012). The issue of gossip is also an integral part of the social fabric in Malta (Abela, 2016). The data below demonstrate that gossip was also a concern for participants as they expressed shame at the shared perceptions of others towards them. Among these Adrian said, "U kienet għadha xi ħaga taboo kbira għall-bidu. Kont niġi, ma nipparkjax hawnhekk, nipparkja hemm isfel biex ma jarawx il-karozza wara, peress li kulħadd jaf lil xulxin." "And it was still something that was taboo (drug use) in the beginning. I would come (treatment service), and park down there so that people won't see my car, since everybody knows everybody." Roger, another participant also spoke about gossiping about him in his locality of origin, "Fhimt bħal, jien minn (Locality of residence). Hemmhekk jien għalija n-nies kissruni wkoll. Fhimt? Għax kulħadd jghid fuqek u hekk." "You see, I am from

(locality of residence). In my opinion, they broke me there. Do you understand? Because everybody gossips about you."

The heroin user is labelled as deviant (Becker, 1963) with the consequence that s/he is no longer trusted within the community. The stigma suffered brings about feelings of loss of honour, status, and consequent shame. In the context of heroin careers, therefore, participants' understanding of self is shaped by how the community they belong to reacts to their actions as 'deviants'. Ella for instance, said, "Plus ir-rejection li kienet tgħatni ommi u kemm minn x'hiex għaddejt. Aktar u aktar kont kontriha, kont f'dilemma." "Plus, the rejection that my mother had given me and the things I had gone through. I was even more against it (heroin use), I had a dilemma.

> Ovvjament bdejt nitlef ħafna minni nnifsi ħa ngħid hekk. Jiġifieri ma bqajtx l-istess persuna li kont tat-tfulija. Il-persuna totalment jinbidel fejn kien hemm l-addiction tal-użu tal-eroina……U ħaga iktar ifhimni li ninkwieta lil ommi u lil missieri specjalment.
>
> Obviously, I started to lose a lot of myself let's say. So, I did not remain the same person I was as a child. The person changes when there is a heroin addiction…And another thing more important is that you make your parents worried especially. (Chris)

Shame was an integral part of the heroin experience for participants who were well aware of societal expectations. Some authors argue that such shame can be a barrier to change in behaviour (Batchelder et al, 2022; Blumer, 1969; Clar, 2012, De Bono, 2017). However, others (Harris & Maruna, 2006; Darmanin Kissaun & Clark, 2022) contend that shame can be useful in the process of change towards desistance. Harris and Maruna (2006) argue that shame has two possible effects on the individual. Stigmatic shaming can be potentially very dangerous and lead the individual to detach further from society, with the behaviour

eventually increasing due to the individual feeling cut off. The shame that is felt leads the individual to a destructive pattern of increased hopelessness at ever being able to meet societal expectations. However, shame can also be an important contingency that draws individuals towards the desire to change. This is supported by Darmanin Kissaun and Clark (2022), who argue that shame and stigma can be understood both positively and negatively. On one hand, if understood positively, shame can support an individual's efforts to live up to societal expectations and restore one's reputation. When understood negatively, shame can contribute to the individual's loss of status and reputation resulting in embarrassment. Maruna and Harris (2006) also speak about shame being a powerful tool of motivation towards change. They argue that re-integrative shaming can serve as a means to help the individual take responsibility for their actions and feel shame. However, the difference here is that the approach, though disapproving of the behaviour, leaves an open door to reconciliation and forgiveness. For participants of this study, shame contributed to the desire to make amends as they felt hope that change would reverse the negative effects suffered throughout their heroin careers. The issue of shame is discussed in more detail in the section on the psychological dimension of loss.

The Gender Dimension of Commitment to Heroin Careers

Most women interviewed for this research reported having been in a relationship with a partner who also used drugs problematically and some were introduced to the substance by their heroin-using partners. The attachment to a relationship with male partners who used and dealt drugs was a means of securing the supply of heroin. Being in such relationships contributed to the escalation of use, due to the availability of substance. Mayock, et. al (2015) found that almost half of the female heroin users in his study had reported initiation of the drug through their sexual partner, whilst this was only the case for just under 2% of male

research participants. In the local context, Clark and Scicluna (2019) indicate that women who were introduced to heroin by their male partner were more likely to spiral fairly quickly into problematic patterns of use and that being in such a relationship made it 'easier' to have access to heroin, reflecting patriarchal societal structures of female dependency (Baldacchino et.al, 2016). One such case was retold by Rachel, who stated, "There was this one boyfriend, who became my fiancé' after a while, heroin was expensive, so, he had connections and he started committing crimes. (…) I had an ex-boyfriend…he also did a lot of drugs."

> Unfortunately, il-boyfriend li għażilt, peress li ma kellix father figure, għażiltu għaxar snin akbar minni u he was a drug dealer ukoll! Allura qiesni fittixt ċertu dipendenza fih, biex jieħu ħsiebi u hekk minħabba n-nuqqasijiet kolla li kelli meta kont zgħira. U kienet qiesha iktar diffiċli biex noħroġ minn ġo dik l-għanqbuta jien għax jekk ridt nieqaf, għandi miegħi kollu drugs.
>
> Unfortunately, I chose a boyfriend, because I did not have a father figure in my life, I chose a boyfriend ten years older than me and he was a drug dealer too. So, I sought a level of dependence on him, to take care of me because of all the misgivings I had when I was young. And it was more difficult to get out of that web because if I wanted to stop, I had access to all the drugs. (Ella)
>
> Ta' 18 kont f'relazzjoni u mort ngħix ma din il-persuna. Ma kontx naf li din il-persuna kienet tuża l-eroina. U ovvjament il-fatt li jien f'daqqa wahda ta 18 tlaqt mid-dar kontra l-will ta' ommi u ta' missieri, qiesni għamilt ta' rasi. L-għada spiccajt f'sitwazzjoni fejn konna jien u persuna ohra li kien qed juża. U jien spiccajt nuża wkoll. Jigifieri jien hekk dhalt fil-vizzju tal-eroina

> At eighteen I was in a relationship, and I went to live with a person. I did not know he used heroin. And obviously, the fact that I all of a sudden left home at eighteen, against the wishes of my parents, I just was stubborn. The next day I ended up in a situation where it was just me and this other person who was using. And I ended up using it as well. So that is how I got into the heroin habit. (Joan)

Being in a relationship with a partner who also uses drugs has important implications for eventual desistance from heroin use, as the dependence on the partner as a supplier of drugs makes it difficult to detach from such a partnership.

Women who use drugs problematically may become engaged in sex work as a means of coping with the expense (Clark, 2010). According to Arpa (2017), women who use drugs and become involved in sex work amount to between 20 and 50%. The trauma suffered by women involved in such work to cope with their heroin career warrants mention here. Mary retold such an experience, “Indunajt li jrid ikollok il-flus biex tixtriha d-droga u bdejt inzid. Issa biex inġib il-flus għad-droga kelli ninżel għall-prostituzzjoni.” “I realized that you need to have money to buy the drugs, and I started to increase my use. Now to get the money for drugs I had to start sex work.”

Moving towards change: Pre-desistance stage

Having considered commitment, I now theorize about the drivers facilitating the contemplation of change and develop an explanatory framework for understanding initial motivation to desist from problematic heroin use. The concept of ‘accumulated loss’ fostering disillusionment is an important explanatory lynchpin. Losses and their psychological repercussions are often compounded by a significant event that serves as a ‘reckoning moment’ in which a decision needed to be made. Significantly impactful events took place in the lives of all participants, driving them to reflect on the accumulated consequences

experienced. The participants were able to find the motivation to stop when they could visualize viable alternatives in their future. It will be shown that becoming tired of the heroin career (Best et al., 2008) would not have been sufficient unless accompanied by the hope that a future, where losses can be recouped, was attainable. Hope is an important contingency to motivation for behavioural change (Stevens et. al, 2018).

Loss

Mc Donnell and Van Hout's (2011) finding that the experience of an accumulation of a series of losses drives people who use drugs to want to stop, was also evident in the present study. Change became desirable according to the importance that participants gave those losses at that particular period in their careers. For example, some participants had lost relationships with family, material assets, and even their homes at the time when they were prompted to contemplate change, while for others, the mere realization that they had lost touch with their non-using friends was enough for them to decide to quit heroin and get on with their lives.

The losses experienced by participants included: loss of financial assets; isolation from and loss of friends; loss of health estrangement from family; loss of child custody; loss of trust and credibility; loss of self-worth; and loss of liberty due to incarceration.

Several participants shared that the burden of their heroin careers was causing them to experience severe both physical and mental ill health. Data for this research suggests that the participants suffered health setbacks throughout their careers that accumulated over time.

> Hemm fejn bdejt ninduna li qed inkun muġugħ. Muġugħ mentalment u muġugħ fizikament…U jien mohhi qiesu beda jirraġuna f'daqqa waħda, jien, għalfejn qed ngħamel bħal dak?

> That is when I realized I was in pain. In pain both mentally and physically…And my mind started to see reason all of a sudden, why am I doing like him? Am I not my own person? (Steve)

> Wasalt f'turning point f'ħajti li il-ġisem tiegħi beda qiesu jmut. Ħafna warnings mit-tobba, isma moħħok hemm għax il-vini qed jistaddulek. Jien ma tajtx każ! Meta daħlet id-depressjoni hemm ġejt qiesni naqra konxju għax ġejt depression qawwija.

> I came to a point in my life when my body started to die. A lot of warnings from doctors, beware because your veins are clogging. I paid no attention! When depression kicked in that is when I sort of became conscious because I had an acute depression. (Joseph)

It was also interesting to note that those citing the health consequences of heroin use were mainly individuals who had extensive heroin careers that lasted for several years. The deterioration of health suffered throughout the heroin career catalysed change as such losses prompted the desire for change in the pursuit of improving one's health condition (Chen, 2018). Sampson and Laub (1993) also argue that the deterioration of one's health may serve as a turning point that instigates the desire to change.

Participants explained how their involvement in a heroin career led to a loss of valued relationships, which in their words led to isolation. There was a time when this isolation became problematic for them as they reflected on past experiences before heroin use when they were able to be part of the mainstream community. Their longing to be able to reconnect with others led them toward stocktaking of their heroin career, which had isolated them from family, friends, and the community.

> Qiegħed fid-dinja bħala numru just tqum fi-għodu l-istess ħaga matul il-ġurnata…socializing ma ħadd fhimt, tant qiesek spiċċajt waħdi li…Meta kont zgħir kont naf nitħallat u mmur mal-ħbieb u nitkellem u hekk, imma tant rikbitni (heroin) li ma ridtx inqatta fhimt ħajti, għax kultant tgħamel xaharejn ġo kamra fhimt u xejn. Dik kienet punt li lili veru. Biex tieqaf. Fhimt?
>
> I am in this world as just a number, just waking up in the morning and the same thing during the day, socializing with no one you know, I had become so alone that…when I was young I knew how to mingle with friends and talk and stuff, but it had overcome me (heroin) to the point that I did not want to spend my life, because sometimes I spent two months in a room and nothing…I always believed that you need to hit bottom to use those words. It makes you stop. Do you understand? (Chris)

Experiences of isolation and loneliness as a consequence of society's reaction to their substance use was an important turning point identified in the narratives of the participants. Conventional wisdom dictates that individuals who use heroin cannot be trusted as the behaviour remains highly stigmatised (Buchman & Reiner, 2009). Consequently, the individual is labelled by others resulting in a spoilt identity (Goffman, 1963). Such stereotypical perceptions about problematic heroin users facilitate social exclusion (Becker, 1963). These societal reactions also affect how people who use heroin interpret their interaction with others (Becker, 1963), contributing to the isolation of the individual from mainstream activities such as work, peer companionship, and family interaction (Bernburg et al. 2006). For some participants, the isolation from society served as motivation to change direction and a longing to re-insert themselves back into their community circle.

The isolation felt, for some, may contribute further to the increased immersion into a heroin career and increased use of the substance as alternative activities become a remote prospect. However, when the desire to reintegrate within society is accompanied by the hope that such reintegration is attainable and will result in a better future, the change becomes more attractive (Ratnanather, 2021).

> Ma kelli xejn aktar qiesni x'nitlef u minn hemm bdejt ngħamel xi ħaga. Bdejt naħdem fuqi nnifsi. I never denied my doing jiġifieri, issa l-karti kollha fuq il-mejda ejja ħa nimxu il' quddiem issa, jiġri dak li għandu jiġri. Imma jiena dik il-ħajja ta' qabel ma rridhiex aktar.
>
> I had nothing left to lose and from that point, I started doing something about it. I started working on myself. I never denied my doing, now the cards were on the table, let's move ahead, come what may. But I did not want that life anymore. (Peter)
>
> Imbgħad kont qed nitkellem ma sħabi, u għidtilhom u qiesna bdejna bdejna nduru, nghamlu l-kuraġġ b'xulxin. Infatti qabilna kienu diġa daħlu xi nies li kienu jkunu magħna(...)U irnexxew.
>
> And then I was talking with my friends, and I told them (about plans to get treatment), and we started to change our thoughts, taking courage from each other. A group of friends who used to hang out with us had already entered (treatment)(...)and they were successful. (Dave)

Isolation and loss of valued relationships can serve as a motivator, only if the alternative of re-integration into society is deemed possible by the affected individual and if the relationships lost are deemed redeemable and advantageous. Hope that acceptance back into society is indeed possible, is key to how isolation is understood and negotiated by the individual. According to Snyder et al. (1991), hope is characterized by three distinct

dimensions that are "(a) the perception of successful agency, (b) the perceived available pathways toward achieving a goal, and (c) the opportunities, choices, and obstacles found in the environmental context." (Snyder et al., 1991 as cited in Stevens et al., 2018, p.2). Feeling isolated can be alleviated through the promise of hope for redeeming lost relationships and possibly building new ones.

> I didn't know what rehab was, but he told me that there were people who used heroin the way that I did and who managed to find a way out. They managed to find a way out. And that was the best thing, I didn't believe him but, at the same time it was the only thing I had, it's hope. (Rachel)

A good number of participants recounted how commitment to heroin careers contributed to financial losses which made it increasingly difficult to cope with the expenses of their heroin use. For some, this may have meant that they had to turn to crime and potentially end up in trouble with the law. For some, the lack of funds brought about estrangement from their family particularly linked with theft from their parents or partners, while others, though managing to sustain themselves through work, still found it hard to cope with financial challenges and ended up at risk of losing their assets. Participants found it increasingly difficult to sustain their use.

> u spiċċajt tista tgħid fi trid ħazina li spċċajt nisraq għax ma kellix flus(...)u wassalni biex kelli każijiiet mal-pulizija minħabba serq, minħabba l-eroina. Kont spiċċajt probation ta' tlitt snin u b'hekk qiesni bil-fors ridt nidħol programm għax inkella meta nispiċċa tipo żmien qasir il-ħabs.
>
> And you could say I ended up, in a bad path and ended up stealing because I had no money..., and it led me to have cases with the police because of theft, because of

heroin. I ended up with a three-year probation, so I had to join the program by force or do a brief period of jail time. (Henna)

Ovvjament finanzjarjament tara kull darba minn fejn int se tipprova ġġib finanzi biex kif tgħid, biex iżżomm il-habit…. Bħala xogħol tlift…ifhimni jien naħdem f'kumpanija tal-familja jiġifieri u f'ċertu ħin missieri ddeċieda li it's time to, iżommli fhimt, żammli li mmur għax-xoghol, daqsekk ma riednix aktar hemm u vera qiesni ħassejtha u kellu raġun ifhimni!

Obviously, financially every time you need to see from where you are going to get the funds to, how do you say, to keep the habit…I lost my work. I work with my family's company so at a point, my father decided that it was time to, put his foot down a bit, he kept me from coming to work, he did not want me there anymore. And that affected me because you know he was right! (Chris)

Chen (2018) argues that the loss of financial resources is one contingency among the accumulated losses that serve as motivation for change.

Mothers who use drugs problematically may experience added financial hardships due to finding difficulty in securing funds to raise their children whilst at the same time trying to sustain their heroin use prompting some women to desist. In the Maltese context, mothers are generally deemed responsible for the welfare of children (Cassar, 2003). Such expectations of women in Maltese society further pressure women when they find themselves in financial difficulties, as apart from sustaining their substance use, they have the added burden of financing the upbringing of their children, particularly in situations when the male parent is either absent or also a substance user himself. The data presented below reveal how financial problems caused by heroin use were causing difficulties in providing for children under their care.

Ħafna stress. Saħansitra kienu qatgħuli d-dawl. Imbgħad kelli z-zgħar. Tewmin kelli jien…. Jiena ngħix ġo flat tal-gvern u għandi tlitt subien u tifla f'kamra waħda. U pruvajt biex dak, pruvajt. It-tfal miegħi kolla barra l-kbira hux...Ili 17 il' sena issa clean, so. Imma il-ħajja struggle speċjalment fejn nidħol jien, allura I have to fight it every day.

Lots of stress. They had even cut off my electricity. And then I had the little ones. I had twins…I live in a social housing flat, and I have three boys and a girl in one room. And I tried, I tried. All the children live with me, apart from the eldest daughter…I have been clean for seventeen years, so. But life is a struggle especially where I come in. So, I have to fight it every day. (Jean)

In the meantime, kelli t-tfal, kelli tifla u aktar u aktar ridt nieqaf għax ma ridtx li titrabba kif trabbejt jien. Ovvjament l-attenzjoni xorta kont ngħatihilha, xorta u l-imħabba u ngħallimha, imma xorta on the other hand I was a drug addict hux...Bħala finanzi kont veru ħazin jigifieri, u tipo ridt niddeċiedi jekk hux se nixtri l-ikel jien jew se nibqa nixtri s-sigaretti. Kelli għazla, kelli responsabilta' tad-dar, tiegħi innifsi u tat-tfal!

In the meantime, I had children, I had a daughter and so I wanted to stop more and more because I did not want her to be raised like me. Obviously, I still gave her the attention warranted, and I still gave her love, but still, on the other hand, I was an addict right…In terms of finances, I was in a really bad state, and I had to decide whether to buy food or cigarettes. I had a choice to make, for the household, for myself and the children! (Ella)

The desire to mother effectively and provide for their children contributed to an eventual consideration for change, which was more in line with their assigned roles as caregivers. Giordano et al., (2002) propose that the desire not to pass their hardships onto their offspring motivates women with SUD to desist. Furthermore, adopting the role of mother is a good motivational hook for women's journey towards desistance (Giordano et al, 2002).

The efforts to reduce the use of drugs through supply reduction efforts and criminalisation have endured since the early twentieth century. Indeed, it was between 1909 and 1923 that in the United States, the government started to take an active role in introducing laws that criminalized the non-medical use of narcotic substances (Institute of Medicine, 1992). Since that time the legal consequences of people who use drugs have been a topic for debate in international fora particularly due to the negative consequences that criminalisation of drug users has left on users, their families, and the community in general. On the occasion of the International Day Against Drug Abuse in June 2023, United Nations experts spoke up in favour of policies that promote support and replace the repressive stance of criminalising people who use drugs. In Malta, the drug law reform of 2015 through the 'Drug Dependence-Treatment, not Imprisonment Act (Chapter 537, of the Laws of Malta, 2015) emphasis was placed on providing treatment as an alternative to criminal sanctioning for people who use drugs, Stevens et al (2006) found that many people who use drugs see the diversion from the criminal justice system as an opportunity to receive treatment. Furthermore, the coercion to receive treatment as an alternative to criminal sanctioning, though perceived as an added pressure on the individual, did not necessarily affect the motivation of individuals to change. They suggest that quasi-coercive measures may serve as a nudge to individuals who otherwise would have been reluctant to enter treatment. Data for this study indicate that some participants had to deal with legal consequences that either took away their liberty through

incarceration or threatened to do so when they found themselves in trouble with authorities as a direct consequence of their problematic heroin use. For the participants, getting into trouble with the authorities, with some eventually facing prison was connected with their eventual contemplation to desist as they feared that persisting in their heroin careers would further threaten their liberty. The threat of punishment may serve as an instigator for change. However, it must also be said that imprisonment of people who use drugs may contribute to the further identification with a deviant identity. Diversion from the criminal justice system, that in some ways retains the threat of criminal sanctioning, whilst diverting people with problematic heroin use into treatment would better serve as a motivator for change. Since 2015, the 'Drug Dependence: Treatment not Imprionment Act' (Chapter 537 of the laws of Malta) was enacted with the very purpose to offer alternative sanctioning for people with substance use problems.

> Il-każijiet bdew jiżdieidu, ftaħt xi tlitt każijiet jiġifieri lejn l-aħħar u hekk jiġifieri kienet punt ukoll li għidt jiena ma nistax ikun ħa nibqa sejjer hekk għax inkella ħa ngħamel xi perjodu taż-żmien imsakkar iktar milli qiegħed bl-addiction.
>
> The cases started to pile up, I opened up three cases towards the end, and like that, I mean, there was a point when I said I could not continue going like this because otherwise I would have to spend some time locked up even more than with my addiction. (Chris)
>
> Ommi u missieri ċemplu l-pulizija meta raw li nsterqu dawn l-affarijiet. Ċemplu l-pulizija u meta mort id-dar kien hemm il-pulizija saqsewni xi mistoqsijiet. Ommi u missieri kienu qalulu diġa li it-tifel tagħhom jabbuża mid-droga u kont ili żmienijiet twal u kont diġa rrassenjat u kont qed nistenna l-ġurnata biex ngħid jieqaf kollox.

> My parents called the police when they saw that these things were stolen. They called the police and when I went home there were the police who asked me some questions. My parents had told him already that their son uses drugs and I had been a long time and I was already resigned and was waiting for the day to come when all would stop. (Peter)

> …u wassalni biex kelli każijiiet mal-pulizija minħabba serq, minħabba l-eroina. Kont spiċċajt probation ta' tlitt snin u b'hekk qiesni bil-fors ridt nidħol programm għax inkella meta nispiċċa tipo żmien qasir il-ħabs.

> …and it brought me to having court cases with the police because of theft, because of the heroin. I ended on probation for three years and that is why I was obliged to enter a program or else I would end up spending some time in prison. (Henna)

According to Gideon (2009), motivation to change is an important component for eventual desistance and such motivation is contingent on the individuals' accumulated adverse experiences with substance use that bring about the desire to desist. Imprisonment or the threat of coercive sanctioning may be among those accumulated losses, as is shown in the recollections of experiences of the participants cited above.

The data above show that the participants experienced a series of different losses along their heroin careers. The accumulated consequences of such losses may contribute to an eventual reconsideration of the consequences of heroin use and the contemplation of alternative lifestyles through desistance if hope for this possibility is present.

> Ġejt f'punt li bdejt nitlef l-affarijiet, tlift kważi kollox. Li bdejt nitlef, kelli it-tfal, il-mara tlifthom, kelli restaurant, kelli d-dar, tlifthom…tlift kollox!

> I came to a point where I started losing things, I lost almost everything. I started to lose, I had my children, my wife, I lost them, I had a restaurant, I had a home, I lost them. I lost everything! (Clive)

Individuals may experience several episodes of loss throughout their career, yet not give it much importance at different periods in their heroin career. In behavioural economics this is coined as hyperbolic discounting, where more importance is placed on the immediate rewards of an activity, discounting the future consequences (Chung & Herrnstein, 1967) However, as the losses accumulate, the preoccupation with the behaviour increases, and individuals may start feeling that they have reached their threshold of how much loss they can sustain (Harvey & Miller, 1998).

> Għax qiesu bħal f'kollox meta jibdew ġejjin l-affarijiet ħżiena, pereżempju jien naf tkun xi naqa…ma jkollokx flus biżżejjed jew ma jkunx hawn dope jien naf…tibda tgħid, aħjar clean…imma mbgħad fil-verita' ma jkunx hemm dik il-will.
>
> Because like everything else, when things start going wrong like I don't know; you are a bit…you don't have money or there is no dope available…you start saying, it's better to be clean…but then in reality the will is not present. (Kyle)

Clive also adds, "Imma qatt ma aċċettajtha miegħi innifsi għax diment li qiesni bqajt għaddej(…)pero ġejt punt li tlift kollox, sibt li ma kellix fejn indur żzjed." "But I never accepted it because as long as I kept going(…)but I came to a point where I lost everything, I found I had nowhere to turn to.

Bushway and Paternoster (2009) contend that as long as individuals perceive that their activities are reaping more benefits than losses, they will pursue their behaviour. Melioration theory is utilized to explain why choices are made that are based on reinforcers that make the choice plausible. This principle explains why increasing investment is placed on activities that

seem to reap better rewards (Hernstein & Prelec, 1991). The process of change is gradual and requires that individuals begin to doubt the rationality of their behaviour, acknowledge the harm accrued, and entertain hope for change.

The Subjectivity of Unmanageable Heroin Use

A main theoretical proposition emanating from the data is that the experience of losses leading to the eventual inability to manage continued drug use is closely connected to the ambivalence about continued drug use that brings about the consideration for desistance. Losses and unmanageability are differentially experienced, and the meanings attributed to them are subjectively reached. Some of the participants referred to this period of unmanageable use as hitting bottom. Among these, Carl said, “Jien nemmen li ta’ sittax ‘il sena kont diġa missejt il-qiegħ. Eh, ħajti kienet litteralment immaniggjabbli.” “I believe that at sixteen years I had already hit bottom. Eh, my life had become unmanageable.” This is also echoed in Rachel’s narrative, who said, “We call it the bottom. When you hit rock bottom, when I hit the bottom. It was very bad, it’s like psychologically and physically, mentally and all that stuff.”

The accumulation of losses brought participants to a crossroads giving up struggling altogether or deciding to move out of heroin use and desist. Kirouac & Witkiewitz (2017) posit that hitting bottom can be categorized into ‘low’ or ‘high’ bottom where ‘high bottom’ is associated with individuals who manage to maintain conventional activities, while people who hit ‘low bottom’ are those who experienced the deterioration of social bonds such as family ties, friends, work and detachment from their communities and became immersed in their addictive careers to a point where they feel that they have lost all they had to lose. Chen (2018) proposes that ‘hitting bottom’ is an important step in the trajectory toward desistance.

A cautionary tale

The belief that people who use drugs problematically need to 'hit bottom' before considering change has also been adopted by treatment providers as a benchmark for willingness to change. Indeed, in an interview, the director of Caritas Malta, one of the main service providers for substance use disorder in Malta, proposed that in light of new cannabis legislation in Malta that has provided for the dispensation and use of cannabis to become legal, "It has become increasingly difficult for dependent users to hit rock bottom, as legal consequences have been alleviated," (LovinMalta, May 16th, 2022). This would seem to suggest that by not hitting bottom, individuals with drug use disorder will find it difficult to find the motivation to stop, implying that for people to stop using drugs, losing everything is required. Self-help movements such as Alcoholics Anonymous and Narcotics Anonymous also adhere to the belief that to stop using, 'addicts' need to hit bottom. Kirouac et. al (2017) cite Alcoholics Anonymous's "Big Book" that most individuals who become addicted "have to be pretty badly mangled before they commence to solve their [alcohol] problems" (AA, 2001, p.43)". (Kirouac et .al, 2017, 0p.3). Indeed, for several years, drug policy had been driven by a model of repression of people who use drugs, supposedly to deter people from using drugs, and criminalize individuals who are caught using and putting them away, labelled as criminals. The assumption that repression is effective in deterring people from using drugs has implications for the human rights of people who use drugs. Such a position has for many years justified the labelling and marginalization of people who use illicit drugs. Indeed, such policies have contributed greatly to the hardships experienced by people who use drugs, particularly heroin. However, this position has been widely criticised due to the assumptions that it makes.

Obeji (2009) adds that if hitting bottom were indeed a necessary prerequisite for motivation to change behaviour, it would be assumed that individuals suffering from mental health problems, acute stigma, marginalisation, and severe adverse consequences should become motivated to change. He suggests that research has proved to the contrary, as such severe consequences have the effect of dampening the motivation to change and stifling the path to desistance. Indeed, the data presented in this chapter demonstrate that not all individuals have gone through such a process of reaching 'rock bottom' and that the term hitting bottom does not consider the different experiences of people who use heroin problematically at some point in their lives. Some participants were able to reverse a deteriorating career before actually reaching the proverbial 'bottom'.

> U hemm kienet l-ewwel daqqa. U kelli għazla f'ħajti. Għidt jien jew in-negozju jew inkellla jien se nkisser kollox. U hemm naħseb jien kienet waħda mill-affarijiet li qiesu ġibditli l-attenzjoni, għax ix-xogħol inħobbu.
>
> And that was the first blow. And I had a choice in life. I said I was either going to choose my business, or I am going to trash everything. And that is one of the things that drew my attention because I love my work. (Sander)

Rock bottom is experienced subjectively. The narrative of the 'misery threshold' proposed by William James in 1902, signifies the level of 'misery' that an individual feels s/he can endure. O'Connor (2014) reconceptualises misery to mean that 'partial loss' may symbolise a point in individuals' lives where they feel that change is warranted. She argues that the narrative of hitting bottom risks that individuals become reluctant to approach treatment services or attempt to quit due to believing that their behaviour is not yet severe enough to warrant a change. It cannot be assumed that individuals who find themselves hitting bottom, which is itself subjective, will eventually move toward change. Indeed, such is

not the case, as there are people who do hit such lows in life, yet continue to persist with their heroin career, some doing so until they perish.

Tired of the Lifestyle

In their narration of the pursuit of heroin careers, some participants cite fatigue and feeling mentally and physically tired of the routine that is entailed in keeping up with the lifestyle. The commitment to heroin careers, frequency of use, and the duration of the addictive career all contribute to this.

> Fil-verita' kont iddejjaqt fil-verita' jiġifieri. Jien nemmen li , kien żmien li xbajt, li vera ridt nipprova ngħamel xi ħaga biex wasalt għall-punt li nieqaf biex s'issa żammni clean. għax nemmen jekk tkun f'dak il-perjodu ta' honeymoon u għadek tibda naħseb tkun ftit aktar difficli biex toħrog minnha.
>
> In reality, I grew tired. I believe that there was a time when I became fed up, and I wanted to try and do something that brought me to the point of stopping so that up till now it has kept me clean. Because I believe that when you are in that honeymoon period and you have just started, it's more difficult to get out of it. (Chris)

Ella also added: "Fl-istess ħin bdejt nirranġa biex forsi nieħu post tal-housing u nkun nista nibda ħajja ġdida, għax kont xbajt u għajjejt hekk hux!" "At the same time, I started to plan so that maybe I might get social housing so that I could start a new life because I was fed up and I was tired like that eh."

Similarly, Joseph said, "U kien hemm ħafna mumenti li jien iddeċidejt li llum intemm hajti. Għax kont għijjejt hux, tibda tgħijja...Eżatt, tistrih biex imbgħad terġa toħrog u terġa tirranka qiesu minn fejn ħallejt." "And there were many moments when I had decided that I would end my life. Because I was tired, you start to grow tired.

Exactly, you rest a while, and then you go back out there and pick up where you left off."

Best et al (2008) in a study about desisting heroin users support the proposal that 'becoming tired of the lifestyle' compounded by the experiences of psychological distress were often mentioned as major motivators for change among the study cohort. These findings are supported by earlier studies by McIntosh and McKeganey (2000) that proposed that physical aging of the individuals together with the diminished interest in derived pleasure from substance use contributed to making the activity less appealing in the eyes of the individuals, resulting in a willingness to steer away from the behaviour. The willingness to change as a consequence of 'becoming tired' is elucidated in the experience of several participants who recall how the burdens of the lifestyle brought them to the point of becoming disenchanted with the negative consequences of problematic heroin use.

The Psychological Dimension of Loss: Spoilt Identity, Shame, and the Feared Self

Emotions such as shame, failure, and the fear of spiralling further down the path of committed heroin careers were all contributing factors toward the path to desistance and the participants' disillusion with their addict identity. Shame can be defined as an intensely distressing emotion or encounter characterised by the belief that one is inherently flawed, leading to a sense of unworthiness in terms of acceptance and belonging (Brown, 2008). Described as the "master emotion," shame holds a unique position as it plays a central role in affecting, cognitive, motivational, and behavioural aspects of human experiences (Turner & Schallert, 2001, p. 320). The Twin Normative Failure Model of Addiction (Flanagan, 2013) suggests that addiction involves shame associated with two dimensions of failure, the first being shame at the failure to control the impulses to engage in the addictive behaviour and shame at the failure to live up to the standards of a conventional drug-free life that the person

also aspires to achieve (Flanagan, 2013). There came a time in the career of participants when they reflected on how their 'self-represented identity', developed because of how they perceived themselves within their heroin careers, diverged from, and became inconsistent with their 'actual full identity' (Flanagan, 2013, p.2).

Shame manifests itself on both individual and relational levels. Intrapsychically, it presents a sense of personal flaw and the need to conceal this perceived imperfection. On a relational level, it is characterized as the exposure of a flawed self (Wiechelt, 2007, p.400). Lee et al. (2001) propose that these experiences contribute to the development of a primary type of shame. This suggests that individuals may gradually form self-schemas focused on dysfunctional beliefs associated with shame, such as feelings of weakness, unworthiness, and inferiority (Wiechelt, 2007; Jones, 2019). A consistent pattern, or schema, can emerge over time, dominating one's mode of thinking and influencing the way information from the external environment is filtered to align with the perception of a flawed self (Jones, 2019; Wiechelt, 2007; Lee et al., 2001; Brown, 2008). Shame is not an altogether destructive emotion – it is complex and can also lead to approaching others and not just to withdraw. Cibich et al (2016) propose that from a functionalist perspective, shame can lead to positive outcomes like instigating a willingness to change and the pro-social steps that people take to improve themselves in the eyes of others.

> Għax mhux billi jgħidu jien ma ngħatix każ, x'ħin inkun waħdi, imbgħad tara kemm tgħati każ il-kliem li jkun qed jgħidlek ħadd ieħor. Li jweġgħek u ma jkollokx fejn iddur. Jien naħseb li dak imbgħad li ġiegħluni, nieqaf l-iktar.
>
> Because unlike what they say I did not care when I used to be alone, then I would take notice of other people's words. They hurt and you have no one to turn to. I think those are the things that made me stop. (Steve)

> U li darba sibt lil missieri fuq bank fhimt, qiesu b'rasu l'isfel u qed narah jibki fhimt…issa missieri qatt ma rajtu jibki u biex rajtu jibki dakinhar qiesha kienet it-turning point li nipprova… ngħamel xi ħaga fhimt.
>
> And once I saw my dad on a bench, crying, his head hung low, and I saw him crying…and I had never seen him cry and that day it was like my turning point to try… and do something you know. (Chris)

The data above indicate that the shame felt at having come short of people's expectations of them, and their desire to reconcile with family and the community, nudged participants toward desiring to change.

Paternoster & Bushway (2009), describe the feared possible self as a vessel that may instigate change as individuals realize that they are heading toward a future that they do not want for themselves. However, fear may also be an obstacle if the individual deems the consequences as inevitable and insurmountable. The idea of the Possible Self represents individuals' thoughts about what they may eventually become, how they would like themselves to become, and the fear of what they might become (Markus & Nurius, 1986). The fear of an eventually worse fate was an important contingency for the 'first step' toward change for several participants of this study However, to push forward these initial steps, individuals needed to have the ability to visualise new 'desired selves' that were more conducive to a pro-social identity. In addition, they also had to feel, or perhaps be supported towards feeling, that such aspirations were possible. In the absence of such hope, the inverse may happen as the individual's despair in the face of hopelessness contributes towards increased commitment to heroin careers. Individuals must believe that change is possible, not just desirable. Data for this research indicates that the feared self played an important role in the participants' decision to desist from their heroin careers.

> …ommi u missieri ovvjament they were bound to find out, għidt jew immut, jew il-ħabs. Missieri u ommi jitfgħuni il' barra u mmut kważi kienet l-istess ħaġa. Jew immur il-ħabs, jew inkella forsi b'ġentilezza nitkellmuha għall-programm. Jigifieri kont naf fejn jien sejjer.
>
> …my parents were bound to find out, I said I will either die or go to jail. My parents kicking me out or me dying felt almost like the same thing. Or I go to prison, or else maybe we talk calmly about going into a program. So, I knew where I was going. (Peter)
>
> U darba minnom kont ħassejtha. Miet ħabib tiegħi li dejjem għamilniha flimkien u qiesu xi ħadd daħalli go moħħi, għidt jien ma rridx jikbru t-tfal tiegħi u jgħidu missieri miet overdose. U dik qiesha stampajtha go moħħi fhimt. Minn hemm bdejt ngħamel kuraġġ.
>
> And one time I felt it. A friend of mine with whom I always spent time died, and something came to my mind, I said I don't want my kids to grow up and have to say 'My father died of an overdose'. And that became ingrained in my head. From there on I found the courage to act. (Joseph)

Adrian also said. "U, kont qed nibża. Sħabi, min dieħel il-ħabs, min dieħel Mount Carmel." "And I was afraid. All my friends were either going to prison or others in Mount Carmel (Mental Health Hospital)." Fear of further spiralling down the heroin career path, ending up in prison, dying, becoming a mental patient, or being abandoned by loved ones motivated them to contemplate taking back control of their well-being.

The accumulation of negative consequences experienced leads to a longing to restore that which is lost, or at least halt further losses (Fotopoulou, 2014). Eventual dissatisfaction with the drug-using identity led participants to want to distance themselves from heroin

careers. Equally important was their understanding that social relations had become strained due to their use and the consequent negative self-image (Fotopoulou, 2014). This negative portrayal of oneself brought about the desire to change direction and recoup their lost identities.

Reckoning moments

The lived experience of accumulated loss was commonly followed by a singular significant event that was identified by the participants as a turning point at which contemplation of desistance became a decision to desist. I call these instances reckoning moments. These reckoning moments were different for each participant. Some experienced incidents of trouble with the authorities, others were suddenly abandoned by their families or ended up homeless, and others had discovered severe health problems or started having suicidal ideations. For some others, it was the realisation that people around them were moving ahead with their lives, while they were feeling stuck and felt they needed an abrupt change. Some mentioned the threat of losing their children and the realisation that they wanted to be better parents as a turning point that instigated change. The experiences of these different events were significant enough to serve as a wake-up call to action.

For some, it was a brush with the authorities.

> Ċemplu l-pulizija u meta mort id-dar kien hemm il-pulizija saqsewni xi mistoqsijiet…Wasalt f'sitwazzjoni li krejajt jiena stess. Ħadt ir-responsabbilta' tagħha u meta bdejt nassumi r-responsabbiltajiet tista verament timxi il' quddiem…Ommi u missieri, speċjalment ommi, ma riditnix il-ħabs, kont qiegħed il-forensic u għidtilhom meta l-avukat kien qal lil ħija għall-bail għidltu le, għidtlu ma rridx bail.

> They called the police and when I went home there were the police who asked me some questions…I had come to a situation that I created myself. I took responsibility for it and when I started assuming responsibility, I could move forward…My parents did not want me in prison, I was at the forensic section, (Mount Carmel Hospital) and I told them, when the lawyer told my brother about bail, I said no! I told him I did not want bail. (Peter)

Abandonment from loved ones in romantic relationships or family was also cited as a significant turning point event that instigated action.

> Darba minnhom mort id-dar u ma sibt xejn, la il-mara u anqas it-tfal. Telqu l'hemm! Ħadtha for granted kont li bħal ma dejjem ġraw ġranet qabel…u ma reġgħux! Erġajt dħalt programm

> One day I went home, and I found nothing, not my wife nor my kids. They left! I took it for granted that they would come back as they had done on other occasions. But they did not! I entered the program again. (Joseph)

> U niftakar missieri kien qabadni fil-fatt. U ħares lejja u qalli 'isma, jien għamilt dak kollu li stajt miegħek, qalli għamel inti. Qalli jien qtajt qalbi.' U dik kienet tipo ta' qanpiena go moħħi li tipo qiesha, diġa qed nispiċċa waħdi.

> And I remember my dad had caught me in the act. And he looked at me and said 'Listen, I did all that I could with you', he told me 'It's up to you now'. And that was like a wake-up bell in my mind that sort of, I was already ending up alone. (Carl)

For some, the shock at seeing their friends making their way in life while they felt stuck, motivated them to take back control of their life's direction.

> Kont waħdi u ltqajt ma sħabi li kont ili ma nara żmien twil għax ovvjament sħabi bdew jiskartawni…tibda tħares lejhom u tara li int…huma kibru f'mod u inti mhux bqajt fejn kont imma mort vera lura!!! U dak kien il-punt li ddeċidejt ma nibqax nieħu iktar.
>
> I was alone, and I met my friends, whom I had not seen for a very long time because obviously, they started to avoid me…you start looking at them and you see that you…they matured in a way, and you not just remained stuck but regressed!!! And that was the point when I decided to stop using drugs. (Joan)

Receiving sudden news of an illness was also reported as a turning point moment for some.

> U mort jien id-detox u hekk u kif dħalt qalli għandna problema. Qalli għandek il-HepC. U ixxukkjani! Kif qalli għandek il-HepC ovvja, mhux oġġett sabiħ. U hemm kien it-time line li bidilli ħajti fuq id-droga. Ixxukkjajt ruħi niftakar, hekk ħassejtha ħafna…u għidt jien se nieqaf ma rridx ngħamel ħsara aktar.
>
> And I went to detox and as soon as I went in he told me 'We have a problem'. He told me 'You have Hepatitis C. And he shocked me. As soon as he told me I had hep C, not a nice thing. And that was the timeline that changed my life about drugs. I remember I was shocked; I felt it...and I said I am going to stop, I don't want to cause further harm. (Sander)

For others, particularly women who were parents, the fear of losing a child suddenly struck them toward wanting to change.

> Saħti donnha bdiet tmur lura...iddeċidejt li mhux ħajja, hemm it-tifla għandha bzonni, kienet għadha żgħira, and I had to stop hux!!! U waqaft... It-tfal u d-drogi ma jmorrrux flimkien. Fil-fatt bil-kontra għax taf int, huma importanti. Li kieku ma waqaftx, jew kienu se jieħduili t-tifla, hux hekk. So I had to stop!
>
> My health started to deteriorate…I decided it was not a life, there was my daughter who needed me, she was still young, and I had to stop eh!!! And I stopped…My daughter and drugs don't mix. In fact, it's the opposite because you know, they are what is important. If I had not stopped, they would have either taken her away from me, right? So, I had to stop! (Jean)

Some participants cited the contemplation of suicide as a turning point that drove them to stop. Having contemplated such drastic measures served as a reckoning moment that altered their trajectory. For some participants, contemplating suicide represented a choice between life and death, a reckoning moment. Joseph said, "U kien hemm ħafna mumenti li jien iddeċidejt li llum intemm ħajti. Għax kont għijjejt hux, tibda tgħijja." "And there were many moments when I decided that today I would end my life. Because I was tired eh, you start becoming tired."

> Eħe naħseb il-perspettiva tiegħi tal-ħajja nbidlet. Anki li wasalt fejn spjegajt l-ewwel li qiesu li għidt, ħa ngħamel suwiċidju jew le, dik ma stajtx naċċettha li wasalt daqsekk fil-qiegħ! Qiesu biex wasalt li ngħazel bejn ħajja jew mewt, I said daqshekk!!!

> Yes, I think my perspective on life changed. Even the fact that as I explained earlier that I said I contemplated whether to commit suicide or not. I could not accept, that I had hit such a bottom! I had come to a point of choosing between life and death, I said enough!!! (Martha)
>
> Darba kont qiegħdha d-dar fuq il-bejt u għidt tghid naqbeż ghal isfel? Kien hemm xi ħaga li ġejt suicidal, fis-sens li għidt jew se ngħix jew ħa mmut…qiesu dik kienet, bdejt ngħid imma kif wasalt għal dan l-istat?? U ngħid tgħid ngħamel suwiċidju!? Qiesni ma ridtx naccettha li wasalt fi stat hekk ħazin. Għax litterlament bdejt nuża just qiesu biex inneħħi l-uġiegħ. U l-falliment li kelli għax ara kemm il darba pruvajt nieqaf u ma stajtx, mbgħad dħalt l-… (Residential program).
>
> One time I was home on the roof, and I thought about jumping. There was a trigger that made me suicidal, in the sense that I said I was either going to live or die. It is like that was it, I started asking myself how I ended up in that state!! And I said to myself 'Shall I end my life? It is like I did not want to accept that I was in such a bad state. Because I was using just to take away the pain. And the failure that I felt, look how many times I had tried to stop, and I could not…then I went to … (Residential Program). (Martha)

The consideration of suicide could be interpreted as the most extreme feeling of hopelessness and wishing to meet one's end. The crossroad encountered at such low points in the career of these individuals is a choice between an actual 'death' through suicide, or a 'virtual death' that symbolises the end of a career, and the pursuit of a new identity through symbolically killing off the 'addicted' self (Bridges, 2002; Schlossberg et al, 1995; Bailey-Taylor, 2002).

> Mela din ħajti, dak naf! Tibda tgħid ma rridx. jekk inhi din ħajti fhimt ħa ntemmha. Biex ittemmha, trid tieqaf hux issa. L-istess. Kien hemm mewt hux. I mean il-mewt ta' dan…dak il-Peter miet. Miet hemmekk. Issa ntilef dak l-identita' Peter dak li kellha marbuta magħha bil-pride b'kollox spiċċat. Għax ovvjament, tara liliek innifsek il-habs tghid kemm kont nghid li m'hinix junkie issa qiegħed ġo ċella ma 9 minnhom. Telqet il-pride ukoll. Post fejn ngħix ma kellix. Jiġifieri miet. Imma Alla riedni li ngħaddi minn dik it-tip ta' mewt. Mewt ta' identification speci ta. Twieldet oħra.
>
> So, this is my life, this is what I know! You start saying I don't want it. If this is my life I will end it, do you understand? To end it, you have to stop now, right? There was a death. I mean the death of this, that 'Peter' died! He died there. Now that identity of Peter, that which had pride tied to it all ended. Because obviously, you see yourself in prison and you tell yourself how many times I said I was not a 'junkie' and now I am in a cell with nine of them. The pride was gone as well. I had nowhere to live. So, he died. But God willed that I would go through that kind of 'death'. The death of an identity sort of. And the birth of a new one. (Peter)

The participants' contemplation of suicide may be described as thoughts that came about in dark moments of desperation. However, these thoughts were also accompanied by moments of clarity about the hope for an alternative way forward; desistance from heroin use.

Ending up homeless was also cited as a turning point event that triggered the motivation to desist. One such experience was lived by Clive, who stated, "Litteralment sa minn meta keċċieni 'l barra missieri, ma kellix fejn ngħix u spiċċajt homeless, u filli kelli dawk l-affarijiet kolla u spiċċajt b'xejn hux!" "Literally from the time my father kicked me

out, I had no place to live, I ended up homeless, and from having everything I ended up with nothing."

Conclusion

This first analytic chapter locates the developing theory on desistance from heroin careers within an understanding of commitment to heroin careers and the experience of unmanageable use as a starting point, to understand how committed heroin users in Malta move towards change. I discuss at length the process that heroin users experience to reach the first stage of pre-desistance. The analysis shows how commitment to heroin careers results in an accumulation of losses over time. The concept of loss is presented as a key explanatory factor in the ambivalence experienced toward continued heroin use and the contemplation of desistance.

Loss was subjectively experienced by the participants in this study. Loss of health, loss of valued relationships, and loss of trust from family members and the community caused isolation and shame that culminated in a desire to recover lost relationships. Financial loss was also experienced by several participants as they struggled to keep up with their problematic use. Loss of liberty or the threat of such loss was also an important contingency for contemplation of change as participants shared how the fear of further legal issues would continue to threaten their livelihood and liberty.

Losses eventually contribute to nudging committed heroin users towards desistance (Murayama et al., 2023). The data indicates that the 'feared self' (Paternoster & Bushway, 2009) may catalyse to change course. So rather than hitting bottom per se, participants acted upon their understanding of what they could foresee as their eventual fate in the absence of change. Reckoning moments then acted as a catalyst for change.

The ‘reckoning moments’ are pivotal points in the lives of individuals involved in heroin careers that are triggered by significant events that move them toward decision-making. Committed heroin users come to a ‘crossroads’ as they are confronted with a dilemma of how to navigate their heroin career in the face of accumulated losses. Some may succumb to feelings of failure and shame, leading to despair and acceptance of their current predicament. Conversely, others, like those observed in this study, view the situation as a wake-up call, motivating them to confront the challenge and address their heroin use. The presence of hope is crucial for achieving desistance, while the absence of hope may contribute to a continued descent into heroin dependence, especially when alternative options seem unachievable. Individuals need to perceive a better future as attainable for them to strive for positive change.

This first analytic chapter paves the way for a discussion in chapter six in which I explore the transition from contemplation to the second stage of ‘ambivalent desistance’ when heroin users start taking action toward change, the third stage of ‘embracing desistance’, characterized by desisting heroin users’ identification with a non-user identity, and finally, the fourth stage of ‘belonging’, when they feel truly inserted as full members of their communities.

Chapter Six: Moving away: Initial and Sustained Desistance

Introduction

Desistance from heroin careers is being conceptualised as a process entailing several stages. I propose that committed heroin users in Malta undergo four distinct stages in the process of action toward desistance, which include a pre-desistance stage (already engaged with in the previous chapter), a second initial ambivalent stage, a third 'embracing desistance 'stage, and a fourth stage of belonging'.

In the first analytic chapter, I theorized how research participants navigated through the initial pre-desistance stage where they started contemplating desistance. I proposed that during their time of commitment to heroin careers, they suffer a series of losses, compounded by an impactful reckoning moment that pave the way their decision to want to quit heroin. During this time, former heroin users develop an awareness of the need to make changes in their lives, and halt, or reverse the losses suffered. The desire to change, supported by the hope that an alternative path is indeed possible, drives the first stage of desistance.

In this chapter, I explore the rest of the stages. The second stage of 'initial ambivalent desistance' is characterized by-recognition by the actor of the uncertainties and obstacles that accompany the transition into life without heroin use. This stage, though at times turbulent, is the foundation for finding motivators that further consolidate sustained desistance (Nugent & Schinkle, 2016). I also theorize on the third stage of 'embracing desistance', at which point heroin users start identifying themselves with a non-using self. The fourth 'belonging stage' marks the assumption of new roles, the reinsertion of former heroin users into the community, and the attainment of sustained desistance from heroin careers. I explore, the significant events taking place, the methods used to stop using, and the obstacles and support networks encountered in eventually maintaining sustained desistance. As obstacles become less

significant, the individuals experience and develop alternative lifestyles, which are accompanied by the assumption of a new identity that is incompatible with heroin use. The assumption of new roles and the validation that former heroin users receive for their efforts to desist also support the process of identity change.

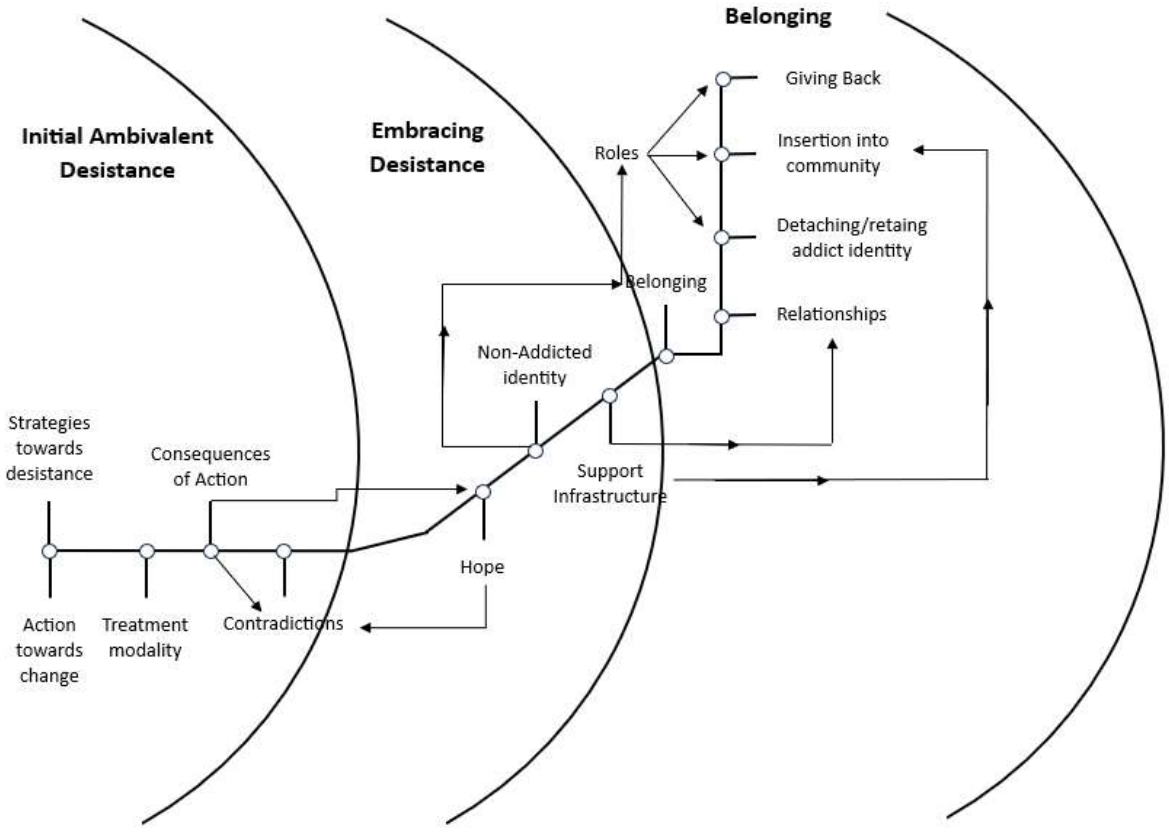
This developing explanatory framework is supported by Williams's (1999), transition framework which highlights the need for individuals to be aware of the transition process. This is particularly the case when they face 'major changes' (p. 613). The engagement with socially acceptable roles presents a period of discovery for former heroin users, who at this stage of embracing desistance are embarked on a journey of self-re/discovery that gradually replaces the participation in deviant roles and the deviant 'addict' identity with a normative identity that complies with normative societal expectations. As the engagement in new activities progresses, heroin use becomes a less desirable option as its benefits are outweighed by the benefits of the 'non-addict' lifestyle.

Identity again features as an important explanatory construct. I discuss how different addiction paradigms, treatment modalities, and significant turning points in their lives contribute to the participants' understanding of themselves as former heroin users. While for some, stepping away from a heroin career symbolizes starting over from a clean slate and forgoing their former selves, for some the transition is more akin to a modified self that includes a new lifestyle while grounding themselves in an identity of 'recovering addicts' rather than walking away from the 'addict' self-positioning entirely. The individuals' engagement or lack of, with drug treatment services plays an important role in the identity that individuals adopt following their decision to desist. The influence of the professionals working closely with the individual and interacting with fellow desisting peers is also an important contingency within the journey of discovering and adopting a new identity. This new self can symbolize a rediscovery of a former self, an adaptation of the current self, or the

forgoing of a former self in favour of an entirely new identity. The contingencies that individuals experience affect the trajectory that desistance takes and coax how people move on.

The diagram below provides a visual representation of the emerging theory on the process of desistance of heroin users in the Maltese context. Desistance, from the second stage of desistance to the fourth stage of desistance.

Figure 4 *The process from the initial ambivalent stage to belonging*



This chapter explores closely a number of categories, themes, and subthemes that emerged from the interview data coding process. The first categories explored in this chapter are ‘Action Toward Change’ when the second stage of ambivalent desistance takes place. I then move on to theorize on the second main category for this chapter, which presents the third stage of ‘Embracing Desistance’. Finally, I discuss the findings related to the fourth

stage of desistance, presented in the table as ‘Belonging’. The main category of ‘Identity’ is interwoven within the entire text as the overarching main category.

The main categories that emerged from the data analysis process, together with the table of categories, subcategories, themes, and subthemes are presented below:

Table 4 *Table of categories*

Action toward change- Initial ambivalent desistance stage

Action towards change	Strategies towards desistance (how)	Desistance with Professional Support	· Medical Intervention · Self-Help Groups
		Family support	
		Desistance without professional intervention	· Self-change · Community · Past treatment experiences
		Residential treatment	
	Treatment Modality	Community Teams	
		Ambivalence	· Identity Conflict · Hope
	Consequences of action	Resistance/Denial	
		Fear of failure	
		Boredom	
		Loneliness	
		Slipping/lapses	
		Recovering Health	
		Commitment to treatment	Belonging in service Hope Establishing relations with support persons
			Utilizing the program tools
		Commitment to change	Identity Taking Responsibility

Embracing desistance stage- discovering alternatives

Embracing Desistance	Identity	Gradual Re-entry	· Establishing a non-user identity
	Strategies	establishing support network	· Peers · Family · Community
		Identifying with non-using self	· Finding new meaning · Regaining control
		Aftercare Services	· Level of continued engagement with treatment services · Role of self-help groups
		Finding and retaining stable employment/income	· Financial independence · Continued low-income hardships
		secure housing	· Gender · Belonging · Security · Hope
		Spirituality/religiosity	· Values
		Relationships	· Reconciliation with family · Caring for children · Friendships · New relationships · Spouse support
			· Community involvement
		Independence	· Financial stability · Self-efficacy · Regained employability

		Temporal Dimension	· Time Lapsed before attaining sustained desistance

Belonging Stage - Moving on.

Belonging-moving on	Context	Involvement with treatment	· Continued receipt of support · Detachment from services · Agency
	Strategies	Giving back	· Commitment to a new identity · Self-help organizations · Becoming a role model
		Involvement in Community	
		Gender	· Gender roles · Societal expectations · Parenthood · Relationships
		Keeping the past in perspective vs detaching from the past	· Always an Addict vs Moving on
		Social integration	· Belonging · Fulfilment · Scope in new/re-established identity

Identity

Core category: IDENTITY	Consequences of heroin careers	Accumulated Loss	· Loneliness
			· Labelling/stigma
			· Estrangement from family
			· Loss of employment
			· Income
			· Involvement in crime
			· Shame/guilt
			· Resentment
	Addict Identity	Detachment	· Absence of belonging
			· Hopelessness vs hope
	Desistance Identity	Recovering loss	· Recovering Health
			· Re-establishing relations with family and community
			· Trust
			· Financial stability
			· Relations with children
		Commitment to change	
		Wanting to belong	
		Commitment to desistance	· Commitment to lifelong addict identity vs new identity of non-user
	Non-addict identity	Owning the change	· Hope
			· Recovered personal values
			· Belonging

Stage Two - Initial Ambivalent Desistance - Building blocks towards desistance

This section explores the trajectories adopted by participants in moving from the pre-desistance stage of contemplation to desist, discussed in Chapter five, to the initial ambivalent desistance stage. I first discuss the support networks that sustained participants in their journey toward stopping heroin, as well as a discussion on the different treatment modalities and desistance strategies utilized by the participants. The developing theory sheds light on the participants' initial desistance stage and the contradictions faced in reconciling with a prospective future without the use of heroin. Data will show that participants went through a phase of uncertainty. On the one hand, they experienced apprehension at leaving behind a lifestyle that they had become familiar with and a fear of what they may expect from a drug-free life. On the other hand, they experienced hope that adopting a drug free lifestyle would open up new opportunities for them to re-insert themselves within their communities.

Strategies toward desistance

Participants adopted a number of strategies in their journey toward desistance. Accessing support networks assisted their decision to stop using heroin. Some participants could rely on the support of their families, whilst others had to seek help from local drug treatment agencies. The involvement of friends, fellow desisting peers, and the community was also an important source of support. In the SAMHSA Working Definition of Recovery (2012) it is proposed that the support of family, peers and the community is instrumental in the path to desistance when such networks provide 'hope, support and encouragement' (p. 6) to the individual.

The role of family in initial desistance

The data point towards the critical role of family members in the initial stage of quitting drugs with family members nudging heroin users toward change. For instance, Adrian said, “U wara ħafna naħsibha…u tkellimt. L-ewwel ma tal-familja(…)Imma mbgħad waqt li kont qed ngħamel il-programm għinitni ħafna anki l-familja għinitni ħafna ħafna.” “And after lots of deliberation, I spoke…first to my family…But while I was doing the program they helped me a lot, the family helped me a real lot.”

> U mbgħad kienet għamlet il-kuntatt ma ħija mingħajr ma jien kont naf jiġifieri u qaltlu ‘ħuk qiegħed at the end’ qaltlu ‘x’se ngħamlu?’ U niftakar ġew għalija l-gabbana t-tnejn li huma, daħħluni fil-karozza u ħaduni nitkellmu. U ħija qalli għamilli pjaċir, qalli ipprova ġewwa.
>
> And then she (the professional support worker) contacted my brother without my knowing, and she told him ‘Your brother is at the end! What are we going to do?’ I remember they both came to pick me up at the kiosk, put me in a car, and took me to talk. And my brother told me ‘Do me a favour, try from inside’ (treatment program) (Dave).
>
> I didn't know that he was in a twelve-step program himself (brother). And he started telling me about NA, and would I go to rehab. And I didn't know what rehab was but he told me that there were people who used heroin the way I did and that who had managed to find a way out. (Rachel)

Data also indicate that for some individuals there was a readiness from their families to get involved in the process of desistance, once they saw that there was an engagement in treatment. Relationships that were damaged during active engagement with heroin careers, started to be reconciled once an effort to change was signalled by the individual.

> Il-famija kienet waħda kruċjali għalija! Li baqgħet hemm tissapportjani sal-aħħar! Il-mara reġgħet ġiet, reġgħu ġew it-tfal, ħeq ifhimni mbgħad għamluli ħafna kuraġġ. U forsi kienet waħda mill-iktar faċli għalija. It-tfal reġgħu ġew. Il-mara reġgħet ġiet, ommi u missieri ma qatgħu qalbhom qatt, jiġifieri.
>
> The family was a crucial one for me! They stayed there supporting me until the end! My wife came back, the children came back, you know, and then they encouraged me a lot. And perhaps it was one of the easiest things for me. My wife returned, and my parents never gave up really. (Joseph)

Sander adds, “Pero’ meta ratni (wife) li vera irrid nieqaf, u vera irrid nieħu, u nibni il-business u nieħu ħsieb in-negozju, hemm tatni l-full support jiġifieri.” “But when she saw (wife) that I wanted to stop, and I want to take...and build and take care of the business, there she gave me her full support. She would come and help me. Similarly, John also said, “Kont diġa ftit xhur qabel, mort jien waħdi, imma naħseb trid naqra guidance mid-dar.” “I had already some months before, gone on my own, but I think you need some guidance from family.”

In the local context, data from the National Report on the Drug Situation in Malta, (2022) show that 68% of people entering treatment in 2021 were either self-referred or referred to services by family or friends. These data indicate the continued involvement of family members in the lives of people who use drugs in Malta. Many individuals in treatment in Malta report that they still live with their families of origin (34% in 2021). During the initial stage of desistance, heroin users may still lack confidence and conviction in their resolution to desist. In these circumstances, the support received from the family of origin plays an important role (Abela, 2010, Visanich, 2012). Dini Farhana et al. (2012) found that the acceptance, support, guidance, and commitment of families to help, fostered the transition

from active use to initial desistance. The hope of the family is also a crucial element in the support provided. Best (2019) proposes that sustaining family relationships provide a valuable source of social capital in individuals' transitions to desistance. He cites a project with prisoners in the UK that utilizes connections to families of origin to build social networks for individuals coming out of prison. Best posits that desistance from substance use is a long process that benefits from the continuous support of significant others, including family members.

The family may however be a hindrance to the process of desistance. Family members may not be familiar with how best to react to heroin use. Stigmatic or non-reintegrative shaming (Maruna 2006; Braithwaite, 1989) where reactions of family members include exclusion of the individual from family life such as disowning the individual may result in further shame and isolation from the respective families. However, the 'temporary' exclusion and the hard stance taken by family members may at times, as seems to be the case for some participants in this study, serve as a 'reckoning moment' that instigates action to desist. Indeed, in such circumstances, the individual comes in touch with the consequences of their actions. The knowledge that the consequences suffered are a direct result of their behaviour at the time may bring about 'hope' that in the absence of such behaviour, reconciliation, and redemption is possible. However, for such hope to be felt, the individual should also be cognisant that the rejection is temporary and reversible if the drug use is halted. Maruna (2006) coins this as reintegrative shaming.

The data indicate that, in the absence of family support, intervention from treatment professionals took on increased significance in this stage of initial desistance.

Professional intervention

An ongoing debate remains as to whether desistance from drug use disorder always necessitates treatment intervention or if problematic heroin users can manage desistance on their own. Evidence shows that people who opt to desist without treatment have similar rates of success as others who desist with assistance through professional treatment (Klingemann et al., 2001). However, people who choose not to access treatment often have other sources of support, such as family and friends, or within the community (Maruna & Immarigeon, 2004).

Most participants in this research cited receiving professional intervention. The service received varied across participants and ranged from residential treatment within therapeutic communities, treatment in the community through non-residential interventions, and medical interventions in the form of opioid agonist treatment. While an examination of the effectiveness of different treatment modalities goes beyond the scope of this project, it is important to map how desistance from heroin careers is achieved both with and without professional intervention in my sample.

Heroin users' understanding of 'addiction' is also affected by the prevailing public perception (Lewis, 2015) that people who develop drug use disorder require professional intervention to attain desistance. According to Foucault (1975), the construction of truth determines what is considered to be 'normal' within society. He asserts that established institutions within communities have the power and social authority to make decisions on what can be deemed conventional behaviour and have a strong influence on how the rest of society is expected to behave. One of the participants, Carl asserted, "L-unika option hija li tidħol programm. Tibdel l-istruttura ta' ħajjtek, tiltaqa' ma nies li jifhmuk, tiltaqa' ma nies forsi professsjonali li jistgħu jgħinuk." "The only option is to enter a program. You change the structure of your life, you meet people like you that understand you, you meet people. Maybe professionals who can help you.

> Kont għadni żgħir…jien għalija tawni, jien naf, bagalja (metaphor for therapeutic tools to desist)..għalkemm irrilepsjajt, imma xorta, still l-affarijiet li tgħallimt minn hemm, il-basics tal-ħajja…kulħadd irid, anki jekk ma tużax droga…kull persuna għandu bzonn dik in-naqra push.
>
> I was still young…for me, they gave me a suitcase, (a metaphor for therapeutic tools to desist) although I relapsed, still, the things I learned from there, the basics of life…everybody needs, even if you don't use drugs, every person needs that little bit of push. (Sander)
>
> Imbgħad hemm iktar ikkonferamjt li ma din m'għandix ċans fhimt, mal-eroina jien. Jiġifieri il-ħin kollu rebħitli. Kull ħin li nuzaha qiesha qed tirbaħli u tgħaffiġni il-ħin kollu, qiesni jien qed niġġieled ma ljun m'għandi ċans qatt. X'ħin imbgħad baxxejtilha rasi u ġietni opportunita' li għamilt detoxification ix-shelter u ġietni opportunita' nidħol (Residential Program) bhala programm u qiesni ħadt dak iċ-ċans fhimt.
>
> Then I confirmed even more that I did not stand a chance; you understand? With heroin. I mean it always defeated me. Every time I use it, it defeats me and squashes me every time, it's like fighting a lion and I don't stand a chance. When then I bowed my head and an opportunity came to undergo detoxification at the shelter, and I got the opportunity to go into (Residential Program) as treatment, and I sort of took the chance. (Chris)

The data above indicate the importance placed on professional intervention among participants of this study. The conviction of not being able to get through desistance alone, drove most participants to seek professional help.

Treatment Modality

Several participants recalled that they had used a number of treatment services available in Malta. Residential treatment in a therapeutic community (TC) was an essential part of the journey for twelve participants. Four of the participants entering a TC also chose to attend self-help groups following the completion of residential treatment, while one other left the TC and joined an evening non-residential program. Two participants cited self-help groups as their only source of treatment throughout their transition. Four other participants received non-residential treatment through counselling or an evening program, of whom one participant joined a self-help group. Though most participants cited being treated through opioid agonist treatment (OAT) at some point in their career, two participants claimed that such service was their main route of treatment as they were administered long-term OAT maintenance Two participants claimed that they had not received any professional treatment.

Opioid agonist treatment

Opioid agonist treatment (OAT) is also an important first step to initial desistance. Most participants had, at some point in their careers, undergone a period of receiving opioid agonist treatment (OAT). In Malta, the dispensation of methadone is offered free of charge by the State and is easily accessible through the Substance Misuse Outpatient Unit (SMOPU). The small size of the Island makes access to the SMOPU very easy to access. Other treatments like suboxone are available for purchase if prescribed by a medical doctor. A small number of participants cited remaining on methadone or suboxone maintenance as their main form of treatment, long after they decided to stop heroin. The data presented below indicate that OAT was an important treatment option for initial and also sustained desistance (McDonnell and VanHout, 2011). John said, “Qed nieħu methadone... imma huwa maintenance. Għall-ewwel kont immur bħal kulħadd ftit xhur għalih, u llum neħodha għad-

dar." "I am taking methadone...but it is maintenance. At first, for a few months I used to go to take it, but today I take it at my home." Additionally, Sander said, "Dr. (name) qalibni fuq is-suboxone, konna wasalna l-aħħar ftit tal-methadone niftakar(...)Sfortunatament dawn is-suboxone għadni nuzhom sal-llum. Mhux għax għandi xi addiction! Nixtieq naqtagħhom ħafna ħafna ħafna! Pero' għandi biża!" "Dr. (name) put me on suboxone, we had come to the end of my methadone dose(...)Unfortunately, I still take suboxone to this day. Not because I am addicted! I wish to stop them very much! But I am afraid!"

The reluctance to stop OAT may be caused by fear. This may have been a result of becoming accustomed to receiving such treatment for several years. In a study by Nehlin et al (2022), it was found that some patients manifested reluctance to stop treatment for fear of what would happen without receiving OAT. However, the contact with the treatment facility's professionals was also a key component in the success of these participants to desist. The social and psychological support offered within a service is an important addition to the medical services provided (Nehlin et al, 2022). This is corroborated by Sander who said, "Dr. (name) kien kruċjali li għinni, fhemni u tani s-sapport, jiġifieri, qalli, konoxxenza kbira u naprezza hafna." "Dr. (name) was crucial in helping me, teaching me, he gave me support, I mean, he gave me great knowledge and I appreciate it a lot."

Residential Treatment (Therapeutic Communities)

NIDA (2019) defines therapeutic communities as highly structured residential treatment programmes that have a duration of between six and twelve months. The TC is based on the principle of community, in which each member, including professional helpers and residents, act as agents for change by facilitating the residents' desistance process (NIDA, 2019).

The first TCs were the Synanon project, developed by Charles Deidrich, in 1958. Deidrich had been in AA himself in the past, and the development of the TC model was in reaction to AA's notion that individuals' own stories should not be challenged (Yates, 2011), believing that their client group, consisting mainly of heroin users, often needed to be directed through rigorous structure. In Malta, TCs take a similar approach as they adhere to a directive, drug-free approach that is based on the rigorous organization of the residents' daily routine. Whilst at the program, the individual is supported in coming in touch with him/herself in a safe space that is free from drugs and based on mutual support among fellow residents. TCs in Malta have enjoyed much popularity among professionals and the general public, Due to Malta's small size, heroin users may find it very difficult to detach from drug-using peers and risky environments. The TC can provide a safe, drug-free environment. According to De Leon & Unterrainer (2020) the TC's therapeutic approach is based on attachment as the process attempts to 'break the bond' (p.2) with substance use and create an attachment to the community within the safety of the TC and foster a change to a drug-free lifestyle.

Participants described their experiences in residential TCs as a place that provides a loving environment, a sense of community, inner peace, and professional and peer support. All these contingencies foster a sense of belonging and the promotion of discovering new pro-social values. The containment, safety, and sense of belonging within the program allow heroin users to have the space to come in touch with who they are, and who they aspire to be in the future, hence facilitating the process of desistance. Mary shared her experience in a TC, "Dħalt il-programm ta' …u kif bdejt naħdem fil-programm, bdejt ninduna li I have to love myself first." "I entered the program of…and when I started working in the program, I came to realize that I have to love myself first."

It was also evident among participants who chose the residential treatment path, that peer support within the safe confines of the therapeutic community plays an instrumental role

in finding belonging within the group and the motivation to stay on and complete the journey, as corroborated by Jodie, “It was the only thing we had you know (peer support). You have a problem you go to your peers; you don’t go to the staff. So, we really kept each other afloat (fellow residents).”

According to Perrin and Blagden (2016), peer support benefits the individual through mutual aid, reducing isolation and loneliness and establishing a source of belonging within a group of like-minded individuals with a common aspiration. Among participants, Clive said, “Kont bniedem mistħi ħafna(…)Bis-saħħa tal-istaff li kelli, u bis-saħħa tar-reżidenti…bis-saħħa tal-komunita', dik is-saħħa fl-aħħar…bdejt nipprova nippuxxjaha.” “I was a shy person… With the help of the staff I had, and with the help of the residents…with the help of the community, that strength at last, I started to try and push on.” The mutual support creates an environment of shared experiences that enhance the awareness of individuals’ narratives and struggles as they learn from each other’s experiences (Solomon, 2004, cited in Perrin & Blagden, 2016).

> Ħa nitkellem fuqi jien ġieli kont inħossha li m’għandi bżonn lil ħadd imma fil-verita’ dawn in-nies li għinuni nimxi l’quddiem u meta ħabbadt biex nitlob l-għajnuna u dejjem sibtha… Li nitkellem fhimt, x’inhu għaddej minn ġo moħħi.
>
> If I can talk about myself, I used to feel that I did not need anyone, but in reality, it's these people that helped me move forward, and when I knocked at the door asking for help I always found it…That I speak up see, what is going on in my mind. (Chris)
>
> We were connected as a peer (fellow residents) … I am in touch with quite a few of them and I think that is saying something. Thirty years plus and sooner or later I think a lot of people made it as well. (Jodie)

Leon & Unterrainer (2020), propose that social learning is instrumental for lifestyle changes. They propose that similar to how deviant patterns are acquired through interaction with a negative environment, the process of desistance is supported by the community environment within a TC. Furthermore, they stress the importance of the role of the individual in embracing the community and assuming responsibility for their role in that community.

Therapeutic tools utilized within a TC provide desisting heroin users with a platform for learning new skills and values such as honesty, assuming responsibility, and developing a work ethic and coping strategies that support the process of desistance (De Leon, 2000). Focus is displaced from concentration on substance use to working toward identity and lifestyle change (EMCDDA, 2014). Dave emphasized the values he felt he received during his stay at a TC, "Minn hemm ġew (TC) skoprejt...Il-kuntentizza, il-valuri, dik il-parti spirtiwali, kif titgħallem tħobb, kif tirrispetta... għalija dawk kienu kolla, huma traits li inti trid tgħix bihom, in the long run." "From there (TC), I discovered... Joy, the values, the spiritual element, learning to love, to respect...for me, they were traits that you need to live by in the long run."

> l-ewwel ħaga li rajt vera tajjeb li l-programm ma jgħidlekx għamel hekk, għamel hekk jew għamel hekk, jiġifieri il-programm jgħidlek, eh, hemm min għamel hekk, hekk, hekk u hekk u ħadem għal 1,2,3,4, 5 taf kif. Il-programm ma jgħidlekx għamel hekk jew hekk, il-programm jgħidlek tgħamel li trid pero' hawn dawn li jistgħu jgħinuk.
>
> The first thing that I saw was really good about the program was, that they don't tell you 'do this, do that', I mean the program tells you, 'there are those who did this, and that and it worked for 1,2, 3,4, 5' you know how. The program does not dictate do this do that, it tells you to choose, but that these can help. (Carl)

Self-Change In this section, I discuss contingencies that contribute to participants' success in managing to initially desist without treatment. I interviewed two participants who had desisted without professional intervention. Though this represents a very small sample of individuals documenting self-change, I thought that their trajectories out of heroin careers were equally interesting and intriguing.

The debate as to whether individuals manage to stop using on their own, or if indeed some manner of intervention is always warranted, is still a point of contention in the study of addiction and desistance. Klingemann et al (2001) cite research that people who desist without formal treatment have the same rate of success as formally treated heroin users. The data below suggest that for a minority of participants, it was possible to desist without formal treatment. The data also show that a sound network of support in the community and the integration of desisting heroin users in communities was crucial in the process of desistance.

> Naħseb is-support tiegħi fil-verita' kien tax-xogħol…il-ħaga li kien hemm xi ħaga li kull filgħodu qed tistennieni li nkun hemm. U kont niġġieled miegħi innifsi biex immur…pero' ngħid li x-xogħol kien xi ħaga vera importanti għalija, anki għall-healing tiegħi.

> I think ultimately my support source came from work. The thing that there was something that I had to wake up to in the morning. And I would struggle with myself to go…but I think work was important for me, even for my healing (Joan)

> Ehe, jiġifieri kont għadni bil-withdrawals għadek mhux qed torqod normali, bil-heat wave…u bdejt, lira kelli gol-but għax qlajt lira…u bdejt immur il-gabbana fid-9 ta' filgħodu nixrob il-birra u nissoocjalizza man-nies…Inglizi, li għandi tnejn minnom best friends tiegħi…Imma vera bix-xorb titbaxxielek l-awareness imma jien ma kontx qed nixrob mal-ħbieb li jgħidli issa imxi ejja nieħdu daqqa! Nies pożitivi!

> Yes, I mean I was still withdrawing, was still not sleeping normally, with the heatwave…and I started, I had some cash…and started to go to the kiosk at nine in the morning drinking beer and socializing with people…English, and two of them are my best friends…Even though with alcohol your awareness diminishes, I was not drinking with the friends who would later tell me 'Let's go get a hit'! Positive people. (Roger)

Klingemann et al (2001) argue that the environmental context is a crucial element in the use of drugs and alcohol as it can serve to reduce substance use and promote self-change.

Both participants cited moving away from drug-using peers as having been an important first step towards attaining desistance. Individuals who decide to stop alone within the community may find desistance more difficult because they do not benefit from the safety of the treatment service. One of the participants, Joan confided, "Dak inhar li, u niftakar il-mument eżatt meta ddecidejt. Mxejtha, ippakkjajt l-affarijiet…Fittixt post dak inhar stess sibt appartament u mmuvjajt." "That day, I remember exactly the moment when I decided. I walked it, packed my things…I looked for a new place that same day, found an apartment, and moved out.

Consequently, the formation of new social bonds that distance them from the drug-using community may support their path to desistance. This is corroborated by Roger who said, "Anki bdilt minn fejn kont qed noqgħod qabel u ġejt noqgħod hawn. Ma tantx issib min jgħamillek ħsara...u nissoċjalizza man-nies... li għandi tnejn minnhom best friends tiegħi." "I even changed the area from where I used to live before and came here, there …You don't find many people that harm you (people who use)…and I socialise with people, of whom, two are my best friends.

The data above indicate that in the initial period of desistance, the relocation from an unsafe residential location is a key step towards making the path to desistance more possible. Snoek et.al (2016) suggest that though the willpower of the individual is believed by many theorists to be key in the decision to desist, it does not suffice for eventual recovery. They suggest that many people with drug use disorder need to devise viable strategies that make it easier for them to stay the course through managing their future environment. The study suggests that the most common strategy among individuals who were successful in desisting was physically changing their location. They also suggest that taking up such a strategy was not a viable option for everyone. Such evidence sheds light on the need to address this important issue, particularly for those who lack the means to make such a move in their journey toward desistance.

Ambivalence and Contradictions

The data indicate that this initial period of desistance is characterized by contradictions as the participants experience doubts at the thought of a life without heroin. There is an initial reluctance to leave a life they know completely behind them. Clark (2005) proposes that the career path of individuals entails periods of coming in and out of patterns of activity and desistance in their deviant careers. Following the initial actions to desist, the need to stop indefinitely may still not be very clear in the initial stages.

> Bdejt il-proċeduri biex, meta dħalt Dar L-Impenn, għamilna n-Naltrexone imbgħad dħalna…dħalt il-programm, xorta qiesni dħalt, deċiż li se nidħol imma xorta qiesni ma nafx x'se nsib, ma nafx hux se ngħamlu kollu. Nidħol għalija imma għax hemm sħabi.

> I started procedures to…when I went into Dar l-impenn (In-Patient medical treatment facility), I did naltrexone treatment and then I went in. I entered the program, but still, I went in, resolute to go in, yet not knowing what I would find, not knowing if I was going to complete it. I will go in for me, but because my friends are there. (Dave)

> Pero' xorta jiġifieri jiena dħalt programm u x'ħin ħrigt mill-ewwel programm erġajt ħadt fhimt. Erġajt dħalt programm ieħor…L-aħħar wieħed kien (residential program). Xorta ma kienx hemm dik is-surrender ngħidilha jien fhimt li jiena ngħid isma, m'hemmx, din ma nistax inħares lejha iktar…dejjem kont ngħamel ħafna kompromessi.

> But I still entered a program and when I went out again, I started using it again, see…The last one was at (residential program). There still was not that surrender, I call it, do you understand, when I said listen, I cannot even look at drugs anymore…I would always make many compromises. (Gabe)

This period is characterized by inner contradictions, anxiety, and boredom as the alternatives to a life without ever again using heroin, will not yet have been discovered tangibly. During this period, the risk of relapse into old patterns of use is high (Shabi, 2023). Interview data showed that for some individuals, the first few weeks of desistance were fraught with doubt and insecurities about the future. Clive said, "Mela jiena meta ħabbadt il-bieb tal-Outreach kelli biża kbira mill-programmi. Ngħidlek il-verita' kont xettiku ħafna… Kont bil-biża dak iż-żmien." "So when I went to (treatment service) I had this great fear of programs. To tell you the truth I was very sceptical…I was fearful at the time.". Similarly, Steve adds, "Għax moħħok inti, mhux billi tgħid se tieqaf, moħħok jitfixkel. Moħħok ma jkunx qiegħed…Id-droga

tant hi powerful." "Because in your mind, you may say you are going to stop, but your mind becomes confused. Your mind will not be…Drugs are so powerful."

The data indicate that the initial resolution to stop may be accompanied by doubts and fears about the new direction toward desistance, Consequently, it makes it more difficult for individuals to cope with the sudden 'void' in their lives soon after they relinquish the use of heroin. These uncertainties also stem from a fear of not knowing what to expect in the absence of alternatives, this may contribute to an inclination to retain the path that they know or slightly modify it but with no clear intention to break the pattern. Paternoster and Bushway (2009) argue that people who desist aspire toward a future or possible self that they wish to become. However, they also argue that this future self can be the subject of anxiety and stress for individuals unsure of their future trajectory, particularly following long periods of engagement with heroin use. These contradictions and fear contribute toward the first period of the desistance journey being hard for some individuals, which at times may be followed by periods of interruption to the process of desistance.

Withdrawals. Some participants recollected that they found the initial period of desistance particularly difficult due to the withdrawal symptoms that they had to endure during this transitional period. During this time of feeling unwell, it was more difficult for them to see a better future, while cravings for heroin were strong.

Tant kemm kelli sickness ġo fija li ma stajtx norqod u matul il-ġurnata kelli mbgħad nitkisser aktar u anki jekk ikellimni xi ħadd kont nirrijektja mal-ewwel....allura hawn fejn qiegħed jien, ħabs bil-fors? U tlaqt 'il barra. Kif tlaqt mll-ewwel irrejalizzajt illi ojj x'għamilt??? U mbgħad erġajt qagħdt clean u erġajt inżilt (Community Service) u komplejt ninżel (community service) u minn hemmekk dħalt.

I had so much sickness (withdrawals) in me, that I could not sleep, and during the day I would have to feel more pain, and if someone spoke to me, I would react badly straight out... 'So where am I here, in a prison?' And I left. As soon as I left, I realized like 'What have I done?' So, then I stayed clean again and went back to (Community Service) and continued going there until I went back in. (Dave)

In a recent study with individuals with opioid use disorders in Columbia, 78% of participants cited withdrawal symptoms as being a potential barrier to accessing treatment (Borda et al, 2021). However, in the current study, at the time when participants had decided to stop, withdrawal symptoms were cited as a barrier only by a distinct minority. Indeed, for one participant, the experience of withdrawal contributed to her resolution to stop altogether as she had at that point become tired of going through the cycle of withdrawing.

> And they detoxed me and then I went into the rehab…And I really hated it and walked out after 12 days. I didn't want to go back to it. Of course, they said, you know they all said I would be sticking a needle in my arm…that fed my rebellion, and I was like NOOO!! I am not going to do that!! (Rachel)

Ambivalence about transitions. Some participants expressed anxiety and ambivalence even after months of treatment, as the moment arrived for them to transition from the security of the therapeutic community (TC) and reintegrate into the community. At this stage of their desistance journey, their emerging identity was not yet fully formed, as their sense of belonging was primarily within the circle of peers within the treatment context. Consequently, there was reluctance to detach from the secure confines of the group.

x'ħin irrejalizzajt ħoi, qiesha dil-journey spiċċat (Residential phase of treatment), għax imbgħad tiġi f'pożizzjoni fejn hemm ġew tħossu qiesek għandek familja, għandek nies li ssir tħobb. Ikunu jħobbuk, juruk li jkun jħobbuk. You're safe. Imma mbgħad int se tkun responsabbli tad-deċiżjonijiet u l-azzjonijiet li int qed tieħu.

When I realized hey, it is like this journey is over (Residential phase of treatment), because then you come to a position where you feel you have a family, there are people that you grow to love. They love you and they show you that they love you. You are safe. But then you are going to be responsible for your decisions and actions you take. (Dave)

...meta xi ħadd jgħamel programm u joħrog, l-ikbar problema li tkun, mhux il-ħbieb. Il-post fejn sa jmur. X'se ngħamel jien? Mela, nixrob ma nistax, imma ċertu, jien naf xi party ma nistax, Ma kontx noħrog!!! Litteralment jiena qiesu, kważi ħajti rbattha mal-programm.

... when someone completes a program and he goes out, the biggest problem is not the friends. The place where to go. What am I going to do? So, I cannot drink, or attend a party…I did not go out. It is almost like my life revolved around the program. (Gabe)

For others, this fear of re-experiencing their past, symbolized a period in their lives when they felt paralyzed from moving ahead, which kept them from moving on without the safety net of the program structure.

Inti l-ewwel tlitt snin tkun imwerwer hux, qiesek għadek qed titwieled mill-ġdid. (...)Qiesek għandek tifel ta' ħames snin u qed jipprova jitgħallem(...). Hemm il-biza, iktar għax inti l-affarijiet tafhom, ma kienx iħossni komdu noħrog attivitajiet. Allura dawk lilek jistgħu idejquk, iġibuk id-dipressjoni terga jiġifieri tista tgħid isma, la nista noħrog, la nista nieħu drink, immur hemmekk nitwerwer, immur dawk il-postijiet

> During the first three years, you are very scared, like you are being reborn. (...) It's like you are a boy of five years trying to learn(...)There is the fear, more so because you know the things, I did not feel comfortable going out on activities. So, those things can bother you, bring you to depression again you could say. I can't go out, I can't have a drink, If I go someplace, I become terrified, to go to those places. (Joseph)

Clive also added, "il-programm tiegħi, sakemm ġejt biex noħroġ minn (residential program), minflok disa' xhur domt xi sena u erba' xhur…Tant kemm ġejt komdu hemm ġew li bdejt nibża noħroġ barra." "Until I came to leave the program (residential program), instead of nine months I did sixteen months. I had become so comfortable in there that I started fearing going out." These data indicate that in relinquishing their former identities, people who desist from heroin go through a period of inner contradictions between their former addict identity and the new identity that they are building. These contradictions pose a difficulty in establishing a way forward for their identity transition as they are still exploring their new options (Williams, 1999). In such circumstances, continuing to be part of a group of like-minded peers with similar backgrounds will provide an infrastructure of support that continues to nurture the embracing of the new identity. Many drug treatment facilities provide extended services in the form of aftercare to provide such support. In a review of studies on continued care, McKay (2009) found that such a service was an important source of support during the journey to sustained desistance and identity transition.

For desistance to have a better chance at sustained success, the network of support must extend beyond any residential stint undergone by people who are addicted to heroin. The completion of residential treatment should not be considered as a finish line, but a stepping-stone towards a longer journey that extends over time. Best (2019) argues that though a

professional intervention may be important for the initial stages of desistance, the involvement of the community in sustained desistance is important after the involvement of any professional support ends. He argues that professionals can benefit from creating alliances and partnerships with peer-based support within the therapeutic setting, together with family, friends, and community support so that these may serve as a network of support and community after the contact with professional services is terminated. The data presented above is evidence that people coming out of drug use disorder, continue to need a network of support within the community that compliments the therapeutic experience of treatment.

Change of residence

For some, the need to move away from residences that were not supportive of the desistance plan emerged as essential for initial desistance. Alternative accommodation helps former heroin users establish a new environment in which they can start afresh.

> Irnexxieli wara dak iż-żmien kollu ħadt post u kif ħadt il-post tal-housing, tlajt u waqaft jiġifieri. Bdejt nikkomunika mad-detox biex innaqqas il-mistura…sakemm pass pass imbghad waqaft.
>
> I managed after all that time to secure social housing and when I got my place, I got up and stopped using. I started communicating with detox to reduce the methadone…until step by step, I stopped. (Ella)

Best (2019), cites a project called Jobs, Friends and Houses in the UK that suggests establishing 'Recovery Housing' for individuals coming out of addiction. The scope of such housing units is to create pro-social community networks conducive to recovery, away from risk environments that may hinder the progress of desistance. Such projects aim to reach individuals who would otherwise find it difficult to access alternative housing that supports their attempts to desist.

For some individuals, who will have been immersed in problematic heroin use, for many years, leaving a heroin or addictive career behind, symbolizes letting go of everything they know and perhaps love. It will be shown that the transition toward desistance requires that the individuals aspire to a new self that not only replaces the former identity within the heroin career but replaces it in a way that is more meaningful and advantageous to the person in the long term. This embracing of a new self does not just materialize after entering treatment or stopping heroin use. The process will require a gradual accumulation of new experiences that make it worthwhile to pursue the goal. In the next section, I explore the third stage of 'embracing desistance'.

Stage Three - Embracing desistance –The establishment of a non-user identities

This section theorizes about the period in the heroin users' lives when they embrace desistance and commit to further change. As they progressed into their desistance journey, participants started accumulating several advantages and recovered assets that made the prospects of staying the course appear more attainable. In this section, I explore how a change from an 'addict' to an alternative non-user identity was crucial in forging ahead through the journey of desistance.

Establishing non-user identities

As individuals progressed in their journey toward desistance, the gathering of positive experiences played a pivotal role in altering their identities.

> U iddeċidejt li nibda ngħati każ iktar xogħoli. Inserta wkoll iltqajt ma xi ħbieb ġodda fuq xogħol u ntroduċewni ma pajjiżi ohra fejn nista nġib ix-xogħol. U bdejt insiefer għax-xogħol insomma, bdejt inġib ix-xogħol, bdejt inkabbar. Bdejt nieħu pjaċir li qed ngħamel il-flus. Fis-sens, bdejt naqta d-dejn, bdejt inqum fuq saqajja, u l-affarijiet bdew ġejjin ħafna iktar għall-aħjar.

> And I decided that I was going to focus more on work. It happened that I met a few new friends at my work, and they introduced me to other countries where I could get stock. And I started to travel for work, started importing stock, started growing the business. I started enjoying the success of making money. In the sense that I started paying off debts and getting back on my feet, things were improving. (Sander)

> You guys stayed clean, And I didn't believe they could, you know, but when I started to do what they said they did, and low and behold, I found a community that I could relate to... But when I had the example of people that it had lasted for, it became much...I can start to take on commitments, I can make goals, and I can plan. (Nigel)

> Ovvjament qed indaħħlu f-iktar moħħok jiffoka. Iktar ma jiffoka moħħok, iktar tkun strett fuq dak li qed tgħamel. Wara ċertu żmien tirrejalizza li qed iħossok aħjar. Mela allura jekk qed tħossok aħjar tibqa timbotta 'il quddiem. L-iktar naħseb ħaga hija dik.

> Obviously, we are talking about your brain starting to focus more. The more your brain focuses, the stricter you become with what you are doing. After some time, you realize that you are feeling better. So, if you are feeling better you continue to push forward. That is the most important thing, I think. (Steve)

Laudet (2007) posits that desistance from substance use requires both personal resources as well as an environment that supports change. The data above showed that the ability of participants to identify possibilities and advantages in desistance was instrumental in supporting their hope that a transition to an alternative lifestyle was indeed possible. This shift enabled them to change their identity, instilling a sense of worthiness and motivating them to adopt an alternative identity.

Fil-bidu anqas ħoss…tipo kif int? Ma nafx. M'għandix idea…eh, eħe jiġifieri sakemm l-ewwel xhar fil-verita' qiesu ma tkunx taf fejn qiegħed, tipprova… …eħe jiġifieri getting in touch with your inner self naħseb kienet waħda mill-ikbar affarijiet diffiċli kelli nerġa ngħamel…jien min jien? Ma nafx! Jiġifieri dak kien il-fattur kbir li ssir taf lilek innifsek u il quddiem tħares fil-mera u tgħid tipo INĦOBBOK, tipo li titgħallem terġa tħobb lilek innifsek.

In the beginning, you feel nothing…like the way you are. No idea...yes, I mean until the first month, in reality, you don't know where you stand, you try…yes I mean getting in touch with your inner self I think was one of the greatest difficult things I had to rediscover...who am I? I don't know! So that was the great factor, to get to know yourself and in the future, you look in the mirror and say I LOVE YOU. Like you learn to love yourself. (Carl)

Għax kif waqaft mid-droga ma kontx għadni tgħallimt kif inħobb lili nnifsi, anqas kelli kalma mkien. Anqas kont naf kif nirrileksja!...mbgħad dawn bdejt nitgħallimom bil-mod, biex insib lili nnifsi, ezempju, biex nghamel xi sport jew nimxi xi mixja, a different way of living…fejn qabel kont naqbad u mmur ninqeda. Issa le, issa jekk ikolli xi issue ngħid ħa nimxi mixja mal-promenade

Because when I stopped using, I still did not know how to love myself, I had no peace anywhere. I couldn't even relax...and then I started learning gradually, how to know myself, like for example doing sports, or going for a walk, a different way of living…before I used to just go and score drugs. Not now. Now if I have an issue, I just go for a walk along the promenade. (Ella)

> …bdejt nemmen fija nnifsi li nista nasal x'imkien. Bdejt inħossni ninbidel fhimt. Kemm fil-karattru tiegħi, bdejt inħossni nissoda.
>
> …I started to believe in myself, that I can make something of myself. I started to change you see. In my personality, I felt I was becoming stronger. (Clive)
>
> …because for me, you think heroin was normal, and when I got clean it was the most abnormal feeling in the world for me. Difficult to bear...you get clean and eventually the feelings start coming up and it's like living colour. I thought that I was living in black and white, and I got clean and everything was colour and bright. (Rachel)

In their journey to desistance, problematic heroin users begin to experience gains that begin to make the advantages of stopping heroin use more tangible. Among such gains, the being trusted as they continue on their path to desistance contributes to the change in self-perception as former heroin users begin to see themselves through the eyes of others who are seeing and encouraging their progress (Wallace & Tice, 2012). Among participants, Dave said, "Li għandi dik in-naqra fiduċja… jiena li se jibdew ituni se tgħamilli tajjeb." "The fact that I have trust… the fact that they are starting to trust me is going to do me good. Additionally, the regaining of physical and psychological well-being contributes to the ability to submit to a re-evaluation of the self as they identify with the gains accumulated through the initial stage of desistance. These gains contrast with the losses experienced when persons who use drugs become committed to heroin careers, as documented in Chapter Five.

> And it all started to come together! And it was all piecemeal before I found these guys that had succeeded. And really that's what it was. It was the encouragement I got from others who said, 'No, you can do it! We've done it!' in that community. (Nigel)

Upon acknowledging their ability to navigate through desistance and overcome setbacks, coupled with the positive reception of their efforts to embrace more conventional roles by those around them, participants' optimism for their non-user identities intensified. The recognition of these changes played a role in shaping a fresh identity as individuals who no longer engage in substance use. In a study with former offenders coming out of prison, Bachman et al. (2016) found that most offenders who had succeeded in desisting from crime and substance use reported having first relinquished their former identity as substance-using offenders, in favour of a non-offender identity, which supported the Identity Theory of Desistance (Paternoster & Bushway, 2009). Similarly, the findings that I presented above indicate that the assumption of a new identity distances former heroin users from their 'addict' master identity.

Strategies Supporting Identity Change

The developing theory indicates that a shift in self-identification features as an important contingency in the desistance pathway. This shift in identity was brought about through a number of strategies. Emphasising the participant's dedication as pivotal in their shift toward a desired new identity is crucial. Yet, the support they received during this transformative phase was equally essential. This underscores that the alteration of identity is influenced by how former drug users perceive themselves through the eyes of others, i.e., reflected appraisal.

Validation of Non-User Identities through peer support. Support and validation of the participants' efforts to desist came in different forms and were key in the participants' transition toward a more stable non-user identity.

An important contingency at this point was peer support, either from individuals going through the same path of treatment as themselves, or eventually moving towards, aftercare

services and/or self-help groups. Identification with fellow former heroin users and the presence of their encouragement and validation supports the path to identity change and desistance. Interactions with others have a direct effect on the formation of social bonds. The acceptance by others of one's efforts to desist facilitates the formation of social bonds that promote the desire to continue to foster the bonding relationship. These validating relationships have a positive effect on one's portrayal of oneself and encourage continued efforts to consolidate the prosocial identity. Best et al. (2008) contend that there is a clear distinction between the motivations for initially stopping and the motivation to maintain desistance in the longer term. They argue that at the time of taking the decision, individuals are mainly driven by the fact that they will have 'grown tired' of the lifestyle. Conversely, the drivers that motivate individuals to maintain a drug-free lifestyle are more related to building social networks, which include forgoing past lives and connections to build new, more pro-social bonds with people who don't use substances. Though the initial motivation to stop is crucial in the process of desistance, that resolve alone is not sufficient for sustained desistance, as it is only part of a longer process that at times takes years to develop and is also contingent on the formation of meaningful relationships that foster long term change and support the re-integration of former users into society.

> Wara ftit xhur bdejt niġi ir-recovery group. U għadni niġi sal-llum jiġifieri. Ġrat li jien addict tat-tgħalim li ħadt u l-affarijiiet sbieħ li għandi f'ħajti... Imma, illum ma niddejjaq xejn ngħidha.
>
> After a few months, I started to come to the recovery group. And I still come to this day… It happens that I am an 'addict' for all the learning I received, and the beautiful things I have in my life…But nowadays I have no problem saying that. (Adrian)

> Ara, kull persuna li hija hemm (in the program) naħseb li we have common grounds taf kif.? Kultant anki tara lil xi ħadd iħarislek b'ċertu ħarsa thifmu mill-ewwel…U anki meta titkellem hemm qiesu, taf li se jifhmuk. Taf li xi ħadd se jkun għadda minnha.
>
> Look, every person that is there (in the program), I think we have common ground you know how! Sometimes you see someone looking at you in a certain way and you understand on the fly…Even when you speak up, there is like, you know you will be understood. You know that someone will have experienced it. (Carl)

In a review of studies of the benefits of peer support in the process toward desistance, Tracy & Wallace, (2016) concluded that it was beneficial in helping people not to reuse drugs, engaging in treatment, avoiding risky behaviours, and developing self-efficacy. Additionally, those who participated in peer group support and treatment were more likely to sustain desistance in the longer term. The data above indeed show that peer support was valuable to participants in establishing positive identities within a group of individuals with similar life experiences with addiction.

Recovering-Addict Identity. Some of the participants felt that even after several years of desistance, assuming the identity of 'recovering addict', helped them to maintain desistance. Data show that though they still identified with the notion that addiction is a life-long illness, they were still able to mold this 'addict self' within a repackaged framework of 'recovering addict.' This supported their efforts to pursue desistance in the long term and see themselves beyond the label of an 'addict' as they embrace their role within their recovery group but also the roles assumed within their communities. The sense of achievement in having relinquished the 'addict' identity and assumed that of a 'recovering addict' gives a

sense of pride and achievement for the progress they made in their respective journey to maintain desistance.

> Ġrat li jien addict tat-tgħalim li ħadt u l-affarijiiet sbieħ li għandi f'ħajti. Jiġifieri, nixtieq li ħadt it-tgħalim u ma ħadtx id-droga ma'għaddejtx mill-perjodu tad-depression għax kien diffiċli biex noħrog minnha. Imma, illum ma niddejjaq xejn ngħidha.
>
> It so happens that I am addicted to the learning that I received and the beautiful things that I have in my life. I mean, though I wish I had received the learning and not taken drugs and I did not pass through the period of depression because it was difficult to come out of it. But today I have no issue saying it. (Adrian)
>
> L-Addiction hija dejjem hemm, jiena persuna addict bħal ma hu persuna diabetic irid jieħu l-insulina qabel jiekol, jiena persuna addict irrid immur l-NA biex eh, to ground myself. Hekk inħossni, jiġifieri, għalkemm għall-bidu tidher vera diffiċli jien nemmen li illum il-ġurnata nifhem lili nnifsi.
>
> The addiction is always there, I am an addict like a person who is diabetic and has to take insulin before meals, and I am a person who is an addict and has to go to NA to eh, to ground myself. That is how I feel, although at the start it seems really hard I believe that today I really understand myself. (Carl)
>
> It's a community right! I mean, I think all human beings need, I mean I am single…I mean I could make friends quite easily, but my community like there's people that are religious, they have a community in the church, I have a community in NA. (Rachel)

> F'dawk is-snin kif ħrigt bqajt nattendi l-NA meetings darbtejn fil-gimgħa…Ara, kull persuna li hija hemm naħseb li we have common grounds taf kif? Kultant anki tara lil xi ħadd iħarislek b'ċertu ħarsa thifmu mill-ewwel, taf kif? U anki meta titkellem hemm qiesu, taf li se jifhmuk. Taf li xi ħadd se jkun għadda minnha eh, jew għaddej minnha.
>
> In those years when I came out (from TC), I continued to attend NA meetings twice a week...Look, every person that is there I think we have common ground, you know how? Sometimes you even see someone looking at you in a certain way and you can understand immediately, you know how? And even when you speak, you know they are going to understand you. You know that someone will have gone through it or is going through it. (Carl)

One of the main therapeutic qualities of such self-help groups is peer connectedness, the importance of feeling belonging within a group of people with similar histories (Lookatch et al., 2019). 'Recovering addicts' feel part of a group that can relate to their stories and not judge them or stigmatise them. They do not need to feel awkward, different, or ashamed of their past in this group, as all within it have their own stories of addiction. Furthermore, the successes of others provide them with a sense of reassurance that maintaining desistance long-term is attainable and worthwhile. This can be linked to a similar trajectory that took place when participants detached from non-using peers and joined like-minded peers to feel belonging, without fear of judgment, but in a drug-free environment. The bonding between the participants, the common goal/ethos, and finding hope in role models that walked the walk and succeeded, supported them in building self-efficacy and successfully navigating through desistance.

> Jiġifieri jien b'hekk nemmen li l-programm huwa xi ħaġa mhux li tidħol tgħamlu dawk is-sentejn u its ok. Hija xi ħaġa li jien naraha sal-ahhar nifs ta' ħajti. U narha ħasra wkoll li hawn ħafna programmi, Malta speċjalment, hawn ħafna. Programmi jenfazizzaw għal dawk is-sentejn, mhux long term recovery.
>
> So that is what I believe that a program is not something that you go and do for those two years and it is ok. It is something that I see happening till my last breath. And I think it's a shame that there are many programs, especially in Malta there are many, programs that emphasize the first two years and not long-term recovery. (Kyle)
>
> L-NA tgħin! Li ssib anki jgħidulu sponsor forsi jkun dak il-persuan ta' referenza għalik li jekk jinqala xi ħaga. Hemm in-numru tiegħu u nista nċempel lilu minflok id-dealer. Dik hi ħaga li jista jgħinek mill-esperjenza tiegħu ukoll. U ovvjament dejjem ngħid li fl-aħħar mill'aħħar minnek trid tiġi. Imma l-għajuna dejjem għinitni nimxi fit-triq ta' kuljum. Illum għadni nfittixha.
>
> NA helps! If you find someone, they call a sponsor maybe he can be a point of reference for you if something happens. There is his number, and I can call him instead of a dealer. That is something, he can teach you through his experience as well. And it has to come from within you too. But support always helped me in everyday life. I seek it to this day. (Chris)

The data above underscore the benefits of the non-judgemental approach adopted by mutual aid groups (Dekker et. al, 2020). Connectedness was a key element in the fellow relationship. Such connectedness is contingent upon a judgment-free environment and a space where members feel they can share and listen to mutual experiences. This environment creates understanding among the group and supports the development of a new identity (Dekker et. al, 2020).

Identity change within the family. Re-establishing relations with families also contributed to supporting identity transformation. Most participants in this study cite family support as a crucial source of stability that supported their trajectories toward making sense of their social identities within their respective families and communities. Reinserting themselves within the role of family member contributes to relinquishing the 'addict' identity as the individual reasserts themselves as son/daughter, sibling, partner, spouse and/or parent. As discussed previously in this work, the tight-knit family traditions among Maltese communities bring about a situation wherein, people in Malta tend to retain strong bonds with the family of origin, sometimes continuing to share the same household indefinitely or until one marries/finds a partner. Such has shown to be beneficial to participants of this study as they cite reinsertion into family as a source of stability and re-asserting themselves within their role as members of the family. The trust afforded by the family to the participants following their efforts to desist contributed to further increase their sense of self-worth and embracing of the new or re-established role.

> Dik għinitni ħafna. Fil-verita' għinitni ħafna, għax jien meta ħrigt mill-programm ma sibtx ħofor, sibt it-triq naqra imwittija, ommi u missieri bdew, anki lili bdew jgħatuni l-attenzjoni li jgħiduli LE...lili bdew ituni kuraġġ li qiesni anki jiena nissupera dik il-biċċa xogħol.
>
> That helped a lot. In reality, it helped a lot, because when I left the program I did not find potholes, I found the road already somewhat paved, my mother and father started giving me attention; to tell me NO...They started giving me the courage that even I can overcome the situation. (Dave)

Adrian also said, “Imma mbgħad waqt li kont qed ngħamel il-programm għinitni ħafna anki l-familja għinitni ħafna ħafna!” “But while I was doing the program, my family helped a real lot, they helped a lot!” The validation by family members for efforts to desist supports the identification with a non-user self and encourages the take up of new pro-social roles. Sampson and Laub (2003) identified attachment to family as an important contingency toward reduced offending among people involved in crime. In his model of hope contagion, Best (2019) asserts that sustained relationships with family, friends, community, and professionals are all important elements that support sustained desistance and identity change. A network of people that includes family members is of relevance to the Maltese context in which families continue to be a source of support throughout the life of an individual. This is particularly the case in times of distress when the well-being of the one individual who had steered away from the family norms becomes instrumental in safeguarding the cohesion of the family unit. The central role of the family continues to validate the assertion by Abela (2010) that families still have a strong impact on the formation of an individual’s identity.

William James (1842-1910), an influential American philosopher and psychologist, made significant contributions to the field of psychology, including his exploration of the concept of "social selves." James proposed the notion of the "social self," which suggests that our identity is not only a product of our individual thoughts and experiences but is a dynamic and continuous process, affected by interactions and events that shape one’s reality. He emphasized the idea that our self-concept is not static; it evolves and adapts through our interactions with others and our roles within various social groups. In essence, James highlighted the dynamic and interconnected nature of the self, recognizing the impact of social interactions on shaping one's identity. His perspective contributed to the broader understanding of how individuals perceive themselves within society and the roles they play within social structures. The response of family members to the efforts to change of former

heroin users and the change from a strained to a nurturing relationship contributes to their ability to detach from the 'addict' identity and own their new roles as full, contributing members of the family.

> Pero il-mara tiegħi ovvjament dratni, taf x'jiena u dan. Pero meta ratni li vera irrid nieqaf, u vera irrid…nibni il-business u nieħu ħsieb in-negozju, hemm tatni l-full support jiġifieri…kienet tiġi tgħini u għadha kważi sal-llum tgħini kuljum, tiġi għax-xogħol miegħi kuljum hawn.
>
> But my wife got used to me, she knows what I am. But when she saw that I wanted to stop, and I wanted to…build up a business and take care of the business, then she gave me her full support…she would come and help me and she still does almost daily to this day, she comes to work with me. (Sander)

Stage Four-Belonging - Reintegration into Society

I now explore how former heroin users eventually manage to reshape their identities, re-integrate into society and find belonging as part of the community. Establishing social bonds within a community that recognized and embraced the efforts exerted by the participants in coming out of addiction was an instrumental part of the desistance journey from the onset, up until the third stage of embracing desistance. During the fourth stage of 'belonging', a further transition takes place that culminates in the realization of the hopes and aspirations that former users strived to reach in their journey toward sustained desistance.

The data indicates that sustained desistance is contingent on the relinquishing of a deviant identity and the development and solidification of alternative identities which are only available on the assumption of pro-social roles. Carter and Marony (2018) talk about role identities that represent individuals' view of themselves as protagonists within a social role that they occupy. According to Stryker and Burke (2000) role identities are linked to other

people's expectations of the actor. Below I theorize about how the assumption of these new or readopted roles, such as sons/daughters, spouses/partners, parents, friends, community members, social group members, helpers, employees, business owners, hobbyists/sports enthusiasts, or spiritual beings within their respective communities make it possible for former heroin users to fully re-insert themselves into their communities.

Finding stable employment was an important step toward desistance and building conventional identities. Stable employment not only gave participants better financial stability but also a sense of purpose and belonging that was more in line with their new identity within the community.

> Jiġifieri dik ħeqq ha ngħidu hekk xi ħaġa vera importanti għax dik fhimt, anki bħala xogħol fhimt li jiena anki forsi sibt job u kien stabbli taf kif, mhux toqgħod tbiddel minn job għal ieħor. Ara ċertu stabbilta' trid tkun hemm għax inkella hi tkun diġa diffili…Fejn jista jkun, fejn tidħol struttura tal-ġurnata jien naf, ix-xogħol. mort id-dar sibt ambjent healthy, mhux jien naf, glied jew forsi droga!...Dik xi ħaga li tgħinek. Pero xogħol naħseb xi ħaga mportanti mmens ukoll eh.
>
> So that, let us put it this way, that is something truly important you know, even work, you know, that you maybe find a stable job you know how, not stay changing jobs. Look, there has to be a level of stability, otherwise it's going to be hard. If possible, where the structure of the day comes in, I don't know, work, that you go to a healthy home environment, not, how do I know, fighting, drugs maybe!... That helps. But I think work is a very important thing as well eh. (Gabe)

> Pero gietni opportunita ta' xogħol kont naħdem ġo marketing agency. U allura li f'daqqa waħda mingħajr kwalifiki dħalt naħdem ġo marketing agency …ħdimt eh jiġifieri stinkajt ħafna... Jiġifieri jien minn persuna li qiegħdha ngħamel użu tal-eroina kuljum u li kuljum inqum just heroin ġo moħħi, f'daqqa waħda ħajti kienet qed inqum u għandi objectives li għalija kienu veru kbar…
>
> But I got a work opportunity, I worked in a marketing agency...I worked hard eh, I put effort into it...So from a person who was using heroin daily, and every day I would wake up thinking just about heroin, all of a sudden my life was waking up, and I had objectives that to me were really big... (Joan)

Taking up or renewing roles as spouses, partners, and or/parents also contribute to the participants' sense of purpose and responsibility within their communities and further validates their identity as full members of society. Their ability to navigate through this role also gives them a sense of achievement and pride.

> ...li tideciedi li tiżżewweġ huwa fattur li trid tkun stabbli. Mhux se taqbad tiżżewweg lil xi ħadd fejn qiegħed f'mument li m'intix stabbli jew hemm xi parti f'ħajjtek li mhux qiegħdha sorted jew mhux tajba.
>
> ...deciding to get married is a step that you need to be stable to take. You can't just get married when you are not stable or there is some part of your life that is not yet sorted or not good. (Carl)

Dave also added, "...kont iżżewwigt, kelli familja, għidt issa għandi fejn nibbaża fil-familja...l-ħajja miżżewġa tbiddillek ħafna pjanijiet, ħafna pathways." "...I got married, I made a family, and I said now my family can be my basis...married life changes your plans, it takes different pathways. Additionally, Clive said, "Sadattant wara l-programm qbadt, kelli relazzjoni oħra, u għinitni ħafna r-relazzjoni... Għandi

> relazzjoni magħha sal-llum. U kienet ta' spalla ħafna kbira għalija qed tifhem. Kienet ta' spalla kbira."
>
> "In the meantime, after the program, I got into a new relationship, and this relationship helped me a lot...I am still in a relationship with her to this day. And she was a great support. Great support. (Clive)

For some individuals, particularly female participants, taking up or reassuming the role as parents supported the change in identity and belonging. Being a parent became the overarching identity that eventually replaced the former self through feeling a sense of purpose and achievement through this role. This brought back a lost identity, and a renewed relationship with their children that supported their motivation to move away from their heroin careers (Camilleri, 2021).

> I am happy, very very happy. Iż-żewg itfal li kelli fiż-żwieg, meta kelli tmintax u għoxrin. It-tifla, was always close to me, anki meta missierha kien jitrattani ħazin, li jiġi r-raġel tiegħi. U dik il-bond erġajt ħadtha mingħand it-tifla, Immorru għandha every weekend, immorru nixtru flimkien… Il-ferħ li nħoss ġo fija ta' waqt ix-xogħol, nieħdu miegħi id-dar. Irrid naqsmu mat-tifla tiegħi, il-ħajja sabiha!
>
> I am happy, very happy. The two children I had from my marriage when I was eighteen and twenty. My daughter was always close to me, even when her father treated me badly, my husband. And I got that bond back with my daughter. We go to her home every weekend, we go and shop together…The happiness that I feel during work, I take it with me home. I want to share it with my daughter, life is beautiful! (Mary)

> Ehe, mbgħad għamilt, wara li kelli t-tifla għamilt qiesu xi tlitt snin u nofs id-dar, anki erbgħa, sigaretti, kollox kont qtajt għax bħala finanzi kont veru ħazin jiġifieri, u tipo ridt niddeċiedi jekk hux se nixtri l-ikel jien jew se nibqa nixtri s-sigaretti…taf kif? Kelli għazla, kelli responsabilta' tad-dar, tiegħi innifsi u tat-tfal!
>
> Yes, and then, after having my daughter I spent about three and a half years at home, even four perhaps, cigarettes, I had quit everything because financially I was in bad shape, and I had to decide whether to buy food or cigarettes, you know how? I had a choice, I had the responsibility of the household, of myself and my daughter! (Ella)

One interesting observation is that some women though citing caring for their children as their main motivator to stay on the path of desistance, their newfound roles were embraced as an overarching responsibility as mothers that left little in the way of personal time to invest in other activities within the wider community. This was problematic for them as they found it difficult to take up other roles that may have supported their further reinsertion into the community. The overarching identity of 'addict' was superseded by that of 'parent'.

> Jgħidulek, you should be proud! Alright, proud, imma, it-tfal mhux trabbihom trid? Mhux turihom x'inhu l-aħjar għalihom? Dak xogħolok you know! You have kids, you have to look after them! Tkun proud! Inħobbom it-tfal ta jiġifieri u ngħamel kollox għalihom għax tgħidx kemm niġri bihom l'hemm u l'hawn! U dejjem hemm id-dar magħhom.
>
> They tell you that you should be proud! Ok proud, but you have to show the kids! You have to show them what is best for them. That is your job you know! You have kids, you have to look after them! You are proud! I love my children you know and I will do anything for them because I am always on errands with them. And I am always home with them. (Jean)

The social pressures exerted on women who use drugs and become mothers carry stigma and the societal expectation that once a woman becomes a mother, that role takes priority over any other. These social pressures are placed on women as primary caregivers for their children even when a woman feels unprepared or unwilling to take up such roles. Camilleri found that mothering 'can be overwhelming' (Camilleri, 2021, p.55) and that some women found it difficult to live up to the expectations exerted on them. She continues that these pressures can be detrimental to the desistance path of women who are parents. Women who take up such responsibilities do not always have adequate resources to administer their role as parents effectively, which in turn makes parenting feel more like a burden that is placed on the parent.

As former heroin users journey through desistance they also form new alliances through friendships within the community. The ability to take up the role of being friends with people who are not users (present or former) further validates their efforts to have successfully managed to relinquish their addict identity and to have been welcome as active members within new groups in their communities.

> Anki n-nies li nifrekwenta, huma nies li normali. Imorru għax-xogħol, jaħdmu, so and so. U nitkellmu fuq suġġetti, jgħamlu sens, ma nitkellmux la fuq droga, la nitkellmu fuq affarijiet li ma jgħamlux sens. Nitkellmu fuq affarijiet, kulħaddd għandu ħajtu, fuq xogħol, fuq ekonomija, x'inhu għaddej fil-pajjiż, ċajt u affarijiet hekk, normali, hobbies.
>
> Even the people I mix with, are normal. They go to work, so and so. And we talk about subjects that make sense, we don't speak about drugs or things that make no sense. We speak about things, everybody has their life, about work, the economy, country affairs, jokes and normal stuff, hobbies. (Sander)

Wanting to give back to society and assuming the role of helping others, particularly within the context of becoming a role model for fellow desisting peers also contributes to the consolidation of former users' identity as a valued member of society. Being of assistance to others increases former users' self-awareness and supports the development of their social skills, which are instrumental in their interaction within the community. Assuming the role of helper also improves their confidence as they receive approval from assisting others (McGovern et al, 2021).

> Ehe, you give and take ukoll eh għax anki meta tmur il-gruppi jiġifieri ikun hemm affarijiet li inti dejjem għadek qed titgħallem. Qiegħdha hemm, qiegħdha bħala role model u biex tgħati s-sapport. Għax speċi anki dak li jkun jara jgħid ilek għaxar snin mela she did it, mela I can do it!!Tgħatihom it-tama.
>
> Yes, you give, and you take, because even going to groups, there will be things that you are still learning about. You are there, you are a role model and giving support. Because a person seeing that you have been clean ten years, 'Look she did it! So I can do it too.' You give them hope. (Ella)
>
> U li tgħin lil ħadd iehor. Li ngħin dawn li jiġu fil-programm ukoll l-iktar ħaġa li tgħatini sodisfazzjon illum. Parti mill-ispirtiwalita' din. Li ngħin lil ħaddiehor...Barra li qed nieħu jien. Ngħin lil ħaddiehor. Għax x'ħin titkellem ma addict, addict m'addict, hemm connection kbira.
>
> And helping others. That I help these people who come to the program gives me the most satisfaction today. It's part of spirituality. That I help others…Apart from that I am gaining as well. I help others. Because when I speak to the addict, from an addict to an addict, there is a great connection. (Adrian)

> Għax meta jien kont fit-triq kont dejjem egoist, l-ewwel jien it-tieni jiena, u ma jinteressanix x'se jiġri. Imbgħad kien hemm żmien fejn inti tibda tgħamel voluntary work, mhux affarijiet kbar ta' anki jiġifieri jien naf, ċuċata, taf kif, mingħajr ma ħadd ma jaf. Jiġifieri m'int tistenna xejn lura int. Imma dik tibda ttik xi ħaġa, qiesek tkun sodisfatt. Qiesek tkun fulfilled ngħidilha jiena.
>
> When I was on the streets I was always selfish, I came first and second, and I didn't care about what would happen. Then there was a time when I did voluntary work, not major things, even small things, you know how without anyone knowing. I mean without expecting anything in return. But it gives you something, you are satisfied. It is like you are fulfilled. (Gabe)

Twelve-step programs consider giving back as an integral part of the recovery process, but also as a means of atonement and an opportunity for grounding themselves in their path to desistance (SAMHSA, 2010). The data above demonstrates that giving back was an important step among several participants in their path toward inserting themselves as significant contributors to their respective groups and overcoming the shame of past deeds through atonement. They felt a sense of satisfaction and fulfilment that they felt was beneficial in their path towards sustained desistance and personal growth.

It has been shown in the section above that the take-up of new roles supports the transition towards identity change and finding belonging within that identity. Validation by others is crucial in the journey toward feeling fully accepted as an active, valuable member of society.

Niltaqa ma nies oħra fil-karriera tax-xogħol tiegħi jiġifieri it's ok inħossni jiġifieri membru tas-soċjeta', inħossni illum il'ġurnata successive kemm fil-karriera, fil-ħajja personali, il-ħajja miżżewġa, it-tfal. Għandi żewġ itfal.

I meet people in my career and it's ok, I feel like a member of society, I feel that today I am successful in my career, in my personal life, my married life, and the children. I have two children. (Carl)

Il-passat qatt ma tinsieh. Imma li rrid ngħidlek hu li llum ġejt dik il-persuna li dejjem xtaqt. Li ma nibża minn xejn, jiġifieri, nkun assertiv, dak li jdejjaqni ngħidu. Llum sirt noħroġ nieħu żewġ drinks nieħu pjaċir mal-mara u mat-tfal jiġifieri u qiegħed nenġojja ħafna l-ħajja. Bil-mod sempliċi kemm jista jkun.

You never forget the past. But what I want to say is, that today I became the person that I always wished to be. That I fear nothing, I mean, that I am assertive, I speak about things that bother me. Nowadays I go out, have a couple of drinks, have fun with my wife and children, and I am enjoying life. In the simplest way possible. (Joseph)

Mela, bħal ma semmejt qabel jien ir-relazjoni tiegħi kienet mad-droga. Relazzjoni ma nisa qatt ma kelli sakemm dħalt fil-punt ta' programm. Minn dak iż-żmien rabbejt familja illum iżżewwiġt, għandi żewġ itfal, xogħol stabbli.

So, as I said before, my relationship in the past was with drugs. I did not have relationships with women until the point when I entered the program. Since then I have raised a family, got married, have two kids, a stable job. (Chris)

Among participants of this study, spirituality featured in the narrative of several participants who described the discovery of a new self through a spiritual path toward self-fulfilment. Some associated this newfound spirituality with their Catholic upbringing, while others made a clear distinction between spirituality and religiosity.

> U bil-mod il mod bdejt niskopri li go fina hemm dik il-ħaġa żgħira wkoll ta' spirtiwalita' ġol-bniedem komplut li jiena dejjem tajtha il-ġenb, li bis-saħħa tiegħu illum il-ġurnata nħoss li ngħix ħajja spiritwali wkoll. Mhux xi qaddis, mhux li ma niżbaljax, imma nipprova nżomm, ma dak kollu li jien tgħallimt nipprova nżommu.
>
> Gradually I started to discover that within us there is that little something related to spirituality in the complete person, that I always neglected, and thanks to Him (God) today I feel that I live a spiritual life as well. I am no saint, and it's not like I don't make mistakes, but I try to keep to all the learning that I achieved. (Dave)
>
> Il-programm tagħna iktar mibni fuq l-ispiritwalita' u x'ħin issibha, tkun fulfilled, deep down ma jkissrek ħadd. Qed naħdem għall-ispiritwalita' mhux biex ma nirrilepsjax. Fil-bidu kont ngħamel dawn l-affarijiet biex ma nirrilepsjax fhimt. Illum irrid dik il-ħajja. Illum tatni ħajja sabiħa, ħafna ħafna sabiħa din il-ħajja li qed ngħix l-NA way. Qed tifhem? Ir-reliġjon ma tgħatilhix.
>
> Our program is built on spirituality and when you find it, you are fulfilled, deep down no one can break you. I am working towards spirituality not so I don't relapse. In the beginning, I would do these things to avoid relapsing you know. Nowadays I want that lifestyle. Today it gave me a beautiful life, very, very beautiful, this NA way of life. Do you understand? Religion did not give me that. (Adrian)

> Meta bdejt naqra il-bibbja, bdejt dejjem nieħu interess, u kienu jiġru xi affarijiet fil-ħajja tiegħi, li kont ngħid, nemmen, li il-Mulej qed itihomli…Wara li ħriġt mir-re-entry u mort id-dar, kien hemm ħabiba u qaltli 'ikollna il-prayer group'. U mort ukoll…Inkantaw, infaħħru lil Alla, you know? U mort. U dik il-ħaġa kienet għoġbitni ħafna jien. U daħlet fija.
>
> When I started reading the bible, I started taking an interest, and things happened in my life that I would say 'I believe', I believe that God is giving them to me. When I went out of re-entry and went back home, there was a friend who told me 'We have a prayer group'. And I went…we sing and praise God, you know? And I liked this thing very much. And it became ingrained within me. (Mary)

As contended by Best (2019), the sense of belonging within a community must be a long-standing process that is not contingent on a cut-off point. On the contrary, the success of programs in the community is linked to the continuity of the chain of support, well beyond the first few months of desistance. People move on with their lives when they feel that they have found belonging within a new lifestyle that continues to outweigh the pros of going back to the old lifestyle. Additionally, new or strengthened networks of community make it easier for individuals to continue to steer away from old acquaintances and friends made within the circle of their heroin career until such cues become less significant and eventually fade away for some. Thus, the importance that the security provided is extended beyond the time spent in treatment.

Conformity to the rules of society

It has been shown above that the reinsertion of former heroin users into their families and communities is an important step toward identity change. When they are no longer perceived as deviant by others, they find it easier to re-integrate as full members of society. It

must also be emphasised, however, that for former heroin users, 'belonging' within a community is dictated by already set rules within that community. This drives the former users to embark on paths that conform to these prescribed set of rules and norms, which are established by people in power to make decisions about what constitutes conventional behaviour. This point was also discussed earlier in my analysis of why a majority of people choose to seek professional treatment to desist from heroin use. Becker (1963) introduced the term moral entrepreneur to explore the relationship between societal rules and law and morality and to explain how deviant behaviours come to be defined as such. He talks about two categories of moral entrepreneurs, the rule creators, and the rule enforcers. The rule creators' role is to determine the conviction that a particular behaviour is undesirable and needs to be suppressed and discouraged. He speaks about how such rules are then supported by a body of experts and professionals whose knowledge becomes legitimised as factual. It is well established that heroin use is categorised within our society as an undesirable behaviour that needs to be halted. I have also discussed how people who become committed to heroin careers are often excluded from their respective communities. The reinsertion of former substance users into the community is contingent upon the relinquishing of an 'addict identity' and compliance with socially acceptable roles and the desistance from heroin use.

Conclusion

As has been shown throughout the data analytic chapters, the formation of a new identity that replaces the identification with the 'addicted' self is a crucial contingency towards sustaining desistance. However, it can also be shown that there is no one-size-fits-all in the formation of a new identity as individuals discover new ways of life that best fit the path towards their aspired self and take up new roles that befit their new journey.

In this chapter, I have explored the different processes that participants went through in attaining sustained desistance to formulate a theory on how former heroin users managed such a process. The evidence presented points towards a process that begins at the pre-desistance stage when people contemplate change until they eventually commit to change. This stage was discussed at length in chapter five. This stage is followed by action on the part of the individual. The second stage of initial ambivalent desistance marks the initial reluctant action toward change that is characterized by the different strategies that were utilized by participants during initial desistance. It was documented that during the first few months into attempting desistance participants went through periods of ambivalence, particularly for the fear of leaving a life that they knew behind for a new lifestyle that may have felt somewhat alien to them at the time. Feelings such as boredom, fear of failure, and emotions of loneliness featured as stumbling blocks that needed to be overcome by the participants. One important characteristic that was highlighted was the importance of hope in the transition from active heroin use to initial desistance. It was shown that to overcome the barriers mentioned above, the desire, hope, and aspiration toward a new identity were necessary for participants to endure the initial conflict of leaving their former selves behind. The support of family, professionals within drug services, and peers was instrumental during this phase as it provided a source of encouragement that the path that they started was being welcomed by significant people in their lives. During the third stage of embracing desistance, the participants eventually started experiencing a change in identity from ‘addict’ to ‘non-user’ identities. The assumption of new roles within the family and the community facilitates this process. Detaching from a former ‘addict’ self meant different things for participants, with some opting for a path that detaches them completely from their former self and moving on to a new identity as ‘non-addict’ or rather simply another member within their new community, while others chose a path of remaining grounded within a ‘recovering addict’ identity that

kept them on the path to desistance through constant awareness of their past. As their journey through desistance progressed participants eventually underwent the fourth 'belonging' stage of desistance. During this stage, they felt they could belong in society following a series of recovered assets and the taking up of new conventional roles that made their reinsertion into the community possible. Finding employment and securing steady income, securing adequate housing when such was warranted, embracing spirituality, securing recovery capital through embracing self-help groups and/or aftercare services, finding the support of family members, and taking on new responsibilities were all important contingencies that help secure a path towards finding belonging within a new-found identity. Data also showed how the process of desistance eventually led participants toward ownership of a new identity within their respective communities. Contingencies that were relevant during this phase of desistance were belonging within one's family, embracing new relationships, assuming the identity of a parent, identifying with a spiritual path, and giving back to society. It must be illustrated that though trajectories taken were diverse for the twenty-two participants in this study, paths taken led to similar outcomes that elucidate the importance of belonging within one's environment. It was shown that belonging entails both the efforts of the individual in asserting him/herself within the community and the embracing of such efforts by the community itself.

Chapter Seven: Conclusions and Recommendations

Introduction

The preceding chapters have explored the process of desistance from addiction careers by focusing on the participants' perception of the contingencies that have made their desistance possible. For this study, a career has been conceptualised as one's course through life, in which the presence and recognition of contingencies make progress more or less forthcoming. Because the process of desistance is not unilinear a processual analysis of the development of heroin careers has been favoured. In this final chapter, I present a summary of the emergent theory about desistance in the Maltese context. I discuss the data from the second round of interviews which were intended to provide validation for my findings as presented in the opinion of the participants. I also present the implications for service development and policy. I make recommendations for future research, bearing in mind the limitations of this study.

Summary of the Emergent Theory

In this study, I endeavoured to develop a substantive-level theory about the process of desistance from heroin careers in Malta. I use a symbolic interactionist conceptual framework, most importantly, the concept of career. I explored desistance in the Maltese context by embarking on a qualitative approach that included in-depth, semi-structured face-to-face interviews with twenty-two former heroin users, of whom fourteen were men and eight were women. The length of the careers of these participants ranged between two years and twenty-three years of active engagement in heroin use. Among the criteria for participation, participants needed to be at least eighteen years old at the time of the interview. Also, it was required that participants needed to have desisted for at least five years, in line with recommendations by Best (2010). The overarching question guiding this evolved grounded

theory research was: "How do individuals in Malta, who were once deeply involved in heroin use, navigate desistance from heroin careers?"

During the interviews, participants were asked to talk about their recollections of what was happening in their heroin careers when they decided to desist, the strategies utilized in the pursuit of desistance, and the contingencies in place that supported their attainment of sustained long-term desistance. Furthermore, I conducted five validating interviews toward the end of the study. These interviews aimed to share the developing theory with these participants and receive feedback. Excerpts from these interviews are utilized in sections of this chapter to shed light on their perspectives regarding the theory presented to them.

In this research, I have formulated a theory that indicates that desistance from heroin careers in the Maltese context may be conceptualised as a process entailing four distinct stages. The stage model presented is not necessarily linear as individuals may move forward and backward in the process (Clark, 2005). This research has shown that desistance is an unfolding phenomenon. There are stages in the process with particular contingencies operating at different points in the career. It has been demonstrated how the motivation for desistance changes through the journey. The first stage of 'pre-desistance' takes place while people who use heroin problematically are still committed to heroin careers. At this stage in the desistance trajectory, a series of experienced losses prompt active heroin users to start contemplating desistance. The experience of a significantly impactful event serves as a reckoning moment that acts as a trigger for a deep reflection on one's life, choices, and circumstances. It serves as a wake-up call, challenging individuals to reconsider their current trajectory and motivating them to make significant changes. This leads to the second stage of 'initial ambivalent desistance'. The developing theory indicates that this stage is characterized by a period of uncertainty about pursuing a life without heroin. At this stage, the motivation and conviction to desist is still not fully developed. However, during this time, the benefits of

desistance also start to become more apparent and tangible to the individual (Nugent & Schinkle, 2016). Former heroin users begin to experience the advantages of desistance such as recovery from poor health, reconnecting with family members, gaining trust, and gaining acknowledgment for their efforts to desist. The encouragement and support of professionals and fellow former users who managed to attain long-term desistance was also an important contingency for desistance. This leads toward the third stage of 'embracing desistance'. During this stage desisting heroin users start experiencing the advantages of embracing a life without heroin use. They start to recover losses through reconciliation with family or regaining access to their children, or make new positive experiences like gaining employment or creating new social bonds and friendships that support their journey to desistance. It is during this stage that the shedding of the spoiled 'addict' identity starts to occur and a gradual shift to identification with a non-using self. In the fourth 'belonging stage' individuals assume new roles, reinsert themselves into the community, and attain sustained desistance from heroin careers. The concept of career has been successfully adapted to the study of addiction. It is particularly useful because it focuses both on the actor and others in his environment and is, therefore, able to explain changes in the individual and her/his relations with others. The process of desistance may take differing amounts of time as the trajectory is dependent on several factors, such as the context in which the individual is managing desistance, the circumstances experienced by the individual, the level of support available, and the individual's commitment to the journey of desistance. Some experience relapses into heroin careers that hinder the process of sustained desistance. In this study, desistance has been conceptualised as an interactive process, as a co-production of humans and the social and organisational structures that they develop and deal with.

In the Maltese setting, giving up a heroin career is a complex and multifaceted process that comprises several steps and circumstances that do not take a linear trajectory. Even

though every participant's path was different, some obvious commonalities enabled the construction of the theory that is discussed in more depth below. It is evident that the first phase entails some introspection and exploring the prospect of taking a different route. Several losses including strained relationships, health concerns, legal issues, and a yearning for a better life, contributed to the choice. Many participants sought professional and medical assistance. Building a solid support network has been shown to be essential for long-term desistance. Support from friends, family, and self-help organisations was part of this. Re-establishing contact with drug-free social networks promoted social reintegration. Identity change emerged as a key conceptual category that presents itself in all stages of the process.

Stage one: Pre-desistance

The pre-desistance stage is located within the active heroin careers after the use of heroin escalates to problematic levels. Increased use contributes to diminished control over heroin use (NIDA, 2014) and negatively impacts autonomy (Heather, 2016) as heroin use becomes more salient (Griffiths, 2005). This leads to the development of commitment to heroin careers, and a refutation of alternative courses of action at the time. Data from follow-up interviews support this claim. Adrian for instance said, “Fl-aħħar tkun tridek għaliha biss (heroin). Tiġi int u hi biss. “ “In the end, it owns you (heroin). Only you and it (heroin) remain.” Dave also added “għax kollox jibda jdur ma dak l-oġġett (heroin).” “ Because everything revolves around it (heroin).”

During this period, the experience of a series of accumulated losses such as financial loss, friendships, and relationships contribute to unmanageable heroin use. Together with an appreciation of the rewards associated with the addictive career, the experience of penalties facilitates a shift in perspective. Societal reaction and exclusion from mainstream society is accompanied by the consolidation of a master ‘addict’ identity (Becker, 1963) and the

experience of shame about having 'failed' to comply with society's expectations (Flanagan, 2013). In a post-theory-development interview Joan agreed that a series of losses are suffered, "I: Meta l-persuna jaqbad dan il-pattern problematiku u l-persuna tkun kommessa lejn l-eroina, dan joħloq ċertu telfiet għall-persuna. Joan: Dażgur!!" "I: When the person takes up a problematic pattern and becomes committed to heroin this causes a number of losses to the person. Joan: Certainly!" Similarly, when introduced to the proposition of loss, Dave also agreed that great losses are experienced, "I: Min tilef relazjoni mal-familja, persuni oħrajn kellhom business li mar lura, tilfu l-krittu fuq il-post tax-xogħol, xi wħud anki tilfu l-liberta. Dave: Kollox, katina waħda! Kollox." "I: Some lost their relationship with family, others had a business that went under, others lost credibility at the place of work, some others even lost their freedom. Dave: Everything, it's a chain reaction. Everything!". An interesting observation however was made by Jodie when she said "Għax hemm ħafna minn dawn, accumulated losses, detachment, għal ħafna dawk diġa' kienu hemm. Because you cannot have good attachment, you may even go to the drugs." "Because many of these, accumulated losses, detachment…for many these will already have been there. Because you cannot have good attachment, you may even go to drugs." This may indicate a bi-directional relationship that may also explain drug use as a form of compensating for losses and trauma already experienced (Khantzian, 1997, Gifford & Humphreys, 2007; Chilcoat & Menard, 2003; Khoury et.al, 2010).

Data also indicate that commitment to heroin careers is manifested in different ways among people who use heroin problematically. For some, heroin careers symbolize a complete loss of autonomy, as the heroin experience becomes all-engulfing. Some others, however, do not experience this complete loss of autonomy. While these individuals still identify with an 'addict' identity because they feel they lost control over their heroin use, they are still able to maintain conventional roles outside of heroin use, such as keeping a job. This

would suggest that the autonomy of people who use heroin is indeed impaired but not necessarily completely lost (Edwards, 1982). This also has important implications for an eventual journey toward desistance.

The experience of withdrawals is part of the process that contributes to increased use of heroin, the development of commitment and dependence, and the formation of an 'addict' identity (Piper, 2015; Pickard, 2021). Data also suggest that when dependence is formed, there is a shift in the motivation to use heroin as the behaviour stops being egosyntonic and becomes egodystonic, as the drug loses its euphoric properties and a pathological need to use is developed, further contributing to the formation of commitment (Solomon, 1980; Leshner, 2000).

Increased drug use strains relationships with family, peers, and the wider community, which then also contributes to further spiralling into heroin careers. The strain is caused by the failure of the individual to comply with the expectations of others (Griffiths, 2013), driven by a preference to reap short-term rewards. The conflict is also intrapersonal as the individual reflects on his actions, which may result in feelings of shame, which may lead to further isolation and exclusion from families, friends, and the community. This contributes to further solidification of the 'addict' identity and finding belonging in deviant groups (Becker, 1963). This is corroborated by the response of Adrian when confronted with the proposition of shame, "I: Il-persuna ħossha inqas. Adrian: Ħafna inqas, ħafna inqas minn ħaddieħor." "I: The person feels less then. Adrian: Much less, much less than others!" Although presenting a temporary solution to the problem of felt stigma, becoming part of 'deviant' groups consolidates the master 'addict' status through active participation in the subgroup (Finestone, 1957). As immersion in heroin careers progresses, the strategies to maintain heroin use become more complex and difficult to negotiate as individuals experience several setbacks and losses.

This study's findings have also contributed to the affirmation that the career trajectories of male and female heroin users vary in several ways. Women are more likely to be in relationships with men who use drugs at some point in their careers and they are introduced to substance use by their male partners (Clark & Scicluna, 2019). Being in such relationships and the relatively easy access to drugs contributes to the rapid escalation of heroin use (Mayock et al., 2015). The study also showed that being in relationships with men who use drugs and dependence on the partner to supply drugs, have important implications for desistance among women as they find it hard to detach from such relationships. The involvement in sex work may also be a consequence of the commitment to heroin careers (Clark, 2010). Involvement in sex work further contributes to the experience of trauma and the assumption of a master 'addict' identity.

The developing theory proposes that heroin users experience a series of accumulated losses throughout their heroin careers. This study identified several losses consequent to commitment to heroin careers. These include strained valued relationships with family, friends, and the community, the experience of financial loss, homelessness, the threat of or loss of child custody, particularly among women, failing health, or the loss of liberty due to prison time. Erosion of trust and credibility within the community (Buchman & Reiner, 2009) may also be experienced. The accumulation of these losses are further compounded by an impactful singular event that serves as a 'reckoning moment' and contributes toward the eventual consideration of desistance. The reckoning moment may be different for all individuals, but data point to it serving as an important motivational drive in the transition to change. Some experience incidents of trouble with the authorities, others experience sudden family abandonment or homelessness, and others receive news about severe health problems as a direct consequence of their heroin careers. Some start having suicidal ideations that motivate a change in direction. For some others, it may be the sudden realization that they feel

they are becoming stuck in the heroin lifestyle while friends they know are making their way in life. Some are faced with the threat of losing their children, and the desire to be better parents serves as a turning point that instigates change. Such reckoning moments differ in nature but find commonality as they are considered significant enough for the individual to warrant an imminent change. The proposition that people engaged in heroin careers experience such reckoning moments was supported by Adrian, who said, "Tmiss il-qiegħ, nghidulha aħna. Allavolja ddum tħaffer għall-qiegh kemm trid int, imma jiġri xi ħaġa mbgħad, li tghidlek, jew hawn jew hemm." "We call it hitting bottom. Though it is up to you how deep you want to dig to hit bottom, something happens then, that tells you, its either one way or another."

The theory identifies a number of motivations for desistance. Among these, there was the feeling of fatigue and mental and physical exhaustion consequent to the stress and commitment in trying to sustain heroin careers. This results in an increased dissatisfaction with the heroin lifestyle and may contribute to the consideration to desist. Experiencing shame at having come short of people's expectations of them and of themselves (Flanagan, 2013), and the desire to reconcile with family and the community, nudges committed heroin users to consider change. Additionally, the fear of further consequences of the heroin career may also bring about contemplation for change. The theory indicates that the 'feared self' (Paternoster & Bushway, 2009) may instigate a desire to change course. Upon reflection on what they can foresee as their eventual fate in persisting in their heroin career, they decide to implement change (Paternoster & Bushway, 2009; Markus & Nurius, 1986).

The decision or realization that change is necessary often marks the beginning of the transition to desistance. This pre-desistance stage involves taking stock, considering new possibilities, and acknowledging the need for change. The critical moment can trigger a series of psychological processes. Critical moments included crisis points or moments of heightened

stress. These force individuals to confront and adapt to new circumstances Reckoning moments can lead to increased self-awareness and the re-evaluation of priorities. These reckoning moments include sudden financial troubles, news about an illness, becoming homeless, and losing custody of children. These reckoning moments lead to a conviction that action needs to be taken without delay (Monterosso & Ainslie, 2006) to halt or reverse the losses, particularly after the impactful event that serves as a call to action. It is also important to note that the desire to change also needs to be accompanied by a hope that a better, future life is indeed attainable (Ratnanather, 2021). According to Snyder (1991), hopeful thinking is contingent on three distinct components, which are, thoughts that are goal-oriented, finding avenues on how to achieve the set goals, and agency, which entails instilling the belief that the person can implement the desired change.

The theory on the development of commitment to heroin careers and the role that losses play on the contemplation of desistance seem to indicate that in the Maltese context, isolation from society, particularly the family of origin has an important impact on the development of an 'addict' identity that consolidates the addictive career. These may be particularly relevant to the Maltese context because tight-knit communities are an important characteristic of Maltese culture and values (Grima, 2006). The loss of status within one's family of origin and society may compound feelings of shame that isolate the individual from the community. This detachment from society contributes to further spiralling into a commitment to heroin careers that brings about further losses. In close examination of the reckoning moments that instigate change, it emerged that relational losses have a great impact on the heroin users' motivation to desist. The loss of family relationships, the loss of children, and the erosion of trust by others were shown to be important contributors to an eventual call to action.

Stage two: Initial Ambivalent Desistance

The emergent theory proposes a second stage of desistance that I labelled 'initial ambivalent desistance'. This stage starts with the initial actions to desist, and the strategies applied to attain desistance. This period is characterized by doubts about adopting a new lifestyle that is drug-free which cloud the initial period of desistance. In anthropological studies this is referred to as liminality, which means the in-between phase of transition from one stage to another where persons do not feel that they are not fully in their old identity, but have not fully developed a new one (Bradford & Clark, 2011) For some who may have been immersed in heroin careers for several years, leaving what they know behind may elicit feelings of fear and ambivalence, particularly when the prospects of an alternative lifestyle are still not visualized. This was supported by Adrian in the post-theory development interview, who said, "Il-biża li tħalli il-ħajja li taf. Meta tkun fl-użu, qiesek li tmur tgħamel programm...Kienet biża' dak iż-żmien, ma kellix ħbieb oħrajn." The fear of leaving the life you know. When you are using (heroin) it's the prospect of doing a program (treatment)...It was a fear at the time because I did not have any other friends." Though the initial period of desistance may be paved with uncertainty at times, it can also be the foundation for finding the motivation to forge ahead as the desisting heroin user begins to experience some advantages of desistance (Nugent & Schinkle, 2016). These advantages may be the recovery of good health, receiving support, and associating with role models that have been successful in their desistance. During this time, the validation of their efforts by significant people in their lives provides increased motivation. The hope that they possess the ability to sustain change and aspire to a better lifestyle becomes more prominent as a result of this validation (Mathis et al., 2015). According to Ratnanather (2021), hope goes beyond the desire to change. He argues that hope is the cornerstone for desistance and without it, and the desire to change there cannot be motivation to instill change. This results in the absence of any

meaningful action toward that end. Conversely, when action is taken, the first steps toward process improvement are initiated. In the post-theory-development interview, Dave said, "Imma meta mbagħad ikollok persuni li qed jifhmuk u qed jippruvaw jitfgħuk f'ċerta direzzjoni, dik tgħamel differenza mbgħad." "But then when you have people who are understanding you and trying to guide you into a certain direction, that makes a difference."

People who are attempting to desist from heroin careers utilise different strategies to attain their goals. Some decide to seek formal treatment to support their efforts to desist. This may take the form of medical treatment through opioid agonist treatment, residential treatment in therapeutic communities, or professional counselling in the community. Data revealed that most study participants had engaged in some form of treatment. Heroin users' understanding of addiction may also be affected by this prevailing public perception (Lewis, 2015), and consequently, they seek formal treatment as they also come to believe that it may be their only option. Complying with a treatment regime may also contribute to receiving acknowledgment and recognition of their efforts by their respective families and communities.

Re-establishing relationships with their families and recruiting their support in their journey to attain desistance was also identified as a very important contingency in building motivation to desist. Data indicate that families showed readiness to engage in the process of desistance when the individual signified a motivation to change. However, it was also established that for some, the family of origin may also be an obstacle to desistance. This may be due to estrangement or abandonment by family members, a history of substance use within the family, or past traumatic experiences within an abusive family setting. Furthermore, a lack of knowledge on how to react to the reality of heroin use by a family member can also hinder the process of engagement of the family in the desistance process.

Data indicate that undergoing residential treatment in a therapeutic community (TC) is a very popular route for problematic heroin users in Malta. It seems that the safe, drug-free environment of the therapeutic community and the peer and professional support within such facilities are conducive to fostering a sense of belonging and the discovery of new alternative lifestyles (Perrin & Blagden, 2016). The period spent in the TC creates opportunities to rediscover themselves and supports the transition to a new 'non-user' identity. However, the theory also indicates that when the time arrives for individuals to leave the TC and reinsert themselves in society, for some, this period signals a time that can become uncertain as individuals will necessitate time to readjust and reinsert themselves into the community. This may be indicative of liminality as the individual identity is still in flux between the old 'addict' self and the new developing identity (Bradford & Clark, 2011).

For some individuals, it is possible to desist from heroin use without accessing formal treatment. One of the most important steps when such a path is chosen is immediately moving away from heroin-using peers, though this is also the case for many people who use heroin problematically. This can be somewhat difficult to achieve due to the small size of Malta. The establishment of new social bonds (Nugent & Schinkel, 2016; Best, 2019). and the take up of new roles (Carter & Marony, 2018; Stryker & Burke, 2000) such as becoming employed, becoming a parent, taking up a new business venture, or becoming a member of a social group, may support the transition from an 'addict' identity to one of a 'non-user.'

Stage three: Embracing Desistance

The emerging theory identifies a third stage of 'embracing desistance' that is characterized by the period when former heroin users begin to establish a non-user identity. Following a period of recovered health and forming new bonds or reconnecting with fellow peers, professionals, and family members former heroin users begin to own their developing

identity. The take-up of new alternative roles supports the identification of advantages in a heroin-free lifestyle and establishing a new identity as a 'non-addict.' Data also reveal that the validation by others for the efforts of former heroin users to desist serves as a strong motivator to continue to stay the course as the former heroin users can see their progress through the eyes of others. Through this validation, the individual may start to feel pride in having re-established some of the trust of others that was lost during the active heroin career (Tracy & Wallace, 2016). Furthermore, the association with other former drug-using peers that have managed to desist also serves as encouragement in navigating desistance and establishing a new identity. Identification with peers is also an important asset in building a support infrastructure that is conducive to desistance. McKay (2009) found that continued association with former users through extended aftercare services was a valuable supporting factor in sustained desistance.

The relinquishing of a former 'addict' identity is a crucial step toward attaining long-term, sustained desistance (Bachman et al., 2016; Paternoster & Bushway, 2009). The involvement of the community in the process of desistance also emerged as an important contingency that supports the identity transition. The embracing of the non-addict identity has striong implications for the eventual fourth stage of 'belonging'. Data showed that for desisting heroin users to have a better chance at continuing their journey to sustained desistance, re-insertion within the community is essential. Indeed, data indicate that a good infrastructure of support within one's social circle that extends beyond any period of formal treatment is essential for identity transformation.

The family was also identified as an important source of support, for their transition back into the community. The presence of such support fosters stability and facilitates the transition back into society. The tight-knit family traditions in Malta are conducive to such support, particularly because most people continue to live with their family of origin well into

adulthood. For those individuals without this support system, the pursuit of desistance may be a lonely journey. This is further testament that creating new social bonds within the community is important in the pursuit of establishing a new 'non-addict' identity.

Stage four: Belonging: Reintegration into Society

The emerging theory identifies the fourth stage of 'belonging' in the process of desistance within the Maltese context. The stage of belonging entails that former heroin users become full members of their community through the take up of new roles. This journey may be a long one for many as it necessitates that the community becomes willing to embrace former heroin users back into society as full members. The re-establishment of trust, the validation received by others throughout the journey, and their willingness to embrace former heroin users and look beyond their former 'addict' identities support the transition into sustained desistance and the adoption of multiple new identities that neutralise the former one. The process to attain this recognition is gradual and starts when individuals first embark on the path of desistance and continue through the navigation of the subsequent stages of desistance. In the fourth stage of 'belonging', a further transition takes place wherein the hopes and aspirations of former heroin users become more tangible realities.

Sustained desistance necessitates the relinquishing of the 'addict' identity and the development of multiple alternative identities which are only possible on the assumption of new roles (Carter & Marony, 2018). The emerging theory points to a shift from 'addict' identities that are directly linked to the take-up of several conventional roles such as spouse, son/daughter, parent, employee, social group member, friend, business owner, helper, hobbyist, or spiritual person. These new roles consolidate the assumption of multiple new identities that replace the old overarching 'addict' identity.

Data revealed that finding stable employment supports desistance and the assumption of a new identity. Besides providing financial stability, having a job gives individuals a sense of purpose and meaning in their lives. It allows them to contribute to society, pursue goals, and experience a positive sense of accomplishment. This can be particularly crucial for individuals desisting from heroin careers, helping them rebuild their self-esteem. The workplace is a social environment where individuals can build relationships with colleagues, fostering a sense of belonging and support. Social integration is essential for continued desistance, as it helps former heroin users develop a network of positive influences. Acquiring new skills can enhance individuals' self-efficacy and open up additional opportunities for personal and professional growth. (Best, 2019).

Renewing or taking up roles as spouses, partners, and or/parents also contribute toward belonging. Taking up new responsibilities, or reassuming old ones supports the development of a sense of purpose and achievement and provides direction for the future.

Taking up or reassuming the role of parent contributed to the adoption of the parent identity that for some, particularly women, became the overarching self-defining identity. This new identity may provide a sense of attainment and self-worth that creates or re-establishes a bond with the children (Camilleri, 2021). However, for others, the added responsibility of parenthood or motherhood may be met with reluctance as they become overwhelmed with the added burden of the parent role, leaving them with little time to engage in taking up other roles and activities within the community. This reflects Maltese societal values that still widely place the responsibility of caring for offspring on the mother.

This research also revealed that for former heroin users, social reintegration was also supported by the formation of new alliances and friendships within the community. Taking up the role of friends within groups of ‘non-users’ supports the validation for having successfully relinquished an ‘addict’ identity. Being embraced as a friend contributes to the consolidation

of a sense of worth for having been welcome as active members within new groups in the community. Maruna (2001), in his analysis of a study of desistance from the crime of former prisoners, argues that successful desistance is contingent on the development of a new social identity that is rooted in the development of self-narratives that show themselves and others that they have changed their identity from that of criminal to a reformed identity. The certification of success by authorities and their families reinforces the successful process of desistance. For some, assuming the role of helper particularly within the context of becoming a role model for fellow desisting peers also signals the adoption of a new identity as a valued member of society. Helping others to attain desistance also contributes to increased self-awareness and supports the development of social skills that serve as a tool for full reintegration within the community. Helping also supports self-confidence as former heroin users receive the approval of others in their communities. This is often the case for individuals who become engaged in self-help groups, as giving back is an integral part of the lifelong 'recovery' process (McGovern et al., 2021).

Identity. Identity was the overarching category in the developing theory. The theory showed that the formation of an 'addict' identity was the consequence of developing a commitment to heroin careers. The exploration of the concept of heroin careers was particularly important in the development of theory about how the process of identity change takes place. Identity is rooted both in the individual's personal experience and is also greatly affected by the interaction that the person has with other people (Goffman, 1968; Best et al., 2015; Carter & Marony, 2018; Giddens, 1991; McIntosh & McKeganey, 2000). The theory showed that commitment to heroin careers marked an important identity change as participants recalled how commitment was followed by an erosion of trust and credibility in the eyes of their families, friends, and society and their labelling as deviant by society. This alienation from mainstream society was further compounded by several losses that further

contributed to self-labelling and the formation of a master ‘addict’ identity (Becker, 1963). This change of identity provoked feelings of shame that contributed to a further immersion into heroin careers (Giordano, 2012; De Bono, 2017). Shame however was also shown to be an important motivator that drives people to want to change in the attempt to halt, and perhaps recover the losses suffered and pursue a new identity (Harris & Maruna, 2006).

The developing theory showed that during the second phase of initial ambivalent desistance, former heroin users experience a period of uncertainty and flux between the former addict identity and the new identity that they aspire to, which at this point may still seem unclear to the individual (Bradford & Clark, 2011). However, the encouragement and support received from the interaction with family members, professional workers, and peers begin to instill in the former user that identity change is both possible and desirable (Dini Farhana et al., 2012; Best, 2019).

The assumption of a new identity begins to become more evident during the third stage of embracing desistance when the former heroin users begin to recognize the value of desistance following a number of recovered losses or new incentives that continue to promote lifestyle change. During this period, former users continue to relinquish their old ‘addict’ identity and begin to identify with a ‘non-user’ self. The assumption of new or recovered roles such as becoming employed, taking on adult responsibilities in romantic relationships, and parenting during this phase is a crucial step in strengthening the identity change. The consolidation of trust and encouragement by others continues to be a major motivator in the pursuit of sustained desistance and identity change as the self-portrayal continues to change in line with how other people see the progress being made in the journey to desistance ((Wallace & Tice, 2012).

Finally, the fourth desistance stage of belonging signifies the complete reinsertion of the former heroin user into the mainstream community. The developing theory suggests that rather than one identity of 'non-user' replacing the former 'addict' identity, at this stage the individual adopts multiple new identities which are aligned with the take up of several different roles taken during the entire process of desistance. They begin to see themselves as more than just mere non-users and identify as sons/daughters, spouses/partners, parents, friends, community members, social group members, helpers, employees, business owners, hobbyists/sports enthusiasts, or spiritual beings, among others. This phase in the desistance process is attained through a long process of transition that is supported by a continuity in the chain of support that goes beyond the therapeutic process of any treatment intervention (Best, 2019).

An important observation is the great importance placed on receiving the approval and validation from others in feeling belonging in one's community. These observations point to the pre-requisite to conform to the norms and values of society to fully become a member of a community.

When asked to comment on the model proposed in this research, participants of the post-theory-development interviews made a number of comments. Joan said, "Naħseb li għaddejna minn vjaġġ li naqbel miegħek għax int kissirtu veru f'biċċiet.." "I think that we have gone through a journey and I agree with you because you really broke it down." Adrian added, "Naħseb għamilt osservazzjonijiet tajbin ħafna. Dak hu il-journey. Ta' kulħadd differenti, imma int għafast fuq it-tama." "I think you made a very good observation. That is the journey we take. For each person it's different, but you emphasized on the factor of hope." Jodie added, " I think identity is a big one! L-Identita' tagħna as you said, I could be a father, a son, husband..". Finally, Gabe also corroborated the findings as explained through the

follow-up interview. He said, “Naqbel f’kollox ma li għidt. Rajt il-vjaġġ tiegħi hawn!” “ I agree with all that you suggested. I have seen my journey here!”

The aforementioned hypothesis adds to the corpus of literature that is relevant to the subject of desistance. This is especially true in the Maltese context of quitting heroin, where research on the process of quitting heroin use is lacking. Because it shows how both structural and agentic variables play a significant role in eventual desistance, the theory I have constructed fits very well with interactionist theories of desistance.

Strengths and limitations of the study

In this research, I recruited the study participants through theoretical sampling, in line with the chosen methodology of evolved grounded theory. The qualitative research that I undertook consisted of conducting in-depth semi-structured interviews with twenty-two former heroin users. The rigorous data coding method entailed in evolved grounded theory allows for the establishment of trustworthiness. This process allowed me to refine my investigation into the phenomenon of desistance by identifying gaps in the data and elaborating further on areas that appeared more pertinent to the study at hand (Morse et al. 2002). Grounded theory also necessitates that the researcher continues to seek new data until theoretical saturation is reached, the term refers to the point in the data collection process when the researcher observes that the analysis is no longer yielding new data that contribute to the further development and refinement of the developing theory. In grounded theory, this shows that enough data were collected to fully understand the phenomenon being studied (Glaser & Strauss, 1967; Corbin & Strauss, 2015). In the current study, this was attained after collecting data from twenty-two participants. It was evident at this point that data were no longer yielding any new data that could further elucidate the process of desistance in the Maltese context.

The final sample was constituted of individuals who had desisted for at least five years at the time of the interview. The sample was recruited mainly through local drug treatment agencies that served as gatekeepers for this study. This may be considered a limitation of this study as most participants were recruited from among the population that had contacted drug treatment services at some point in their heroin careers. In this study I opted to include snowball sampling to recruit people who would not otherwise be captured through sampling among treatment entrants. However, the number of persons who were recruited through snowballing was limited to one individual. Another participant had been in treatment several times, but when he attained desistance, he had not been in contact with services. This would mean that people who had managed to desist through a process of self-change or had only been minimally treated were limited in this study, which impaired the in-depth investigation of this route of desistance. Failure to recruit more participants from this category of desisting heroin users was a limitation in the process of securing theoretical saturation in the exploration of this strategy of desistance. However, it must also be considered that the proximity of services and the fact that all services are free of charge may in part explain why people who did not access formal treatment were so elusive to contact. The fear of being stigmatised may also be a contributing factor to why some people do not access treatment, which makes them difficult to trace. Since efforts through several months of conducting interviews continued to fail to recruit more people who had desisted through self-change, I had to make a conscious choice of moving ahead with the available sample. However, it must be said that the twenty-two interviews conducted were instrumental in providing a platform for the voices of those who in my opinion, should be considered the true experts; the participants themselves and their stories.

The desistance period of participants varied across the sample, with the length of desistance ranging between five and thirty-three years. I took the decision to select

participants who had desisted for at least five years for ethical reasons, and because according to Best (2010), people who desist reach a more stable stage of desistance after five years of desistance, and the possibility of relapse diminishes. Hence, I could ensure that the participants had terminated their heroin careers and that it was not a temporary hiatus. The choice taken can also be considered a strength of this study as it contributed to ensuring that the sample was selected from among former users who have truly desisted. Since this study aimed to investigate the entire process of desistance from onset to sustained desistance, I also feel that the choice of a five-year desistance period best fits my purpose, as the participants had already experienced the process of desistance at length, and could be in a position to have more personal perspective of what actually took place.

The interpretivist worldview that I undertook in this work can also be considered a strength as the study was able to consider the participants' perspectives that took the form of biographical accounts of life histories. This is in line with an evolved grounded theory methodology that aligns itself with the interpretivist approach that I adopt in this study. The development of the theory was grounded in the meaning that participants assigned to the process that they went through in achieving desistance (Lyons, 2008). This meaning was formulated by the participants' interaction with their social world and the meaning that they assigned to their experience of heroin careers and desistance (Willig, 2008) and the interpretation of their actions and strategies in achieving their goals. By taking an interpretivist paradigm I also acknowledge that my understanding and beliefs about the phenomenon being studied and the data presented in this study affected my interpretation of the findings (Denzin & Lincoln, 2005; Levers, 2013).

In the process of participant recruitment, I have also endeavoured to ensure that the experiences of desistance of both men and women were well represented. The final sample consisted of fourteen male and eight female participants, which provides for a balanced

representation of both sexes. This allowed for the exploration of gender differences in the trajectories that contribute to the commitment to heroin careers and the process of desistance. Another strength of this study is that it is contextually relevant. The findings of this research are relevant to the audience for which it is destined. The study contributes to the local body of knowledge about the phenomenon of desistance from heroin careers, particularly in the local context. This is of particular relevance in Malta because local data continue to show that heroin users constitute the majority of people accessing treatment services due to their drug use (Gellel et al., 2023). The developing theory on desistance has value both in informing local drug policy, hence contributing to its implementation, and service provision as it provides a biographical account of the experience of desistance grounded in data that were elicited from former heroin users themselves. The lived experiences documented in this study provide for a valuable insight into why people desist and what structures need to be in place so that their journey is facilitated through service enhancement their meets their needs throughout the process of desistance. The study has highlighted several contingencies that are conducive to this end.

The relativist ontology that I adopt in this study can also be considered a strength as it acknowledges the assertion that reality is subject to contextual circumstances such as historical epochs, individual interpretation, and the societal context in which an event is taking place (Weiner, 2014). One reality does not refute the other (Denzin & Lincoln, 2005). The strength of this study also lies in the diversity of the participant sample in age, length of heroin careers, and length of desistance period. The study also ensures the representation of men and women. These diverse characteristics of the study sample allowed for flexibility to consider the multiple interpretations of the navigation of desistance whilst taking into account the diverse narratives that contributed to my understanding of desistance from heroin careers (Denzin & Lincoln, 2005).

Implications for policy and service development

The developing theory indicates that ‘problematic heroin use’ continues to be a heavily stigmatised behaviour that contributes to the social exclusion of people who use heroin. In recent years, Malta has implemented changes in legislation related to illicit substance use that point to a paradigm shift that views substance use disorder as a biopsychosocial problem that would be best addressed through the provision of treatment rather than through a repressive model of criminalizing people who use drugs. Furthermore, recent research (Parnis, 2023) indicates that attitudes among the public toward people who use drugs problematically seem to be shifting from conceptualising substance use as criminal behaviour to viewing ‘addiction’ as a psychological disorder. However, more needs to be done to counter the stigma that often accompanies heroin use. This study indicates that efforts to desist from heroin use are met positively by family members and the community, particularly when persons with heroin use problems engage in treatment. However, the data also indicates that the social exclusion that is suffered by many heroin users can contribute to a further spiralling into heroin careers and to the attribution of a master ‘addict’ identity. Much remains to be done to help to counter the stigma that people with heroin use disorder experience throughout their career. This study contributes toward this end by emphasising the role of the community in embracing the struggles and efforts of people who are trying to desist from heroin careers.. Pescosolido (2010) has extensively studied societal stigma and public attitudes toward mental health and substance use. Her research emphasizes that community attitudes are resistant to change due to entrenched stereotypes, cultural beliefs, and a lack of personal experience with individuals facing addiction. Policies that reframe drug use as a public health issue instead of a criminal offense can significantly reduce stigma. Involving individuals with lived experience of addiction in policy-making helps ensure policies are realistic. Their voices can challenge stigma by demonstrating desistance and

promoting dignity. People who use drugs remain largely unrepresented when decisions are made about how to respond to health and other concerns. The document "Nothing About Us Without Us', examines why it is important to increase meaningful involvement of people who use (or have used) illegal drugs in policy.

Public campaigns that aim to educate the public about substance use disorder could help to prevent the social exclusion of people who use heroin problematically. Furthermore, a multi-disciplinary approach that meets the biological, social, and psychological needs of desisting heroin users needs to be consolidated further. This study presents a four-stage model of desistance that emphasizes the many needs of former heroin users through their process of desistance such as housing, adequate employment opportunities, financial stability, family reconciliation and support, and medical care are all important contingencies that contribute to the complete reintegration of former heroin users and their change from an 'addict' identity.

The developing theory highlights the importance of addressing structural inequalities in an attempt to assist persons who use drugs problematically to desist. Policies must support culturally sensitive interventions that acknowledge and address structural barriers. Housing problems have been a pervasive issue in Malta due to the small size of Malta which makes it difficult for persons with a history of substance use to relocate. Some people coming out of treatment, find themselves back in their old neighbourhoods that may not be conducive to desistance. This decreases their odds of being able to sustain desistance in the long term. Local drug policy and local drug services should address this issue by implementing housing relocation programs for former heroin users who may come to need such services. Collaboration with the Housing Authority and local treatment agencies could ensure a smoother transition into society by providing service users with the opportunity to start anew in neighbourhoods that are more conducive to their aims and aspirations to change the course of their lives.

Employment opportunities for former heroin users are also a very valuable asset for the attainment of sustained desistance. This issue is addressed both in the current drug policy and also by local treatment agencies. However, some who successfully desist still find difficulty in accessing employment due to stigmatisation. This is particularly the case for people with a criminal record. Efforts should be made to further ensure that people with substance use disorder are diverted from the criminal justice system to treatment. Much work has been done locally in recent years on this topic, yet more effort, particularly for people coming out of detention. Drug policies can focus on removing systemic barriers to ensure fair employment opportunities. These include initiatives such as expungement and record sealing that allow for the automatic expungement or sealing of minor drug-related offenses, ensuring ensures individuals are not perpetually excluded from job opportunities. Governments can provide tax credits and subsidies to employers who hire individuals with past drug offenses, encouraging inclusive hiring practices.

Many people with a history of heroin careers experience financial hardships that make it difficult for them to desist from heroin careers. To give one example, there may be cases when due to financial responsibilities such as providing for their families or having to pay loans or rent, people who use heroin problematically find it difficult to enter treatment, particularly when residential care is warranted. Local policy could address this issue by enacting policies that allow for flexibility by local commercial banks and commercial enterprises to meet the needs of this population. Furthermore, local service providers can also act as interlocutors between individuals with financial problems and their creditors. The skilling of former heroin users can also contribute to a smooth transition into the workforce, with a view that they may be able to have better employment opportunities that pay well and contribute to the alleviation of financial constraints. Drug policies must include measures to ensure equal access to employment opportunities.

The findings of this research seem to indicate that many people who encounter problems with heroin use come into contact with drug treatment services in Malta at some point in their careers. This further consolidates the need to continue to strengthen services that better meet the needs of such individuals, particularly focusing on their reintegration into the community. Several participants of this study pointed to a need to improve aftercare services that continue to support the journey of desistance well after the termination of any treatment approach. The literature in the field of desistance from substance use also indicates the need for the involvement of the community in the process (Best, 2019). This is further highlighted in the Maltese National Drug Policy 2023-2033, which stresses the importance of the integration of people who use drugs into society through the introduction of respite services and 'recovery' centres aimed at supporting those in need of such services. Such services would serve as an added source of support for people who find it difficult to stop using heroin, particularly individuals who lack an adequate support infrastructure in the community.

The emergent theory also brought forward a number of gender-related differences in heroin career trajectories. It also points to particular difficulties that women face in accessing drug treatment services attaining and maintaining desistance. For instance, this study demonstrates that many women who use heroin often have a history of being in relationships with men who also use drugs and that they often come to depend on that relationship for the provision of shelter and the supply of drugs. Issues of trauma related to domestic, sexual, and/or psychological abuse are also more common among women who use drugs. Though some drug treatment services in Malta are tailored to meet the specific needs of women who use drugs, more needs to be done to meet these complex needs. For instance, this research indicates that women who use heroin problematically and are mothers face difficulties in accessing certain drug treatment services, either because they fear being identified as drug users and their children may be taken away from them, or because they cannot access services

due to having to care for their children. Furthermore, mothers who also use drugs often suffer heavier stigma as societal expectations dictate that the care of offspring falls squarely within the responsibility of the mother. These issues further isolate women who use drugs and may become an obstacle to accessing treatment services. Efforts should be made to improve inter-disciplinary services that meet both the complex needs of women who encounter such difficulties and their children and aim to prevent the separation of the children from their mothers. Such services would continue to bridge the gap that exists between services for men and women with substance use disorder.

Recommendations for future research

In recent years, there seems to have been an increased interest in the study of desistance from substance use in Malta. However, this area of addiction research still requires further attention in local studies. This research was intended to contribute to strengthening local knowledge about the process of desistance among heroin users. However, its specific focus on desistance from heroin use calls for further research that may shed light on desistance from substance use more generally. Additionally, further investigation is warranted in the study of people who desist from substance use without accessing formal treatment. This may cause difficulties in gathering more information about this elusive group. Shaghaghi et al., (2011) identify a number of strategies that could be utilized to access hard-to-reach populations for research. Among these, they propose 'indigenous field worker sampling (IFWS)' (p.89). This could be possible in the local context as several people who work in treatment services in Malta have a history of substance use. These people could have increased access to hard-to-reach groups as they garner an element of respect and trust within the drug-using community. Such workers could be trained to enter the research field through training on interviewing skills and fieldwork ethical protocols (Shaghaghi et al., 2011).

Since this study also identifies gender differences in the development of heroin careers and desistance from such, further research could be invested in uncovering such differences, to inform policy on the need to diversify services that meet the gender-based needs of all people who use heroin problematically, including male, female, transgender and non-binary among others.

Furthermore, this research was based on focusing on successful desistance from heroin use, while reference was also made to people who for some reason, are not able to desist. Further research could be dedicated to the investigation of why some people manage to desist, while others either fail or are reluctant to do so.

'Identity' was identified as the core category informing the process of this research. Further studies should also explore this important concept to better inform policy on the interplay between the community and problematic heroin users, and how such interplay impacts society's understanding of 'addiction' and the effects that public attitudes have on the identity of people who use drugs. Furthermore, this study found that identity change is a crucial element both in the formation of commitment to heroin use and the navigation of desistance from such. Further research should explore the role of the community in supporting desistance from substance use and the integration of former heroin users into the community. Such research is essential to better understand the way forward in devising policy measures that aim to facilitate the reintegration of people who desist from heroin. One way of doing this would be to invest further in studies about public attitudes about addiction (Parnis, 2023), focusing specifically on their perceptions about people who desist. This could be integrated into population surveys such as the periodic General Population Survey on the Use of Alcohol, Tobacco, and Other Drugs (Muscat et al., 2014). This particular survey also gauges public attitudes and perceptions of substance use and people who use drugs but are not sufficiently explored. The research tool for this survey could be further adapted to include a

stronger component that deals with public attitudes about persons with substance use disorder. This would provide a clearer understanding of how the public can be effectively integrated into policies related to the reintegration of former drug users in society.

Final note

This study has provided an exploration of the complex process of attaining desistance from heroin use in the Maltese context. It uncovers a four-stage model that documents the process from the initial stage of pre-desistance change of identity and the reintegration of former heroin users into society.

The research topic explored in this work was driven by my interest in the topic of desistance from heroin use which was inspired by my past interaction with people who used heroin problematically when I worked for one of the drug treatment services available in Malta several years ago. My recollection of these individuals is that they are heavily stigmatised in our society, and this leads to their social exclusion and compounded legal, medical, and social problems. This motivated me to explore in depth the process of desistance from heroin use to first underscore the fact that desistance from heroin use is an attainable goal for many, and to shed light on the contingencies that support the journey from active use to desistance. Furthermore, besides supporting the development of my theory on desistance, I feel that this study was an opportunity for me to lend a voice to the people who have walked the walk through developing my theory, grounded in the data provided by former heroin users themselves. I hope that this research will be a valuable contribution to local literature about the process of desistance to inspire further research into this interesting phenomenon. I also anticipate that the findings of this study will be utilised to inform local policy and practice so that policy may more specifically address the needs of people who use heroin problematically and the difficulties that they experience in attaining desistance.

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Appendices

Appendix A: Evidence of Ethical Clearance

Manuel GELLEL

Applicant's email: manwel.gellel02@um.edu.mt Index No: SWB 282/2017

UNIVERSITY OF MALTA

UNIVERSITY RESEARCH ETHICS COMMITTEE

Check list to be included with UREC Proposal Form

Please make sure to tick **ALL** the items. Incomplete forms will not be accepted

		YES	NOT APP.
1a.	Recruitment letter/ information sheet for subjects, in English	x	☐
1b.	Recruitment letter/ information sheet for subjects , in Maltese	x	☐
2a.	Consent form, in English, signed by supervisor, and including your contact details	x	☐
2b.	Consent form, in Maltese, signed by supervisor and including your contact details	x	☐
3a.	In the case of children or other vulnerable groups, consent forms for parents/ guardians, in English	☐	x
3b.	In the case of children or other vulnerable groups, consent forms for parents/ guardians, in Maltese	☐	x
4a.	Tests, questionnaires, interview or focus group questions, etc in English	☐	x
4b.	Tests, questionnaires, interview or focus group questions, etc in Maltese	☐	x
5a.	Other institutional approval for access to subjects: Health Division, Directorate for Quality and Standards in Education, Department of Public Health, Curia...	x	
5d.	Other institutional approval for access of data: Registrar, Data Protection Officer Health Division/ Hospital, Directorate for Quality and Standards in Education, Department of Public Health...	☐	x
5c.	Approval from Person Directly responsible for subjects: Medical Consultants, Nursing Officers, Head of School	☐	x

Received by Faculty Office on	27/11/2017
Discussed by Faculty Research Ethics Committee on	07/12/2017
Discussed by University Research Ethics Committee on	N/A

UNIVERSITY OF MALTA

Request for Approval of Human Subjects Research

Please type. Handwritten forms will not be accepted.

FROM: (*name, address for correspondence)* Manuel Gellel *113, St. Joseph Street Paola PLA1027*	PROJECT TITLE: Pathways Out of Addiction: Experiences of desistance from heroin use
TELEPHONE: 21804563 Mob:79804563	
EMAIL: rgellel@gmail.com	
COURSE AND YEAR: YOU NEED TO COMPLETE THIS – PHD START AND END Click here to enter year.	
DURATION OF ENTIRE PROJECT: From 01/04/2016 To 01/04/2022	FACULTY SUPERVISOR'S NAME AND EMAIL: Prof. Marilyn Clark Dr. Albert Bell marilyn.clark@um.edu.mt albert.bell@um.edu.mt

ANTICIPATED FUNDING SOURSE: *(Include grant or contact number if known)* *Self Funded*

1. Please give a brief summary of the purpose of the research, in non-technical language. The proposed research aims to explore problem drug users' trajectories out of addiction and the ways in which interactions with the various social settings surrounding the problem drug user impact on the processes of negotiating pathways out of addiction. In an attempt to theorise desistance from addictive behaviour, using a grounded theory approach, the study will explore problem drug users' understanding of their personal journey out of addiction and how this process may be impacted over time through the interactions of the addicted person with his/her surrounding environment.
2. Give details of procedures that relate to subjects' participation (a) How are subjects recruited? What inducement is offered? (*Append copy of letter or advertisement or poster, if any.)* The participants for this research will be be former problem heroin users who have been abstinent from the drug for at least 3 years prior to the period of interviewing. Participants for this research will be recruited by utilizing a number of methods among which, through approaching aftercare services of the treatment agencies and through snowball sampling. The first steps will be to approach entities involved with providing services for drug users to recruit their assistance in contacting people who will have used their services in the past. They will be given a Recruitment Letter (attached document 1) and then they will contact me directly if they will be interested in participating, thus ensuring an opt in recruitment strategy.

Staff members approaching the prospective participants will not intervene in anyway in this process so as to avoid any subtle coercion on their part. If the person accepts to take part, the contact details of the researcher will be available on the recruitment letter.A similar approach will be taken in recruiting individuals through snowball sampling in that the recruitment letter will be given to such individuals by other participants who will have already taken part in the project. However, since in such cases there will not be any agency staff members involved, the author must ensure that the prospective participants are not in any way coerced to take part. For this reason those individuals who will be acting as intermediaries in this case must be asked not to intervene on the author's behalf in any way and just adhere to describing briefly the process and handing the recruitment letter to the individuals concerned. A copy of the recruitment letter is added as an appendix to this form.

(b) Salient characteristics of subjects – number who will participate, age range, sex, institutional affiliation, other special criteria:

In line with Grounded Theory methodology, no set sample size can be determined beforehand. The Grounded Theory approach utilizes 'a systemic set of procedures to develop and inductively derive Grounded Theory about a phenomenon' (Strauss and Corbin 1990:3), through a number of in-depth interviews with a theoretical sample.The data collection process through interviewing will stop when newdata are no longer emerging from the data collection tools or the data analysis, hence indicating theoretical saturation. The participants will all be over 18 years of age and include both male and female participants. The participants would need to be people who will have not used heroin problematically for a period of at least 3 years prior to participation in the interviews. There may be instances when during interviews, the individuals may disclose that other substances such as alcohol were used during the 3 year period. Such individuals will still be eligible for participation in the study as they may enrich data related to desistance from heroin use.

(c) Describe how permission has been obtained from cooperating institution(s) – school, hospital, organization, prison, or other relevant organization (*append letters).* Is the approval of another Research Ethics Committee required?

Contact was made with the management of the organizations and a letter requesting approval was submitted (Attached document 2) which included a brief description of the rationale of the research to be undertaken. Approval was required from one of the organizations' Research Ethics Committee (AgenzijaSedqa). Approvals are appended Documents 3,4 and 5)

(d) What do subjects do, or what is done to them, or what information is gathered? (*Append copies of instructions or tests or questionnaires)* How many times will observations, test, etc., be conducted? How long will their participation take?

Participants will be asked to sit for an interview that will last about 1 hour. There may also be a followup interview required. (Copy of interview guide appended Document 6)

(e) Which of the following data categories are collected? Please tick where appropriate.

Data that reveals:

Race and ethnic origin	HEALTH
Political opinions	☐
Religious and philosophical beliefs	☐
Trade union memberships	☐
Health	☐
Sex life	☐
Genetic information	☐

3. How do you explain the research to subjects and obtain their informed consent to participate? *(If in writing, append a copy of consent form.)* If subjects are minors, mentally infirm, or otherwise not legally competent to consent to participation, how is their assent obtained and from whom is proxy consent obtained? How is it made clear to subjects that they can quit the study at any time?
A consent form (Appended document 7) will be handed to participants of the study before commencement of the interview. The consent form provides a number of guarantees among which participants will be assured of anonymity of the interviews. They will also be informed that all the information will be treated with the strictest confidentiality and that following completion of the study (estimated to take place in the year 2022) all information will be destroyed. Participants are also informed that they are not by any means compelled to answer any questions which they feel less comfortable with and that the interview can be halted at any point should the participant wish to.

4. Do subjects risk *any* harm – physical/ psychological/ legal/ social – by participating in the research? Are the risks necessary? What safeguards do you take to minimize the risks?
During the course of interviewing, due to the sensitive nature of the information shared with the interviewer, there may be risk of individuals finding themselves in emotional distress in telling their life story to someone who potentially is to them a perfect stranger. The interviewer will always be vigilant at any signs of such distress and if necessary will stop the interview. The interviewer's experience working in the sector for a number of years and the qualifications at undergraduate and masters level in Youth and Community Studies equip the researcher with skills to be able to detect and handle emerging issues. Following each interview, the interviewer will ascertain that distress, if any, on the part of the participants is monitored and when required ,adequate referral will also be suggested to the individual. The researcher will also have at hand contact details for the relevant services in case the need for such referral arises. With regards to legal issues, though the interviewer will make sure to promise confidentiality, will also alert the participants not to share any information that may in some way incriminate the individual concerned. The participant must understand that confidentiality would have to be broken if any such information is of harm to anyone, including the partipants themselves. A debriefing form (Appended document 8) will be given to the participants at the close of the interview.

5. Are subjects deliberately deceived in *any* way? If so, what is the nature of the deception? Is it likely to be significant to subjects? Is there any other way to conduct the research what would not involve deception, and, if so, why have you not chosen that alternative? What explanation for the deception do you give to subjects following their participation? During the course of the recruitment of the participants, no tactics of deception will be used in anyway. All participants will be briefed regarding the purpose of the study and will also be invited to view and assess the information shared following the researcher's transcription and analysis of the data shared during the interview. The interviewer shall also assure that the data shared will be accurately interpreted in a way that is faithful to the intended meaning that the participant assigns to it.
6. How will participation in this research benefit subjects? If subjects will be 'debriefed' or receive information about the research project following its conclusion, how do you ensure the educational value of the process? (*Include copies of any debriefing or educational materials)* It is a possibility that participants of this study will find the interview process as an opportunity to take stock of their achievements with regards to their path out of heroin addiction. Such an experience may serve as a means for the individuals concerned to feel pride in such achievements. The participation in the interviews may also serve as an exercise of reflection. The interview will be followed by a debriefing session.

TERMS AND CONDITIONS FOR APPROVAL IN TERMS OF THE DATA PROTECTION ACT

- Personal data shall only be collected and processed for the specific research purpose.
- The data shall be adequate, relevant and not excessive in relation to the processing purpose.
- All reasonable measures shall be taken to ensure the correctness of personal data
- Personal data shall not be disclosed to third parties and may only be required by the University or the Supervisor for verification purposes. All necessary measures shall be implemented to ensure confidentiality and where possible, data shall be anonymized.
- Unless otherwise authorized by the University Research Ethics Committee, the researcher shall obtain the consent from the data subject (respondent) and provide him with the following information: The researcher's identity and habitual residence, the purpose of processing and the recipients to whom personal data may be disclosed. The data subject shall also be informed about his rights to access, rectify, and where applicable erase the data concerning him.

I, the undersigned hereby undertake to abide by the terms and conditions for approval as attached to this application.

I, the undersigned, also give my consent to the University of Malta's Research Ethics Committee to process my personal data for the purpose of evaluating my request and other matters related to this application. I also understand that, I can request in writing a copy of my personal information. I shall also request rectification, blocking or erasure of such personal data that has not been processed in accordance with the Act.

Signature: M. Gelli

APPLICANT'S SIGNATURE:	FACULTY SUPERVISOR'S SIGNATURE
I UNDERSTAND THAT I WILL NOT INITIATE MY RESEARCH PRIOR TO RECEIVING APPROVAL FROM THE UREC.	*I have reviewed this completed application and I am satisfied with the adequacy of the proposed research design and the measures proposed for the protection of human subjects.*
M. Gelli	M Clark.
DATE 13/11/2017	DATE 13/11/2017

Albert J Bell
13/11/2017

To be completed by Faculty Research Ethics Committee

We have examined the above proposal and advise

Acceptance **Refusal** **Conditional Acceptance**

For the following reason/s:

Signature: Date: 7/12/17

To be completed by University Research Ethics Committee

We have examined the above proposal and advise

Acceptance **Refusal** **Conditional Acceptance**

For the following reason/s:

Signature: Date:

Appendix B: Request for Permission to Access Sample from Service Providers

Navigating Desistance from Heroin Careers a Grounded Theory Study

Dear _____

I am conducting a study in which I am interested in exploring the pathways that individuals formerly addicted to heroin take towards desisting from such use. I am particularly interested to receiving first hand recollections of the experience as recalled by the participants of this study.

The proposed research aims to explore problem drug users' trajectories out of addiction and the ways in which interactions with the various social settings surrounding the problem drug user impact on the processes of negotiating pathways out of addiction. In an attempt to theorise desistance from addictive behaviour, the study will explore problem drug users' understanding of their personal journey out of addiction and how this process may be impacted over time through the interactions of the addicted person with his/her surrounding environment.

Through this letter of information, I am asking for the support of your organization through granting me access to individuals who use/have used your services in the past.

The role of your organization will be that of serving as a gatekeeper that facilitates my access to individuals who may be of interest for the purpose of this study.

The role of the gatekeeper will be to contact individuals who will have used their services in the past or are still attending services within the organization. Participants will be given a Recruitment Letter (see attached) through which they will be invited to contact me directly if they are interested in participating. Staff members approaching the prospective participants will not intervene in anyway in this process so as to avoid any subtle coercion on their part. If the person accepts to take part, the contact details will be available on the recruitment letter that will be handed over to the potential participant by the gatekeeper.

Potential Benefits of the Project

Though locally, there is a rich amount of research related to the processes leading to addiction, there is a lack of research in Malta related to the area of desistance from drug use. For this reason I feel that this study will be of benefit to policy makers in becoming more informed on this area of study and in implementing measures that may facilitate the process leading to abstinence from drugs.

It is also hoped that the findings of this study will be useful for service providers working in the field of drug prevention, rehabilitation and harm reduction through serving as a means for informing further good practice in the delivery of drug related services.

Furthermore, participants of this study will find the interview process as an opportunity to take stock of their achievements with regards to their path out of heroin addiction and to have their voices heard as individuals who have firsthand experience on the topic being studied. Such an experience may serve as a means for the individuals concerned to feel pride in such achievements. The participation in the interviews may also serve as an exercise of reflection.

Should you be so kind as to serve as to offer your services as gatekeeper I would ask you to sign the declaration letter which is attached this information note.

I take the opportunity to thank you in advance for your consideration of my request.

Yours sincerely,

Manuel Gellel

Declaration of Authorization

To whom it may concern:

The purpose of this letter is to inform you that I _____give permission to Mr. Manuel Gellel to utilize the services of _____ in serving as gatekeeper towards access to individuals who make use/have made use of our services for the purpose of the research titled '*Pathways Out of Addiction'* .With this declaration I also declare that the researcher has made every effort to inform us about the nature of the research, its aims and objectives and of the role that our organization will play in the process of this research.

Sincerely,

_____

Date: _____/_____/____

Appendix C: Talba Għal Permess T'Aċċess Għal Kampjun Mingħand il-Fornituri tas-Servizz Esplorazjoni ta' modijiet ta' waqfien mill-użu ta' eroina

Għażiż/a _____

Qed inwettaq riċerka li jiena nteressat fiha, speċifikament dwar mogħdijiet jew toroq li persuna li qabel kellha l-vizzju tal-eroina tieħu biex tieqaf mill-vizzju. Għandi nteress partikolari li nisma' esperjenzi diretti mingħand il-parteċipanti ta' dan l-istudju.

L-għan tar-riċerka proposta hu li jesplora t-toroq li nies bi problema ta' droga qabdu biex ħarġu mill-vizzju, u kif l-interazzjonijiet varji fl-ambjent soċjali għamlu inpatt fuq l-għażliet li ttieħdu biex ħarġu mill-vizzju. Biex jiġi ppruvat il-waqfien mill-vizzju, dan l-istudju ser ikun qed iħares lejn kif il-persuna tifhem it-triq tagħha barra mill-vizzju u kif dan il-proċess affettwa l-interazzjoni tal-ambjent tal-madwar tal-istess persuna.

F'din l-ittra qed nitlob il-permess tal-organizzazzjoni tiegħek biex jingħatali permess li jkolli aċċess għal individwi li qed jagħmlu jew kienu għamlu użu mis-servizzi tagħkom.
Ir-rwol tal-organizzazzjoni tiegħek hu li jservi ta' għassies (*gatekeeper*) li jiffaċilita l-aċċess tiegħi lejn persuni li jistgħu ikunu ta' nteress għall-għanijiet ta' dan l-istudju.

Ir-rwol ta' għassies ikun li jikkuntattja lil persuni li jkunu għamlu użu mis-servizz fil-passat jew li għadhom qed jattendu xi servizzi fl-organizzazzjoni. Il-parteċipanti ser jingħataw ittra ta' parteċipazzjoni (mehmuża) fejn ser jiġu mitluba jikkuntattjaw lili direttament jekk għandhom interess li jkunu parti mill-istudju. Membri tal-organizzazzjoni li javviċinaw parteċipanti prospettivi m'għandhom jintervjenu bl-ebda mod fil-proċess, biex jiġi eskluż kull

sfurzar, anke jekk sottili, minn naħa tagħhom. Jekk il-persuna taċċetta li tieħu sehem, id-dettalji ser ikunu disponibbli fuq l-ittra ta' parteċipazzjoni li tingħata lill-parteċipant prospettiv mill-għassies.

Benefiċċji Probabbli ta' Dan il-Proġett

Għalkemm lokalment għandna ammonti kbar ta' riċerki dwar il-proċess li jwassal għall-vizzju, hawn nuqqas ta' studji marbuta mal-waqfien tal-użu tad-droga. Għal din ir-raġuni inħoss li dan l-istudju ser ikun ta' benefiċċju għal dawk li jfasslu l-politika billi jkunu aktar infurmati f'dan il-qasam u jkunu jistgħu jimplementaw miżuri li jiffaċilitaw il-proċess ta' waqfien mill-użu ta' droga.

Hemm ukoll tama li r-riżultati ta' dan l-istudju jkunu ta' użu lill-fornituri tas-servizzi li jaħdmu fil-qasam ta' prevenzjoni, rijabilitazzjoni u tnaqqis mill-ħsara, billi jservi ta' mezz biex jinforma prattika tajba fl-għotja tas-servizzi relatati mad-droga.

Barra minn hekk, il-parteċipanti f'dan l-istudju jistgħu jsibu l-proċess tal-intervista bħala opportunita' biex jagħmlu rendikont dwar l-avvanzi personali tagħhom barra mill-vizzju tal-eroina, u jkollhom ċans isemmgħu leħinhom bħala persuni li għandhom esperjenza diretta fuq it-tema li qed tiġi studjata. Din l-esperjenza tista' sservi bħala qafas fejn il-persuna tista' tkun kburija bl-avvanzi tagħha. Il-parteċipazzjoni tista' sservi wkoll bħala eżerċizzju ta' riflessjoni.

Jekk inti ġentilment tixtieq toffri s-servizzi tiegħek bħala għassies, nitolbok tiffirma d-dikjarazzjoni mehmuża ma' din it-talba.

Nixtieq nieħu din l-opportunita’ biex nirringrazzjak minn qabel tal-importanza li qed tagħti lit-talba tiegħi.

Dejjem Tiegħek,

Manuel Gellel

Dikjarazzjoni ta' Approvazzjoni

Lil Min Tikkonċerna:

L-għan ta' din l-ittra hu biex ninfurmak li jiena, _____ nagħti permess lis-Sur Manuel Gellel biex jagħmel użu mis-servizzi ta' _____ biex iservu ta' għassiesa (*gatekeepers*) għal aċċess ta' persuni li jagħmlu użu/kienu jagħmlu użu minn dawn is-servizzi għall-għanijiet dwar ir-riċerka 'Mogħdijiet Barra mill-Vizzju'. Niddikjara wkoll li r-riċerkatur għamel l-isforzi kollha biex jinfurmana sew dwar din ir-riċerka, l-għanijiet u l-objettivi tagħha u r-rwol li l-organizzazzjoni tagħna ser ikollha matul il-proċess ta' din ir-riċerka.

Tislijiet,

_____

Data:_____/_____/_____

Appendix D: Letters of Approval

Cartias Malta

Declaration of authorization:

To whom it may concern:

The purpose of this letter is to inform you that I LEONID MCKAY give permission to Mr. Manuel Gellel to utilize the services of CARITAS MALTA in serving as gatekeeper towards access to individuals who make use/have made use of our services for the purpose of the research titled '*Pathways Out of Addiction*' .With this declaration I also declare that the researcher has made every effort to inform us about the nature of the research, its aims and objectives and of the role that our organization will play in the process of this research.

Sincerely,

Date:

27/04/2017.

Caritas
MALTA

Declaration of authorization:

To whom it may concern:

The purpose of this letter is to inform you that I LEONID MCKAY give permission to Mr. Manuel Gellel to utilize the services of CARITAS MALTA in serving as gatekeeper towards access to individuals who make use/have made use of our services for the purpose of the research titled '*Pathways Out of Addiction*' .With this declaration I also declare that the researcher has made every effort to inform us about the nature of the research, its aims and objectives and of the role that our organization will play in the process of this research.

Sincerely,

Date:

27 / 04 / 2017.

Caritas
MALTA

Dikjarazzjoni ta' Approvazzjoni:

Lil Min Tikkonċerna:

L-għan ta' din l-ittra hu biex ninfurmak li jiena, LEONID MCHUM nagħti permess lis-Sur Manuel Gellel biex jagħmel użu mis-servizzi ta' CARITAS MALTA biex iservu ta' għassiesa (*gatekeepers*) għal aċċess ta' persuni li jagħmlu użu/kienu jagħmlu użu minn dawn is-servizzi għall-għanijiet dwar ir-riċerka 'Mogħdijiet Barra mill-Vizzju'. Niddikjara wkoll li r-riċerkatur għamel l-isforzi kollha biex jinfurmana sew dwar din ir-riċerka, l-għanijiet u l-objettivi tagħha u r-rwol li l-organizzazzjoni tagħna ser ikollha matul il-proċess ta' din ir-riċerka.

Tislijiet,

Data:

27 / 04 / 2017.

Caritas
MALTA
5, Lion Street Floriana FRN 1514

Foundation for Social Welfare Services

Document 4

APPOGG
Ghoti Tal, Familji, u l-Komunità

LEAP!

sedqa

Foundation for Social Welfare Services
212, Cannon Road,
Santa Venera SVR 9034

15th May 2017

115, St. Joseph Street
Paola

Ref no: 476/1

To whom it concern

Manuel Gellel's request to conduct research within the services of the Foundation for Social Welfare Services has been reviewed. The research aims to explore 'Pathway Out of Addiction: Experience of Desistence from Heroin Use.'

After reviewing this request, the Research Office has given approval for the researcher to conduct interviews.

Although the Research Office has approved the research, the service providers and participants still retain the right to refuse any research request.

Regards,

Ronald Balzan

Ronald Balzan
Research Executive

INCORPORATING:
Agenzija APPOGG Tel: 2295 9000 Fax: 21 225354 URL: www.appogg.gov.mt
Agenzija SEDQA Tel: 23885110 Fax: 21 441029 URL: www.sedqa.gov.mt
Agenzija SAPPORT Tel: 21 451868 Fax: 21 453164 URL: www.sapport.gov.mt

Section to be completed by FSWS Research Review Panel ONLY

We have examined the above proposal and advise

Approval **Conditional Acceptance** **Refusal**

For the following reason/s if any:
Approval is being given for the applicant to conduct interviews, with male or female participants, aged 18 years and over, who would have stopped using heroin problematically for at least 3 years prior to participation in the interviews. In line with Grounded Theory methodology, no set sample size can be determined beforehand. The data collection process through interviewing will stop when data are no longer emerging from the data collection tools or the data analysis, hence indicating theoretical saturation.

Applicant is to first contact Mr. Joseph Caruana, Nurse in Charge of the Substance Misuse Outpatients Unit, to discuss his research and to get support in recruiting potential participants. If more participants are required, applicant is to contact Mr. Jesmond Schembri, Sedqa Operations Director, who will link him to other Sedqa Services.

Ronald Balzan

Signature Date: 15th May 2017

Note: If conditionally accepted, the recommended changes must be confirmed with the Research Office before the research can proceed.

Section to be completed by the Research Office for Conditionally Accepted Research ONLY.

The recommended changes stipulated by the Conditional Acceptance have not been implemented and these changes have not been confirmed by the Research Office. As a result of these changes the research is now **Refused**. . ☐

The recommended changes stipulated by the Conditional Acceptance have been implemented and these changes have been confirmed by the Research Office. As a result of these changes the research is now **Approved**. . ☐

Signature Date

If Accepted/Conditionally Accepted to whom the study will be directed:

The Unit/s:
Substance Misuse Outpatients Unit (SMOPU)

The person/s referred	Contact details
Mr. Joseph Caruana – Nurse in Charge, SMOPU Mr. Jesmond Schembri – Operations Director, Sedqa	joseph.k.caruana@gov.mt jesmond.a.schembri@gov.mt

Foundation for Social Welfare Services
212, Cannon Road, Santa Venera SVR 9034
Tel: 22588000; Fax: 22588939

Any modification or change of any information contained in this letter is strictly prohibited. The letter may be printed

OASI

11th September 2017

Manuel Gellel
Officer (Authorised Personnel)
Benefits Department
Ministry for the Family, Children's Rights and Social Solidarity
310, Republic Street
Valletta, Malta

*Dear **Mr Gellel***

*I refer to your email dated 26th April 2017 requesting OASI participation in your research entitled **'Pathways Out of Addiction' for** your PhD Thesis with the University of Malta.*

Your request entails the service of both OASI Staff and past and/or current service users who fit the criteria for this particular research, namely testimonials from our clients to shed light on different trajectories that heroin users seek and make use of in their path out of their addiction towards recovery.

The role of the OASI Staff will be to act as gate keeper namely to identify and contact individuals who have been through therapeutic and rehabilitative services at OASI Treatment Unit and to present them with a 'Recruitment Letter' prepared by your kind self, containing information on the nature of the research as well as the researcher's contact details, so that they freely and voluntarily may decide whether they wish to contact the researcher.

As the Director General of the OASI Foundation, I am herewith granting you my consent for the above mentioned purpose and to coordinate with the OASI Treatment & Rehabilitation Staff Team, who are informed on the matter, directly on the Treatment Officers' email address: to@oasi.org.mt.

While I wish you success in your research work, a copy to the OASI Foundation of the final study document will be greatly appreciated.

Kind Regards

Rev. Fr. Emmanuel Cordina

Appendix E: Interview Guide (English Version)

First of all, I would like to thank you for agreeing to participate in this study. The purpose of this study is to explore how persons who formerly used heroin problematically navigate through the process of desistance. I would like to remind you that participation is completely voluntary and that you may stop the interview at any point. The information that you provide will be dealt with in strictest confidence and I once again assure you that at no point in the study will your identity be revealed. We can start the interview when you feel ready. Please take the time you need. I will listen first and take some notes while you speak in case I have any further questions after you finish telling your story.

1. **Initial SQUIN**

   During this first section of the interview I limited myself to ask my initial question to facilitatbut not direct or interrupt the flow of the interview. I also took note to assist me in identifying any need for later elaboration or clarification.

   Guiding question:

   ‘Can you please tell me about your recollection of the time when you made the decision to stop using heroin? You can start by giving your account of events that were taking place during this time that you feel were important to you. You can then talk to me about your journey from when you stopped using heroin and how you continued to desist during these years.’

2. **Narrative Questions on Mentioned Topics only**

   The second subsection was dedicated to asking for elaboration only on topics raised in the first section, in the order of their raising. As much as was possible I used the same language and terminology used by the participants in the narration of their stories.

3. All further questions relevant to the research

The third subsection was dedicated to asking questions relevant to the Interests and Theories of the Researcher that may not have been addressed thoroughly enough during the interview or which may have not at all been discussed during the process of the interview.

Guiding questions:

- Can you talk to me about the most important things that you think contributed to your successful desistance?
- Can you tell me about the differences that you see between the person that you are now and the person you were before you started your journey to desistance?
- Would you like to make any recommendations about how persons who use heroin problematically can be assisted to attain desistance?
- Is there anything else that you would like to add before we conclude this interview?
- Is there anything you would like to ask me?

At the end of the interview I jotted down some demographic details:

- Gender
- Age
- Age of onset of heroin use
- Number of years of activity in heroin career
- Number of years of desistance

Appendix F: Gwida għall-Intervista

L-ewwel u qabel kollox nixtieq nirringrazjak talli aċċettajt li tipparteċipa f'dan l-istudju. L-iskop ta' dan l-istudju huwa li jesplora kif persuni li kienu jużaw l-eroina b'mod problematiku jinnavigaw il-proċess ta' waqfien. Nixtieq infakkrek li il-paerteċipazjoni hija kompletament volontarja u li int tista twaqqaf l-intervista f'kwalunkwe punt. L-informazjoni li tgħati int tkun trattata b'konfidenzjalita' assoluta u nerġa nassigurak li f'ebda punt tal-istudju m'hi se tiġi żvelata l-identita' tiegħek. Nistgħu nibdeq meta tħossok lest int. Jekk jogħġbok ħu il-ħin kollu li għandek bżonn. Għall-bidu se nisma u nieħu xi ftit noti waqt li titkellem int, f'każ li jkolli xi mistoqsijiet oħra wara li tlesti tirrakkonta l-istorja tiegħek.

1. **Mistoqsija SQUIN**

   Waqt l-ewwel parti tal-intervista llimitajt ruħi li nsaqsi id-domanda inizjali tiegħi biex niffaċilita l-andament tal-intervista mingħajr ma nidderiġi jew ninterrompi. Hadt ukoll xi noti biex jgħinuni nidentifika xi bżonn għal aktar dettall jew kjarifikazzjoni.

   Mistoqsija ta' gwida:

   'Tista jekk jogħgbok tghidli dwar dak li tiftakar fuq iż-żmien meta ddeċidejt li tieqaf tuża l-eroina? Tista tibda billi tirrakkonta dak li tiftakar dwar avvenimenti li kienu qed jiġru waqt dan iż-żmien li int tħoss li kienu importanti għalik. Tista mbgħad titkellem dwar il-vjaġġ tiegħek minn meta waqft tuża l-eroina u dwar kif komplejt b'dan il-waqfien matul dawn is-snin.'

2. **Mistoqsijiet Narrattivi dwar suġġetti msemmija waqt l-intervista**

   It-tieni parti kienet iddedikata biex insaqsi mistosijiet li jelaboraw dwar suġġetti li ssemmew waqt l-ewwel parti tal-intervista, skond l-ordni ta' kif issemmew. Kemm jista jkun użajt l-istess lingwaġġ u terminoloġija użata mill-parteċipanti waqt in-narrazjoni tal-istejjer tagħhom.

3. Il-Mistoqsijiet l-oħhrajn kollha relevanti għal din ir-riċerka

It-tielet parti kien dedikata biex insaqsi mistoqsijiet pertinenti għall-interess tar-riċerkatur u t-tejorija, li setgħu ma ġewx indirizzati biżżejjed waqt l-intervista, jew li setgħu ma ġewx diskussi xejn waqt il-proċess tal-intervista.

Mistoqsijiet ta' gwida:

- Tista tgħidli ftit dwar l-aktar affarijiet importanti li int taħseb li għinuk tieqaf tuża l-eroin b'suċċess?
- Tista tgħidli dwar xi differenzi li int tara bejn il-persuna li int issa u l-persuna li kont qabel ma bdejt il-vjaġġ tieghek għall-waqfien?
- Tixtieq tgħamel xi rakkomandazjonijiet dwar kif persuni li jużaw l-eroina b'mod problematiku jistgħu jiġu megħjuna aħjar biex jieqfu?
- Hemm xi affarijiet oħrajn li tixtieq iżżid qabel ma ngħalqu l-intervista?
- Hemm xi affarijiet oħrajn li tixtieq issaqsini??

Fl-aħħar tal-intervista ktibt ftit dettalji demografiċi:

- Generu
- Eta'
- Eta' meta nbeda l-użu tal-eroina
- Numru ta' snin ta' attivita' fil-karriera tal -użu tal-eroina
- Numru ta' snin minn meta twaqqaf l-użu

Appendix G: Recruitment Letter and Information Sheet for Participants

Study Description:

Hello! My name is Manuel Gellel and as part of my studies at University, I am conducting a research in which I am interested in exploring the pathways that individuals formerly addicted to heroin take towards stopping such use. I am particularly interested in hearing the first-hand experiences of individuals who used to use heroin and no longer do so.

I am therefore inviting you to participate in an interview during which we would discuss your experiences. The interview will last about an hour and you would be recounting your experiences as you understand them. The interview will be audio recorded with your permission.

I would like to make it absolutely clear that, as a potential participant, you will at no time be obliged to respond to any questions that you do not feel comfortable with and that you can at any point decide to discontinue your participation in the study. You may even withdraw from the study after you have done the interview and the material you disclosed will not be used. You will also have access to the information shared during the interview if you so wish. No other people apart from my supervisor, Prof Marilyn Clark, will ever see the interview material.

Your participation in this study will be an invaluable asset towards reaching the purpose of this research. If you decide to participate in this study your involvement will be as follows:

- I will together with you organize a date at which it is convenient for both of us to meet. You may contact me on mobile number 79804563 to set up the interview.
- You will be required to participate in an interview that may last about 1 hour.
- You may be asked to participate in a follow up interview for further clarification.
- Conversation taking place in the interview will be recorded with your permission. This is necessary for subsequent data analysis.
- The recording of the interview will also be transcribed.
- Obligations of researcher and rights of participants:
- You have the right to stop the interview at any point without having to give any explanation for stopping.
- You have the right to anonymity. During the process of this study, no real names or details that may lead to the disclosure of the participants' identity will be used at any point in the study.
- All information shared will be treated with strictest confidentiality.
- Following analysis and interpretation, you as participant will have the right to review the material in order to as certain that the information corresponds to your recollection of the story at the time of the interview.
- Following completion of the study, all recorded material shall be destroyed.

Appendix H: Ittra ta' Parteċipazzjoni u Informazzjoni lill-Parteċipanti

Ittra ta' Parteċipazzjoni winformazzjoni lill-Parteċipanti:

Spjega tal-Istudju:

Merħba! Jisimni Manuel Gellel u bħala parti mill-istudji tiegħi fl-Universita' ta' Malta qed inwettaq riċerka li jiena nteressat fiha, speċifikament dwar mogħdijiet jew toroq li persuna li qabel kellha l-vizzju tal-eroina tieħu biex tieqaf mill-vizzju. Għandi nteress partikolari li nisma' esperjenzi diretti mingħand persuni li qabel kienu jagħmlu użu tal-eroina u li issa waqfu.

Għalhekk qed nistiednek tieħu sehemf'intervista li matulha ser inkunu qed niddiskutu l-esperjenzi tiegħek. L-intervista ddum madwar siegħa fejn inti tkun qed taqsam l-esperjenzi tiegħek kif tifhimhom int. L-intervista tiġi rrekordjata fuq awdjo bil-permess tiegħek.

Nixtieqek tifhem li bħala parteċipant prospettiv inti m'għandek l-ebda obbligu tirrispondi mistoqsijiet li m'intix komdu bihom u li f'kull mument tista' tiddeċiedi li tieqaf milli tkompli tieħu sehem f'dan l-istudju. Tista' tiddeċiedi li tirtira mill-istudju anke wara li tkun saret l-intervista u l-informazzjoni li tkun qsamt dak il-ħin ma tiġix użata fl-istudju. Jekk tixtieq ser ikollok aċċess għall-informazzjoni kollha li tkun qsamt waqt l-intervista. Apparti s-superviżur tiegħi, il-Prof Marilyn Clark, ħadd aktar m'hu ser ikollu aċċess għall-materjal miġbur waqt l-intervista.

Is-sehem tiegħek f'dan l-istudju għandu benefiċċji imprezzabbli biex jintlaħaq l-għan ta' din ir-riċerka. Jekk tiddeċiedi li tieħu sehem f'dan l-istudju, l-involviment tiegħek ikun jinkludi:

- Flimkien insibu data u ħin li huma komdi għalina t-tnejn biex niltaqgħu. Tista' tikkuntattjani fuq in-numru tal-mowbajl 79804563 biex nagħmlu din l-intervista.
- Tkun mitlub li tieħu sehem f'intervista li tieħu madwar siegħa mill-ħin tiegħek.

- Jista' jkun li tiġi mitlub/a tieħu sehem f'intervista oħra biex jiġu ċċarati ċertu affarijiet li jkunu ntqalu qabel.
- Il-konversazzjoni waqt l-intervista tiġi rrekordjata bil-permess tiegħek. Din hija neċessarja għal analiżi tal-informazzjoni aktar 'il quddiem.
- Ir-*recording* ser jiġi traskritt ukoll, jiġifieri miktub kelma b'kelma skont kif ikun intqal.
- L-obbligi tar-riċerkatur u d-drittijiet tal-parteċipanti:
- Għandek id-dritt li twaqqaf l-intervista fi kwalunkwe ħin mingħajr ma' tagħti raġuni għalfejn triq tieqaf.
- Għandek id-dritt li tibqa' fl-anonimat. Waqt il-proċess ta' dan l-istudju, l-ebda isem reali jew dettalji li jistgħu jikxfu l-identita' tal-persuna m'hu ser ikunu użati.
- Kull informazzjoni użata waqt l-istudju tiġi ttrattata bl-aktar mod kunfidenzjali.
- Wara l-analiżi u l-interpretazzjoni, bħala parteċipant inti jkollok id-dritt li tirrevedi l-materjal biex taċċerta li l-informazzjoni miktuba tkun taqbel ma' dak li jkun intqal waqt l-intervista.
- Meta l-istudju jiġi konkluż, il-materjal kollu rrekordjat jiġi meqrud.

Appendix I: Participants Letter of Consent

Thank you for agreeing to participate in this study. Before we start with the interview, I would like to share some information with you regarding the nature and purpose of this study.

In this research, I am interested in exploring the pathways that individuals formerly addicted to heroin takes towards stopping such use. I am particularly interested in hearing the first hand experiences of individuals who used to use heroin and no longer do so.

I therefore welcome your participation in an interview, during which we will discuss your experiences. The interview will last about an hour, and you shall be recounting your experiences as you understand them. The interview will be audio recorded with your permission.

I would like to make it absolutely clear that, as a participant, you will at no time be obliged to respond to any questions that you do not feel comfortable with and that you can at any point decide to discontinue your participation in the study. You may even withdraw from the study after you have done the interview and the material you disclosed will not be used. You will also have access to the information shared during the interview if you so wish. No other people apart from my supervisor Prof Marilyn Clark, will ever see the interview material.

Your participation in this study will be an invaluable asset towards reaching the purpose of this research.

I thank you for your active participation.

Manuel Gellel

Participant Declaration of Consent

To whom it may concern:

The purpose of this letter is to inform you that I _____agree to participate in this researcher titled '**An Exploration of Pathways of desistance from heroin careers**', conducted by Mr. Manuel Gellel. I agree that the information I provide will be used for the purpose of this research.

With this declaration I also declare that the researcher has made every effort to inform me about the nature of the research, its aims and objectives and that I have understood the information made available to me on the information sheet provided by the researcher.

I declare that my participation is voluntary and that I have the right to withdraw from participation at any point I wish.

I also understand that all information which I decide to disclose will be treated with the strictest confidence and that I am guaranteed anonymity throughout the process of this research.

Sincerely,

_____

Date:_____/_____/____

Appendix J: Dikjarazzjoni ta’ Approvazzjoni mill-Partecipanti

Grazzi talli accettajt li tipparteċipa f'dan l-istudju. Qabel nibdew l-intervista nixtieq naqsam ftit informazzjoni miegħek dwar in-natura u l-iskop ta' dan l-istudju.

F'din ir-riċerka jien interessat li nesplora toroq li individwi Li kienu maqbudin fil-vizzju tal-eroina qabdu biex Irnexxielhom jieqfu mill-vizzju. Għandi interess partikolari nisma' esperjenzi personali ta' individwi li kienu jagħmlu użu mill-eroina u issa waqfu għal kollox. Għalhekk nagħtik merħba għal intervista bħala parteċipant fejn ser inkunu qed niddiskutu l-esperjenzi personali tiegħek. L-intervista ddum madwar siegħa u inti ser tkun qed tirrakkonta l-esperjenzi tiegħek kif tifhimhom int. L-intervista se tkun irrekordjata bil-vuċijiet biss bil-permess tiegħek.

Qed nagħmilha ċara għall-aħħar li bħala parteċipant int fl-ebda mument ma’ int obbligat twieġeb għal mistoqsijiet jekk ma tħossokx komdu bihom, u li fi kwalunkwe mument tista' tiddeċiedi min jheddek li twaqqaf il-parteċipazzjoni tiegħek f'dan l-istudju. Tista wkoll twaqqaf il-parteċipazzjoni tiegħek anki wara l-intervista u l-informazzjoni li tkun qsamt miegħi ma tintużax. Ser ikollok ukoll aċċess għall-informazzjoni li tkun qsamt waqt l-intervista jekk int trid. L-ebda persuna oħra, apparti Prof Marilyn Clark li hija s-superviżur tiegħi f'din ir-riċerka, m’hi ser tkun qed tara l-materjal ta' Din ir-riċerka.

Il-parteċipazzjoni tiegħek f' dan l-istudju hija imprezzabbli, U ser twassal biex tilħaq l-għanijiet ta' din ir-riċerka.

Nerġa' nirringrazzjak tal-parteċipazzjoni attiva tiegħek

Manwel Gellel

Dikjarazzjoni ta' Approvazzjoni

Lil Min Tikkonċerna:

L-għan ta' din l-ittra hu biex ninfurmak li jiena, _____ nagħti permess lis-Sur Manuel Gellel biex jagħmel użu mis-servizzi ta' _____ biex iservu ta' għassiesa (*gatekeepers*) għal aċċess ta' persuni li jagħmlu użu/kienu jagħmlu użu minn dawn is-servizzi għall-għanijiet dwar ir-riċerka 'Mogħdijiet Barra mill-Vizzju'. Niddikjara wkoll li r-riċerkatur għamel l-isforzi kollha biex jinfurmana sew dwar din ir-riċerka, l-għanijiet u l-objettivi tagħha u r-rwol li l-organizzazzjoni tagħna ser ikollha matul il-proċess ta' din ir-riċerka.

Tislijiet,

_____

Data:_____/_____/_____

Appendix K: Debriefing Form

Thank you for participating as research participant in the present study concerning your experiences with coming out of high-risk heroin use. This study explores pathways out of addiction and aims to shed light on the ways which former high-risk heroin took in coming out of their situation and contingencies that may contribute to such change. This study will contribute towards creating better knowledge about the subject at hand and will also be useful in informing local drug policy.

I thank you once again for your participation in the research. If you know of any friends or acquaintances that are eligible to participate in this study, I ask that you not discuss it with them until after they have had the opportunity to participate themselves. Prior knowledge of the content of the interview can invalidate the results of the interview.

I greatly appreciate your cooperation and thank you for your participation.

If you have any questions regarding this study, please feel free to ask me either at this time or at a later stage via contacting me on e-mail: manuel.gellel.02@um.edu.mt or by phone, 0035679804563.

In the event that you feel psychologically distressed due to your participation in this research, I encourage you to seek assistance and called Caritas Malta New Hope Foundation (+356 2123 7935), Sedqa (+356 2388 5110) or Oasi Foundation (+356 2156 3333).

I thank you once again for your participation.

Manuel Gellel

Appendix L: Formola ta’ Informazzjoni

Grazzi talli accettajt li tkun parteċipant f' dan l-istudju li jikkonċerna l-esperjenzi tiegħek int u tieqaf mir-riskju għoli ta’ użu mill-eroina. L-istudju jesplora toroq li minnhom wieħed joħroġ mill-vizzju u jgħin biex jixhed dawn fuq mod li bihom utenti b'riskju għoli ta' eroina passati irnexxielhom joħorġu minn sitwazzjoni tagħhom, U kontinġenzi li jistgħu jwasslu għal din il-bidla. Dan l-istudju ser ikun qed jagħti kontribut lejn informazzjoni ġdida fuq is-suġġett kif ukoll ta' benefiċċju għal dawk li jfasslu l-politika lokali dwar id-droga.

Nixtieq nirringrazzjak għal darb'oħra talli għażilt tipparteċipa f'dan l-istudju. Jekk taf b' xi ħbieb jew qraba li jistgħu jkunu eleġibbli għal dan l-istudju nitolbok ma tiddiskutix ir-riċerka qabel ma huma stess ikollhom l-opportunita’ li jipparteċipaw. Informazzjoni minn qabel dwar il-kontenut ta' din ir-riċerka jista' jinvalida r-riżultat tal-intervista.

Napprezza ħafna l-kooperazzjoni tiegħek u grazzi ħafna tal-Parteċipazzjoni tiegħek.

Jekk għandek mistoqsijiet oħra dwar dan l-istudju tista' tikkuntattjani kemm dan il-ħin u anki aktar tard Jew b'email: manuel.gellel.02@um.edu.mt Jew bit-telefon li huwa, 0035679804563.

F'każ li ssib ruħek f' diffikultà psikologa minħabba l-parteċipazzjoni tiegħek f'din ir-riċerka, Ninkoraġġik tfittex l-għajnuna u ċempel lil Caritas Malta New Hope Foundation (+356 2123 7935), Sedqa (+356 2388 5110) Jew inkella l-Fondazzjoni Oasi (+356 2156 3333).

Grazzi għal darb'oħra tal-parteċipazzjoni tiegħek.

Manuel Gellel

Appendix M: Table of Conceptual Categories

Categories	Subcategories	Themes	Subthemes
1. Commitment to heroin career/experiences of unmanageable use	Components of commitment	• Escalation	• Frequency /regularity of use
		• Diminished control and autonomy	• Adoption of addict identity/junky identity
		• Salience	• Centrality of behaviour
		• Withdrawal and craving	• Transition to dependence
		• Harm/lack of adaptive functioning	• Loss of productivity • Detachment from mainstream activity
		• Mood modification	• Solace from using heroin • Pleasure
	Master status of 'addict' identity	• Conflict	• Family detachment • Loss of trust • Rebellion • Inner conflict with personal values
		• Maltese Context	• Gender differences • Shame • Addict subculture • Stigma • Reactions of users to stigma
	Strategies of maintain addiction	• Theft • Prostitution • Trafficking	• Gender differences in career trajectories

	Temporal dimension	Long /short commitment stage	• Affected identity • Early/late onset
2. Moving towards change	Loss	Isolation from mainstream society	• Movement into 'addict' subculture
	Consequence of loss	financial hardship	• Loss of productivity (employment/personal commitments • Employment status • Debt • Family disowning
		Sex work	• Trauma • Abusive relationships
		Legal issues	• Consequences of involvement in Crime • Involvement within the criminal Justice System • Issues of child custody
		loss of health	
		Feeling of helplessness	• Failure • Shame and guilt
		Psychological Distress	• Depression/Suicidal Ideation
		Fear and ambivalence	• Fear of dying • Fear of being left behind • Fear of change • Fear of escalating problems
	Context within Maltese society	Family of origin Shame and guilt Stigma and loss of trust	

	Motivation for desistance-reckoning moments	Accumulated losses	• Consequences of loss
		Ambivalence	• conflict between giving up and hope for the future • Heightened fear
		Family	• gender • becoming pregnant • becoming a parent/motherhood • Strained relations with children • Estrangement from family • desiring to regain trust • Providing for family
		Desire to recoup losses	• Hope • Wanting to become a better parent
		Wider Social pressures	• Debt • Reintegration into society • Fear of rejection • Employment • Housing
		Health fears	• Illness • Overdose/s
		Becoming tired	• Disillusionment with lifestyle

			• Failing health
		Contact with services	• Impact on behaviour • Crossroads • Despair vs hope

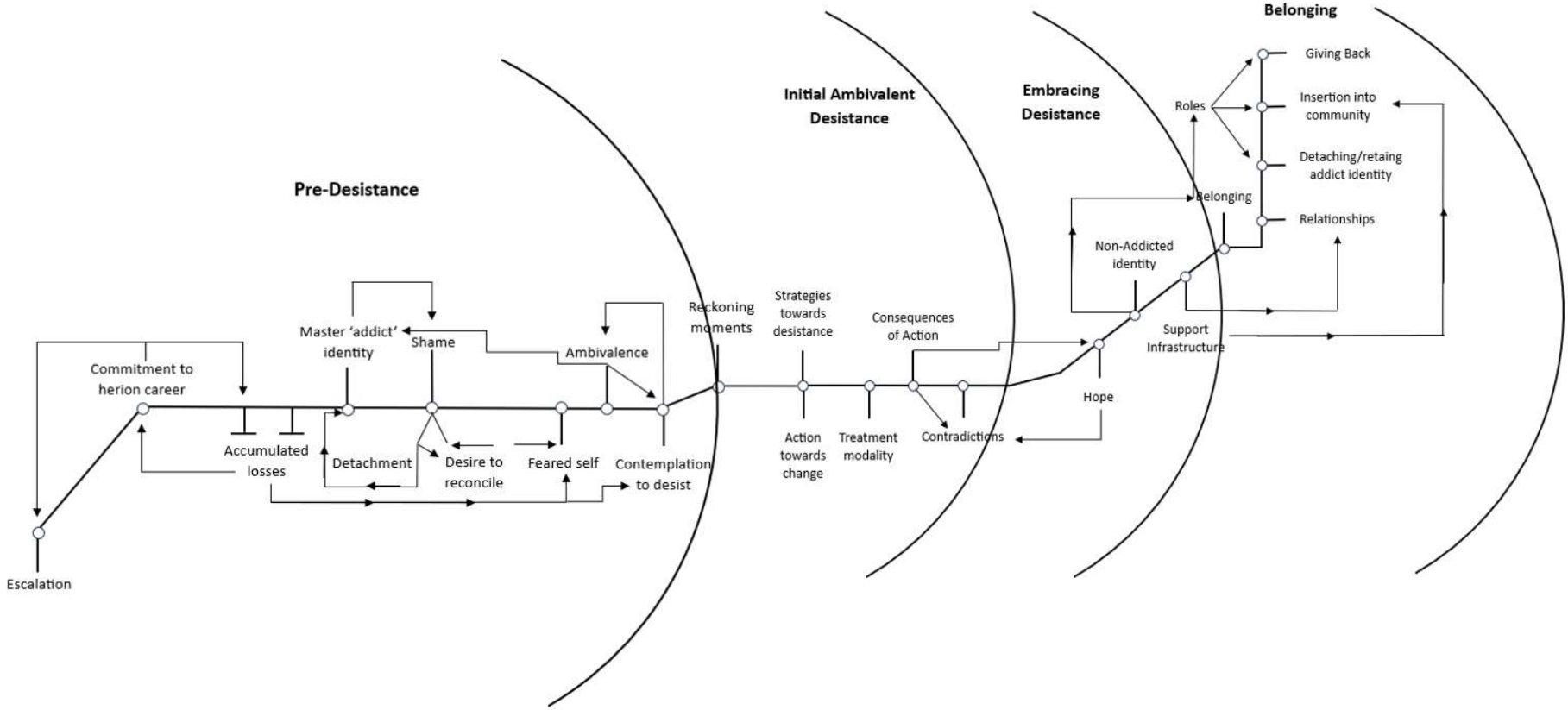
3. Action towards change	Strategies towards desistance (how)	Desistance with Professional Support	· Medical Intervention · Self Help Groups
		Family support	
		Desistance without professional intervention	· Self-change · Community · Past treatment experiences
		Treatment Modality	· Community Teams
		Residential Treatment	· Identity Conflict · Hope
		Resistance/Denial	
		Fear of failure	
		Boredom	
		Loneliness	
		Slipping/lapses	
		Recovering Health	
		Ambivalence	
	Consequences of action	Commitment to treatment	· Belonging in service · Hope · Establishing relations with support persons · Utilizing the program tools
		Commitment to change	· Identity
			· Taking Responsibility

4. Embracing Desistance	Identity	Gradual Re-entry	· Establishing a non-user identity
	Strategies	establishing support network	· Peers · Family · Community
		Identifying with non-using self	· Finding new meaning · Regaining control
		Aftercare Services	· Level of continued engagement with treatment services · Role of self help groups
		Finding and retaining stable employment/income	· Financial independence · Continued low income hardships
		secure housing	· Gender · Belonging · Security · hope
		Spiritualty/religiosity	· Values
		Relationships	· Reconciliation with family · Caring for children · Friendships · New relationships · Spouse support · Community involvement
		Independence	· Financial stability

			· Self efficacy · Regained employability
		Temporal Dimension	· Time Lapsed before attaining sustained desistance
5. Belonging-moving on	Context	Involvement with treatment	· Continued receipt of support · Detachment from services · Agency
	Strategies	Giving back	· Commitment to new identity · Self help organizations · Becoming a role model
		Involvement in Community	
		Gender	· Gender roles · Societal expectations · Parenthood · Relationships
		Keeping past in perspective vs detaching from past	Always an Addict vs Moving on
		Social integration	· Belonging · Fulfilment · Scope in new/reestablished identity

6. Core category: IDENTITY	Consequences of heroin careers	Accumulated Loss	· Loneliness · Labelling/stigma · Estrangement from family · Loss of employment · Income · Involvement in crime · Shame/guilt · Resentment
	Addict Identity	Detachment	· Absence of belonging · Hopelessness vs hope
	Desistance Identity	Recovering loss	· Recovering Health · Reestablishing relations with family and community · Trust · Financial stability · Relations with children
		Commitment to change	
		Wanting to belong	
		Commitment to desistance	Commitment to lifelong addict identity vs new identity of non-user
	non-addict identity	Owning the change	· Hope · Recovered personal values · Belonging

Appendix N: The Process of Desistance



Appendix O: Participants Biographies

Introduction

This appendix presents the biographies of the research participants. The aim is to familiarise the reader with their heroin career trajectories. A total of twenty-two semi-structured interviews were conducted, of which, eight with female participants and fourteen with male participants.

To retain confidentiality and assure the anonymity of the research sample, all names of the participants were changed, and any identifiable personal information was omitted. All participants were engaged in the problematic use of heroin to varying degrees. The duration of their heroin careers also varied, with some having had only a brief journey, while for others their careers spanned decades, marked with several attempts at stopping. It is also worthy of note that most participants were committed to heroin careers., which means that their substance use had become a central part of their activity, and other activities became secondary to substance use. Most participants had experience with several professional interventions at some point in their heroin careers. Such interventions included OAT (Opioid Agonist Treatment), psychosocial support, inpatient detoxification, and residential treatment in Therapeutic Communities. The level of social support from family, spouse, and/or peers also varied. For such individuals, access to professional support was very important in their transition from heroin use to desistance. The contemplation and eventual commitment to change were very often preceded by a series of losses that participants endured throughout their heroin careers. For most participants, there were significant turning points, or life events that consolidated their decision to desist.

Table P1 documents the age of the participants at the time of the interview, the age of onset of heroin use, the duration of the heroin career, the strategies utilized to attain desistance, and the number of years of desistance of the participants at the time of the interviews.

Table (P1): Participant Information

Pseudonym	Age	Age of onset	Duration of career (Years)	Pathway to Desistance	Years since Desisting (Years)
Henna	26	15	2	Residential Program followed by Self-Help Group	9
Joan	40	18	2	Not treated	20
Carl	30	12	4	Residential Program followed by self-help group	14
Kyle	41	17	5	Residential Program followed by Self-Help Group	19
Jodie	54	12	9	Residential Program	33
Jean	56	32	9	Non-residential treatment	15

Sander	45	17	10	Outpatient Medical Treatment	18
Chris	38	17	10	Residential Program	11
Martha	39	17	11	Residential Program followed by self-help group	11
Rachel	58	19	12	Self-help group	27
Dave	48	18	12	Residential Program	18
Adrian	52	18	12	Non-residential treatment followed by self-help group	24
Peter	40	22	12	Residential Program	6
Mary	57	23	13	Residential Program	20
Gabe	38	15	14	Residential Program	9
Clive	43	20	15	Residential Program followed by an evening program	8

Ella	41	16	15	Non-residential treatment	10
Joseph	36	13	18	Residential Program	5
Steve	42	15	20	Non-residential treatment	7
Nigel	64	27	20	Self-help group	17
John	45	19	21	Outpatient Medical Treatment	5
Roger	45	17	23	Not treated at time of desistance	5

Brief biographies of the participants

In the brief biographies below, special attention will be given to the age of each individual at the time of the interview, the age of onset of heroin use, the duration of their careers, significant turning points that contributed to the decision to desist from heroin use, the availability or lack of a support network, treatment vs non-treatment paths, strategies to attain sustained long-term desistance, the age at attaining desistance, and the length of the desistance period at the time of the interview. For ease of reference to the reader, I shall present the biographies starting from the shortest-spanning careers to the longest. I chose to organise the biographies in this manner to illustrate the differences between short and longer-lasting heroin careers as this has important implications for the level of commitment to heroin use and also for the eventual journey to desistance

Addiction careers spanning between two and five years. (four participants)

Henna:

Henna was twenty-six years old at the time of the interview. She started using heroin at the age of fifteen. Due to her use, Henna became involved in crime and ended up in court at the age of seventeen. During this time the court decided to assign her to probation services rather than give a custodial sentence. As part of the probation order, she was required to seek treatment. At first, her motivation to enter a residential treatment program was to avoid incarceration. The first few months of treatment were difficult for Henna as she was still uncertain of the trajectory her life would take afterward. However, as she progressed in the program, she identified the advantages of pursuing a drug-free life. An interesting analogy that Henna uses is that she felt that the program helped in neutralizing 'Henna the user' and helped give birth to a new person. During her time in the program, she decided to resume her studies, which had been interrupted due to her heroin use. She has desisted from heroin use but at the time of the interview was feeling uncomfortable over her use of alcohol, especially since alcohol use goes against the teachings of the program she underwent. For this reason, she has stopped contact with the service. Since leaving the program, she has pursued her studies, secured employment, and continued on her journey of desistance from heroin use. Henna had desisted from heroin use for nine years when she sat for the interview.

Joan:

Joan was forty years old at the time of the interview. She started to use heroin at the age of eighteen. She only spent two years using it but recalls that during those two years, use became very frequent from the onset. She had met a man whom she decided to move in with. When she did, she came to know that he used heroin and was curious to try it herself. She felt that she became addicted to it almost instantly. During this time, Joan became immersed in the use of heroin, became estranged from her parents and siblings, and lost contact with all

her former friends. She had also dropped out of education and started working. Joan was insistent that she always maintained the expense of her use through work and asserts that during the two years of use, she was able to continue working. Joan never underwent drug treatment. She claims that she had tried methadone maintenance for a while but quickly stopped. The realization that she needed to stop using heroin came when she met her old non-using friends in a bar and noticed how they had made progress in their lives while she felt she had become stuck in the routine of using heroin. She decided on that same day to go to her apartment, collect her things, and move out. From that day, she never used heroin again. At first, she rented a flat, but eventually reconciled with her parents and moved back into her family home. She eventually invested in her career, had great success, and was soon able to live independently. Following her success in work, she continued to invest time in her studies and has since changed careers. Joan had desisted from heroin for twenty years at the time of the interview.

Carl:

Carl was thirty years old at the time of the interview. His stint with problematic heroin took place early in life from the age of twelve to sixteen. During this time, it was difficult for him to find professional support, due to his young age. He recalls that his time of using was characterized by limited freedom as his parents had taken steps to limit his interactions outdoors, to help him stop using. Indeed, he recalls how he would score and use drugs without having to leave his parents' home. He had been receiving support through individual sessions with a professional and eventually moved into residential treatment at the age of sixteen. Carl felt that the move into residential treatment helped him restructure his life, with the help of professionals and peers in the program. He spoke about finding common ground with like-minded people and how this helped him feel belonging in the group. Following the program, he continued contact with a local self-help group that he is still active in today. He confided

that belonging to this group helps him stay grounded and feel that he belongs. Carl mentioned also that he believes that addiction is a lifelong illness that needs to be kept in check throughout his life. He felt that a lifestyle change is crucial for sustained 'recovery'. Carl is now married and has two children. Being an avid supporter of sports, he feels that a healthy disciplined sport was also an important contributor to his 'recovery'. He feels that financial, emotional, spiritual, and physical stability all contribute to sustained desistance from substance use. Carl had desisted from heroin for fourteen years at the time of the interview.

Kyle:

Kyle was forty-one years old at the time of the interview. He started using heroin at seventeen and his active heroin career spanned five years. He went for counselling and was referred to opioid agonist treatment (OAT), which helped for a while until he resumed using heroin. He also tried naltrexone treatment but once again without much success at stopping use. He almost overdosed on heroin when he used heroin while undergoing naltrexone treatment. Kyle eventually decided to try to enter residential treatment. He left after three days because he wanted to use one last time, but when he saw that he did not stop at that one time, decided to move back into residential treatment. At first, he thought that he would undergo treatment only to stop using heroin but not other substances. However, he eventually came to the 'realization' that the problem was addiction, rather than the substances, and decided to embark on a total abstinence approach. After residential treatment, he joined a self-help group that he still attends today. To this day, he believes that addiction is a disease and that recovery is a lifelong process. Kyle had desisted from using any drugs for nineteen years at the time of the interview. He feels that helping others through his active role in the self-help group helps him stay on track and admits that to this day, he still has dark patches during particular days where he feels at risk of throwing caution to the wind. Hence his belief in recovery as a lifelong process.

Careers spanning between nine and ten years. (Four participants)

Jodie:

Jodie was fifty-four years old at the time of the interview. She had desisted from heroin use for over thirty-three years at the time. Her heroin career started at the age of twelve and lasted for nine years. She eventually enrolled in a program at the time. She recalls how during that time, the program was based on peer support, with minimal involvement from staff at the facility. Since treatment availability was limited at the time, she felt that peers were much more inclined to support each other so that none of them would lose their spot in the program. She continues to be in contact with several of her peers to this very day. During the period of treatment, Jodie was not receiving support from her family, which made her bond with her peers even more important to her.

Jean:

Jean was fifty-six years old at the time of the interview. She started using heroin when she was thirty-two years old and continued with her heroin career for nine years. She was already a mother at the time. Several incidents where she felt she was neglecting her daughter motivated her to stop using. Jean was emphatic when asserting that having children does not blend well with a lifestyle of heroin use. She recalls how she managed to stop on her own accord. She repeatedly referred to her situation as being quite stressful, particularly due to financial constraints and commitments with her children. However, notwithstanding these hardships, she continued on her journey to desistance mainly driven by her motivation to be a good mother to her children. Jean had desisted from heroin for fifteen years when she sat for the interview.

Sander:

Sander was forty-five years old during the time of the interview. He started using at the age of seventeen and his heroin career lasted about ten years. He had undergone residential treatment at a young age but had relapsed a few months later after a period of alcohol abuse and getting involved with old friends who used drugs. During his time of relapse, Sander had to endure several hardships, particularly of a financial nature since he had been trying to keep his business going. He eventually received methadone treatment. However, the turning point came when he discovered that he had contracted Hepatitis C. His motivation to stop seems to have stemmed from this very incident that shook him and made him fear for his health. Sander's chosen path to desistance was through methadone treatment and support from his doctor. After stopping use, he focused on getting well and strengthening his business. He had desisted from heroin for eighteen years at the time of the interview but was still receiving methadone treatment.

Chris:

Chris was thirty-eight years old when sitting for the interview. Chris's story with heroin began at the age of seventeen and he was an active user for ten years. During his heroin career, he came into trouble with the police several times, which resulted in three different court cases. These court cases motivated Chris to make changes in his life. His father eventually decided to cut him off from the family company and sacked him from his work. This further increased Chris's motivation to seek professional help. He entered treatment for the first time accompanied by his mother, and eventually decided to enter residential treatment. Following his period of residential treatment Chris continued his journey by joining a self-help group that he felt was very helpful in his continued desistance. Chris had desisted from heroin for twelve years when he sat for the interview. He has set up a family

and now has two children. He feels that one important aspect of his desistance is that he is now in a position to help others who similarly to him are struggling with addiction.

Careers spanning between eleven and fifteen years. (Nine participants)

Martha:

Martha was thirty-nine years old at the time of the interview. She started using heroin when she was seventeen years old. One of her parents also had problems with substance use. She had tried several times to stop but never felt she had sufficient motivation or strength to overcome her addiction. Her heroin career spanned over eleven years. She also recalls how she entered into several relationships with men who used drugs and mistreated her, and she found difficulty in relating to men who would treat her well as she felt being treated badly was the normality in a relationship. Martha also found herself in trouble with the law and risked imprisonment. This distressed her greatly. At one point, she felt desperate and contemplated ending her life. These thoughts triggered a desire to seek help once again and she entered residential treatment. After the program, Martha also joined a self-help group that she felt had helped her. However, she did not remain active in this group. Since leaving the program, Martha invested in her studies, managed to complete her tertiary education, is involved in a relationship, and has a young child. Martha had desisted from heroin use for eleven years at the time of the interview.

Rachel:

Rachel was fifty-eight years old at the time of the interview. She had been an active heroin user for twelve years since the age of nineteen and had desisted from drugs and alcohol for twenty-seven years. She recalls how she subsequently entered several relationships with men who also used drugs. Her family had tried to intervene at several junctures in her heroin career but when their efforts proved futile, they gave up trying for a while. Rachel recalls having some brushes with the law and eventually also did some time in prison. However, this

was not a deterrent to her, and she continued using heroin for several years. For most of her heroin career, she had managed to maintain employment but recalls how she lived in poor conditions as she would not have enough money to cover expenses for even a proper bed in the apartment. She entered residential treatment for a brief period and after leaving she joined a self-help group. Several years on, Rachel is still active in her self-help community and thinks that it is an integral part of her 'recovery'.

Dave:

Dave was forty-eight years old at the time of the interview. He started using heroin at the age of eighteen and his career spanned twelve years. He initially attempted to stop using through a non-residential, day program within the community and had managed to desist for a few months, but relapsed after a short while. During this period of relapse, he recalls feeling hopeless at having tried unsuccessfully to desist. A professional who had worked with Dave during his program decided to confront Dave's brother about his current state and they both approached Dave and tried to convince him to enter a residential therapeutic community (TC). He reluctantly agreed to enter residential treatment. Dave's first few months in treatment were characterized by ambivalence about the future. Dave describes the process during the program as a spiritual path to self-discovery. He felt that residential treatment gave him a level of safety. After treatment, Dave eventually met a woman to whom he is still married to this day. Dave had desisted from heroin for 18 years when he sat for the interview.

Adrian:

Adrian was fifty-two years old at the time of the interview. He started using heroin at eighteen. His active heroin career spanned twelve years. Motivation to stop using heroin came when he started to fear for his safety as friends were ending up in prison or mental health care. He managed to stop using heroin of his own accord but during the first two years of desistance from heroin, he developed a problematic pattern of alcohol use and also felt

addicted to work. During this time, he felt he was becoming depressed and decided to approach a drug treatment service. At the time Adrian underwent a non-residential program and felt that he immediately set his mind on taking the program seriously. Following this day program, he joined a self-help group at which he is still active to this day. Adrian attributes his success in desistance to a 'spiritual journey' that he embarked upon that helped from his new identity as a 'recovered addict'. He feels that participating in his group gives him purpose and feels that helping other people is part of his recovery process which is lifelong. At the time of the interview, Adrian had desisted from heroin for 24 years.

Peter:

Peter was forty years old at the time of the interview. He started using heroin at the age of twenty-two. Peter reports feeling in control of his drug use for most of his active career, which spanned twelve years. He was able to cope with work commitments and expenses of his use. However, during his last months of active use, he increased the intensity of use, which according to him resulted in a spiralling of events that brought him to the point of having to steal from his parents' house. His parents decided to report his theft to the police, and he was arrested and detained in prison. During this time he made contact with a treatment service and he entered residential treatment. During his time in the residential program, he felt he could share with others, but mostly it was a time for introspection and self-discovery. After the program he continued to attend a self-help group but did not feel he could identify with a belief system that looked at addiction as a permanent 'condition', so he left the group. Peter had desisted from heroin for 6 years at the time of the interview. Though he did go through a program and did receive support, he still attributes his success to his determination to change course and rediscover himself.

Mary:

Mary was fifty-seven years old at the time of the interview. She had started using heroin at the age of twenty-three and was active in her heroin career for thirteen years. Mary reported a difficult background of abuse and neglect which had started at a very early age. She started using heroin soon after when she became involved with a man who used heroin. When she started using heroin, she recalls having to get involved in sex work to be able to cover expenses for her use. This engagement in sex work also represented trauma for Mary due to the abuse she suffered at the hands of pimps and clients. Mary also spent some time in prison. She felt that during this time in prison, she had experienced a 'spiritual awakening'. From prison, she eventually moved into a residential therapeutic community. Her two children were in residential care during this time. Her program took a lengthy process as she eventually started working but kept living at the facility for several months. Mary had desisted from heroin for twenty years when she sat for the interview, was involved in a religious group, and continued to enjoy a good relationship with her children. She felt that her commitment to her family was her most important source of love and was also able to reconcile with one of her children from her early marriage.

Gabe:

Gabe was thirty-eight years old when he sat for the interview. He started using heroin at the age of fifteen and stopped at twenty-nine. He had tried stopping before through various stints in treatment but lacked the motivation to stop on previous attempts. However, he recalls that during the time that he decided to stop, he felt he had come to a point of desperation. His health was deteriorating, and he had even attempted to end his life. He decided to enter a residential program again, after two other failed attempts. He recalls how the first years were very difficult and lonely as he did not feel he could integrate with friends due to not being in a position to consume alcohol during evenings out. He emphasized this point as a shortcoming

in treatment as he felt that more alternatives for leisure time should be provided as an integral part of treatment, particularly during re-entry into society. Gabe had desisted from heroin for nine years at the time of the interview.

Clive:

Clive was forty-three years old at the time of the interview. He had used heroin for about fifteen years since he was twenty years old When he lost his home and his family left, he went to live with his parents and continued using. He reports that it was only when his family cut him off from all support, that Clive came to a point when he felt he needed to act on his situation. At this time, he agreed to enter residential treatment. During his last weeks of residential treatment, he decided to shift into a non-residential evening support group to continue his treatment. He felt very comfortable in this program as it was of great support for him during the transitional period back into society. He felt that activities organized together with peers were crucial tools that helped him learn about healthy lifestyle alternatives that gave him purpose and fulfilment. At the time of the interview, Clive was still very active in this group. At the time of the interview, he had been desisting from heroin for eight years.

Ella:

Ella was forty-one years old at the time of the interview. She had started using drugs at the age of sixteen. She was raised by her mother who also used drugs. She also remembers how she was surrounded by friends who also came from similar backgrounds and who were equally inclined to experiment with substances. It took Ella only a few months to graduate to more problematic use and she eventually started using heroin. She was on Opioid Agonist Treatment by the age of sixteen. She subsequently spent fifteen years using problematically and had been in a relationship with a man several years older than her who also used drugs. She had tried to rent apartments and also sought professional support but would still end up going back to the relationship, particularly due to financial limitations. She eventually became

a parent. When this occurred, she started to become more motivated to make changes in her life as she felt she did not want her child to have the same upbringing she had in a household where drugs were used. After the birth of her second child, she decided to stop. During this time, she managed to secure adequate housing that she could afford, moved out of the relationship, and sought non-residential support at a local drug treatment agency that provided no-residential group treatment. She felt that apart from the support of the group, her desire to be a good mother to her children was her main motivation to stop using heroin. Ella had desisted from heroin for ten years at the time of the interview.

Careers spanning between sixteen and twenty years. (Three participants)

Joseph:

Joseph was thirty-six years old at the time of the interview. He started using drugs at the age of thirteen. He had tried going into treatment several times but never managed to stop. Joseph eventually started to contemplate change when he was struck by a period when he felt depressed. During his last months of active use, Joseph remembers having to sell everything he owned to cope with his expenses. At this time his wife left him together with his children. This motivated him to contemplate change. He decided to re-enter residential treatment. Joseph recalls how the first two years of desistance were characterized by fear of relapse. However, he eventually found a new purpose in desistance and started once again enjoying his life. Joseph feels that the support of his parents, and regaining the trust of his wife and children was an important contributor to his ability to maintain desistance. Joseph had desisted from heroin use for five years at the time of the interview.

Steve:

Steve was forty-two years old at the time of the interview. He had started using heroin around the age of fifteen. Steve had tried to overcome his heroin use through several interventions that spanned years but without much success. A pivotal period in Steve's life came when he got into a relationship with a woman who he felt had helped him a lot at the time. He was also receiving support through counselling and opioid agonist treatment but never went into residential treatment. Steve also stressed the importance of his resilience to be able to quit using heroin. Another important factor in Steve's journey towards desistance was his involvement in fitness training. He also recalls how he felt it was difficult for him to come off methadone maintenance, as he was afraid of the withdrawal symptoms. He eventually managed to desist from methadone treatment after a lengthy process. Steve had desisted from heroin for seven years at the time of the interview.

Nigel:

Nigel was sixty-four years old at the time of sitting for the interview. He had tried to stop using previously but with limited results. During over twenty years of being an active heroin user, he had always been able to cope with expenses and cover the costs as he had a professional career that provided financial security. He refers to his financial position as an obstacle to desistance because he did not see the gravity of his heroin use since he could afford the lifestyle. However, at a particular period of his life, finances came across hard times. Nigel did not have support from his family, so he sought lodging with friends and found support through a therapist for a while. During this same period, he decided to join a self-help group and felt drawn by the people in this group. Nigel is still active in various self-help groups and now sometimes also travels to go to conferences organized by self-help organisations. He feels that being part of this self-help community is a crucial part of his

sustained desistance and is still very active in this group. Nigel had desisted from heroin for seventeen years at the time of the interview.

Careers spanning more than twenty years. (Two participants)

John:

John was forty-five years old at the time of the interview. He had started using heroin during his late teenage years. He recalls how he started using when in his hometown, many of his friends had started experimenting with substances. Though most eventually stuck only to the occasional cannabis joint, John was one of a few who continued heroin use to problematic levels. His family was always willing to support him in his journey towards desistance. He recalls how he had received treatment through Opioid Agonist Treatment and counselling. Residential treatment was not an option as he was always cautious of his place of work coming to know about his use as he would have been dismissed from work. He had also joined a flexible day program that helped him steer away from using heroin. However, though he would manage to desist for several months; he would still have occasional lapses. There was a particularly turbulent period when he went through a separation from his wife, with whom he had a child. During this time, he decided to stop using altogether, as he feared that his former wife would want sole custody of his child and use his substance use against him in court. After stabilizing on the methadone maintenance program, he was eventually placed on the take-home opioid agonist treatment program and continues to receive this methadone treatment to this day. John had desisted from heroin for just over five years at the time of the interview.

Roger:

Roger was forty-five years old when he sat for the interview. He had used heroin problematically since he was seventeen and had gone through various treatment episodes during his career. Treatment consisted of several instances of residential treatments that would end in relapse after several months of completion of the residential phase. Roger recalls how at the time he decided to stop, he had once again been contemplating entering residential treatment. However, this was not to be as he decided to take a different trajectory as he did not want to lose the lease on the apartment, he was residing in. During this last period of active use, he had continued to maintain a job and pay expenses. Roger also remembers that during this time he was suffering from ill health due to several years of regular use. He started suboxone medication and decided to take a job at sea so that he would not have access to drugs. While at sea he also quit medication. However, this employment was brief. During this time, he started to keep himself busy by working on the maintenance of his apartment going to a local bar, and drinking alcohol to intoxicating levels. He feels that by attending this bar, he was managing to socialize with people and make a few new friends that he retains to this day. He makes an interesting comparison to what he had learned in various programs and acknowledges that he was going against such teachings by using alcohol. However, in his opinion, this period of 'socializing' was crucial in his ability to desist, as the purpose of using alcohol was to steer away from old neighbourhoods and friends who used heroin. He feels that a geographical relocation to a different part of Malta had been instrumental in his ability to desist as he was no longer mingling with his old friends who used. He eventually managed to find employment that he retains to this day and got into a relationship with a woman with whom he now has a child. He had desisted from heroin for five years when the interview took place.

Discussion

In these brief biographical stories, I have provided a brief description of the most salient characteristics of each of the research participants, with an emphasis on the age of onset of their respective heroin careers, the duration of the career, significant turning points towards desistance, the path taken to eventually attain desistance, and finally the length of the desistance period at the time of the interview. I now move towards discussing the trajectories that participants took to eventually become committed to a heroin career during particular junctures in their lives and the contingencies that may have contributed to such commitment.

The vast majority of the participants claimed that their careers had spanned more than a decade (fourteen participants). The temporal dimension of heroin careers has an impact on the level of commitment that participants experience throughout their heroin career (Carnwath & Smith, 2002) and also has a key part to play in the process of desistance.

Those who had relatively short heroin careers of five years or less reported that the retained level of engagement with other activities was less impacted by their heroin use, hence it was easier for them to eventually negotiate desistance. Though they all reported feeling 'enslaved' by heroin, they still retained some social bonds (Hirshi, 1969) such as keeping a job and keeping relations with family. These social bonds kept these individuals from completely identifying with the 'addict' identity, and in turn, supported their early exit from heroin use. At this stage of their career, the participants still felt like they had much to lose if they persisted in their path of heroin careers (Hirshi, 1969). The data below were shared by participants whose heroin careers were relatively short. "Għax jien xorta bqajt naħdem b'xi mod. Xorta kont immur għax-xogħol imma naħdem b'li nista kont.", "Because I still worked. I still went to work but I worked as far as I could." (Kyle)

> Eħe jekk kelli kera ħallastha (…) Naħseb mela biddilt f'sena u nofs biddilt 4 xogħolijiet. Jiġifieri qatt ma kien hemm dik l-istabilita', pero kont dejjem infittex ix-xogħol, naħdem u kont eħe…ma kontx immur nisraq eżempj u (...) eżempju meta nitkellem ma nies, ifhimni fil-verita' jien meta kont nuża ma kellix xi circle of friends li konna nużaw flimkien.

Yes, if there was rent I paid it (…) obviously my experience of work while I was using was not as successful and it wasn't (…) I think I changed four jobs in one and a half years. So, there was never that stability, but I always looked for work, work and I was, yes…I did not steal for example…For example, when I talk to people, in reality, I never had a circle of friends whom I used heroin with. (Joan)

The length of time that people engage in problematic heroin use has an impact on their level of engagement with heroin careers. The data above show that those participants with shorter careers were not yet immersed completely into the 'junkie' lifestyle, it was easier for them to stop as they retained conventional bonds.

Conversely, participants who had a longer active career, sometimes up to more than twenty years, confided greater impact on their lives as they experienced health problems, loss of material assets, and the deterioration of social bonds such as falling out with family and losing status and trust within the community as they became more immersed into the heroin lifestyle. The data below are elicited from participants who had engaged in heroin careers for several years. "Pero' kont ġejt f'pożizzjoni li, kien ġie żmien u ġejt mitluq li at the end of the day anqas kont naf li qed ngħix." " But I was in a position, that, there was a time that I was completely resigned at the end of the day, I did not know if I was living." (Dave)

I had been in repeated detoxes, I had met with various doctors, I had changed location to be in locations where my drug of choice, which was heroin, wasn't available, and I just…substituted another drug, alcohol in some cases… So, I tried … unsuccessfully or partly successfully. (Nigel)

I just, I couldn't keep going and I couldn't find a way to stop. I couldn't go through withdrawal another time. I just couldn't. My body couldn't take it, I was so thin I didn't even stand up straight anymore, and I didn't eat. I would eat only one Mars bar and one Snickers bar I think a day. I was very; my body was not doing well. I don't remember what the weight is in kilos, but it was very low. (Rachel)

Kemm se ddum iddur l-istess cirku? Imma l-misteru tagħha l-heroin, li tkissrek. Tgħaddi mill-martirju li tgħaddi biex tfieq u programm u ninsew. Kif tġġustifika darba, terġa tgħid, tiġi l-ġimgħa ta' wara u tgħid u iva…u tibda nieżel…tillepsja mingħajr ma taf sakemm tispicca kuljum. Kont imkisser.

How long are you going to go around in the same circle? But the mystery of heroin, that it breaks you, you go through hell to recover and the program and we forget. You justify once, you say, another week and you say ok… and you start spiraling down… You relapse and end up using daily again. I was destroyed. (Roger)

Conclusion

In this appendix, I have presented a short overview of the journey that the twenty-two participants of this study undertook to attain sustained desistance for several years at the time of the interview. For ease of reference, I presented the brief sketches according to the length of the participants' heroin careers, starting with those whose careers spanned up to five years, to others whose careers persisted for over two decade.

Appendix P: Examples of Memoing

In this appendix, I present two examples of memos that I developed in the process of data collection and analysis. The writing of memos was instrumental in the development of my thought process as I was attempting to make sense of the data for this study. In the process of conducting open coding, I took brief initial notes that attempted to partially explain the properties of the codes that were developing. These notes were an important tool that helped inform the constant comparative method that I adopted in the data collection and analytic process. These notes served as a strong basis for the eventual process of axial coding that entailed further elaboration and expansion of the initial codes. The examples I present here are notes that I took whilst undergoing the process of axial coding. Through these short memos, I attempted to capture my thought process and reflections on the meaning that I assigned to particular sets of data. The process was necessary to identify the six categories that are the foundation for the eventual development of the theory presented in this study.

Example 1-Loss

The open coding process reveals that several participants experienced losses when they became committed to heroin careers. The losses experienced varied across participants. Financial loss, the erosion of family and peer relationships, loss of liberty, loss of employment, loss of good health, becoming homeless and the erosion of trust by others were among the losses mentioned by participants. Individuals may suffer a number of these throughout different periods during active heroin careers and may be experienced repeatedly. There seems to be a common pattern among participants that shows that these losses contribute toward the isolation of heroin users from mainstream society. In turn, this isolation also leads to further losses along the career path, indicating that there is a reciprocal relationship between loss and isolation.

The impact and consequences that losses have on heroin users seem to be twofold. The experience of individual losses during the heroin career path seems to contribute toward the eventual adoption of a master 'addict' identity. The way that others see people who use heroin has a significant impact on their identity. The erosion of trust has a particular impact on the accumulation of losses as this may impact several relationships that the individual has, among which family relations, friends who suddenly wish to disassociate themselves from the individual, or work colleagues. However, for the participants of this study, the accumulation of these losses over the years seems to have impacted their desire to make changes in their lives. It seems that this accumulation of negative effects eventually provoked participants to become disenchanted with their heroin use, prompting their desire to change. Among the consequences of accumulated losses, several participants indicated that at some point in their careers, they became tired and disillusioned with the lifestyle. During this time contemplation for change became possible.

However, the decision to commit to change seems to have taken root after participants experienced an impactful event that triggered their decision to implement change. These impactful events were different among participants. Some experienced a sudden financial blow, others suddenly became disowned or abandoned by their respective families, some lost their homes and/or their children or became aware of a serious illness. Though these experiences were different, it is the significance that individuals gave to these impactful events that is important here. There seems to be a common pattern among the participants that recollect the experience of 'reckoning moments'. Though the impactful event can be considered the turning point, during this time, moments of introspection lead the individual to reflect on all the accumulated losses. It is the sum of these losses and the impactful event that eventually leads to action.

Example 2- Belonging

Individuals utilised several different strategies to attain sustained desistance. However, there seems to be a common process in which the transition from an 'addict' identity to a 'full member of society is contingent upon former heroin users' sense of belonging among their respective communities. Feeling belonging means that the individual becomes fully integrated into a community or group of people that they aspire to become part of. Feeling belonging is a process that takes long to attain. It starts with the former heroin user's initial efforts to desist. The acknowledgment by others for the efforts of the individual to desist. The acknowledgment by families, professionals in the treatment field, and fellow peers with a history of drug use has a lasting impact on the formation of a 'non-addict' identity. Further, into the desistance path, data show that participants eventually take up new conventional roles such as taking up employment or business ventures, embracing parenting, becoming part of organised groups (religious groups, self-help groups, civil society groups), taking up hobbies or becoming a helper to other fellow drug users, among others. The take up of these new roles has a positive impact on others as they begin to change their perception about the 'former addict'. This contributes to the complete relinquishing of the 'addict' identity and the take-up of new multiple identities, such as son, sibling, parent, employee, friend, and hobbyist.

There are similarities in the process of the assumption of a master 'addict' identity and the acquisition of new multiple identities, in that both are contingent on the individual's perception of oneself, which is also affected by how society portrays her/himself. The relationships that we experience have an impactful consequence on our self-image. This is shown in several participants' recollections of how they felt excluded and labelled during their time of active engagement in heroin careers, and the impact that this had on their identities. In the case of persons who desisted from heroin use, the acknowledgment and

embracing of others is an important contingency that contributes to their full reintegration into society.