**The desistance process of offenders who misuse drugs**

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**Introduction**

A large amount of desistance studies focus on a broad population of offenders (Laub and Sampson 2003; Maruna 2001). Recently there has been a growing interest in describing and understanding desistance in specific types of offenders, like drug-dependent offenders, mentally-ill offenders, sex offenders and white-collar offenders (Walters 1996; Harris 2014; Göbbels, Ward and Willis 2012; Laws and Ward 2011; Hunter 2015).

Despite the growing amount of desistance studies, the existing knowledge on differences in desistance between types of offenders is still scant. This is especially the case for the desistance process of drug-dependent offenders. The under-representation of this group in desistance research is unexpected, given the dominance of criminological studies on the relationship between drug misuse and offending and the overlap in populations involved in drug misuse and offending (Best and Savic 2015). Undoubtedly, a connection between drug use and offending exists and it occurs in different forms (Goldstein 1985): 1) drug use can lead to offending, 2) offending can lead to drug use and 3) offending and drug use have similar underlying causes. Following Goldstein (1985), the first model can be divided into three types of drug-related crime: offences committed in order to finance drug use (economic-compulsive/acquisitive crimes), offences committed under the influence of drugs (psychopharmacological crimes), and offences related to drug supply and distribution (systemic crimes).

A vast body of studies, dealing with the drug user population and the criminal justice population, describe the complex relationship between drug misuse and offending (Stevens 2007; Bennett and Holloway 2004). Drug misuse and life style factors are associated with social dynamics that interfere with the desistance process. Drug misusers may face instability in relationships, association with deviant peers, isolation of prosocial networks, delay of parenthood and job instability. Therefore, drug misuse is generally incompatible with the responsibilities associated with conventional social roles and it can compromise a successful desistance process. Even though there could be periods of abstinence and drug misusers may express the desire to lead a conventional life, the combination of drug dependency and the influence of association with delinquent peers, can lead to an enhanced risk of persisting in criminality (Schroeder, Giordano and Cernkovich 2007).

Because of the symbiotic relationship between drug misuse and offending, Sullivan and Hamilton (2007) highlight the need to focus on the reasons for developing and refraining from offending and drug misuse and to obtain a career perspective, rather than a sole focus on their onset. Despite the focus on the (onset) drug-offending link, far less attention has been paid to clarify the relationship between recovery from drug misuse and desistance from offending.

Best and Laudet (2010, 2) describe recovery as the

lived experience of improved life quality and a sense of empowerment; that the principles of recovery focus on the central ideas of hope, choice, freedom and aspiration that are experienced rather than diagnosed and occur in real life settings rather than in the rarefied atmosphere of clinical settings. Recovery is a process rather than an end state, with the goal being an ongoing quest for a better life.

When studying the desistance process of offenders who misuse drugs or the desistance process of drug misusers who commit offences, sufficient attention has to be paid to both desistance of offending and recovery from drug misuse. The few studies focusing on desistance in this specific group of offenders do not always recognise this dual and distinct change process. Desistance and recovery have often been used interchangeably (Best et al. 2008; Chu and Sung 2009). Although some assume a parallel between recovery and desistance (Best and Savic 2015), our knowledge on the specifications of this interaction is insufficient. Insight in the overlap as well as the differences between desistance and recovery could therefore contribute to the theoretical knowledge on both models of desistance and recovery.

In this chapter, we focus on the connection between recovery and desistance, highlighting the relevance of considering differences in desistance for different types of offenders. After all, this area of desistance research might be useful to explore in greater detail the way desistance is shaped and how the desistance process could be different for distinct types of offenders.

**The DESDRUG study**

To illustrate the key-topics of this chapter, we will highlight some empirical findings of the DESDRUG study (Colman 2015). The goal of the DESDRUG study was to explore the desistance and recovery processes as they were experienced by Belgian offenders who misuse illicit drugs (Colman and Vander Laenen 2012; Colman and Pauwels 2011). To this end, a qualitative research design was used.

The sample included desisting and recovering offenders who were strongly involved in offending and misused drugs, aged over 18. For the sampling, we used gatekeepers in treatment services and in social work services (so-called street corner services) in 13 different cities. With regard to the misuse of illicit drugs, previous use on a regular basis was an inclusion requirement. To determine which use constituted ‘regular use’, the definition of Nelles et al. (1999, 136) was used, stipulating that drug use is regular when it happens ‘at least three times a week for 1 year.’ The sample focused on illicit drug misusers, without specifications of a particular drug type, allowing a diverse range of illicit substances. With regard to offending, respondents had to self-report at least five offences (property, violent, sexual, or consensual crimes) during any five-year period.

We followed the definition of recovery and desistance, as indicated by the respondents, and made a distinction on the continuum between early stage (less than one year in recovery and desistance) and later stage (more than one year in recovery and desistance). Most respondents defined being in recovery and desistance as being abstinent and crime free. However, five respondents, former daily heroin misusers, occasionally smoked cannabis. They defined themselves as being in recovery since the function of their use differed, they used less, and their quality of life had increased substantially. Their perspective was in line with the evolution within recovery practice and literature in which abstinence is not the only indicator of recovery (De Maeyer, Vanderplasschen and Broekaert 2011). Simply focusing on drug misuse as the problem is inadequate and it reduces people to their problem rather than promoting their personal recovery and social inclusion (De Maeyer et al. 2011; Vander Laenen et al. 2013).

In total, 40 persons (32 men, 8 women[[1]](#endnote-1)) were interviewed, using a semi-structured interview guide including topics related to onset, duration and recovery/desistance (e.g. a career perspective see Sullivan and Hamilton 2007). After one year, a follow-up interview was organised in order to get insight in the development of their desistance and recovery processes. Fourteen persons relapsed of whom five were back in early stage desistance/recovery; four persons were diseased and two persons ended up in prison. The DESDRUG results presented hereafter are based on the interviews with 20 later stage desisters, since we were mainly interested in the nature and underlying processes of people experiencing a more sustained state of desistance and recovery. On average, these 20 later stage desisters had been in recovery/desistance for a period of, on average, 28 months (ranging from 11[[2]](#endnote-2) to 144 months)[[3]](#endnote-3).

**Theoretical models of recovery and desistance: similarities and differences**

The small number of studies exploring the desistance process of offenders who misuse drugs, mostly use the concepts of desistance and recovery interchangeably (Chu and Sung 2009). Still, recovery and desistance are concepts from two different research traditions. Recovery originated from the mental health discipline; while desistance originated from the criminal career tradition and is predominantly a criminological concept (Colman and Vander Laenen 2012). We should highlight the importance of studying desistance and recovery as distinct, equally important, processes, just as we consider drug misuse and crime as distinct, but often related processes.

**Parallels between recovery and desistance**

Starting from the intertwined relationship between drug misuse and offending, and the overlap in populations involved in recovery and desistance (Best and Savic 2015), some studies found a parallel between recovery and desistance (Best and Savic 2015; Marsh 2011; Taylor 2008).

Recovery and desistance are both transformational, dynamic and gradual processes. They both reside in the interplay between maturation, social bonds and agency/identity. In both recovery and desistance, researchers highlight the idea of growing out of crime (Shover 1983) or maturing out/drifting-out of drug misuse (Winick 1962). Others have emphasised the emotional and physical crises, leading towards points of no return (McIntosh and McKeganey 2002), or the influence and quality of (age-graded) social bonds (Sampson and Laub 1993). Social bonds can support the change process and serve as a catalyst for change (Giordano, Cernkovich and Rudolph 2002). Prosocial bonds are not enough to activate desistance or recovery (Bachman et al. 2015), and we should also consider the role of agency, motivation, choice and identity (Byrne and Trew 2008; Maruna 2001; Serin and Lloyd 2009; Liebregts et al. 2015).

**Differences between recovery and desistance**

Despite the important similarities between recovery and desistance, a major difference between recovery and desistance has to do with the purpose of change (Wittouck et al. 2013). Recovery emphasises more often the achievement of personally desirable outcomes. In other words, recovery is more focused on expectations and experiences of the patients, and the patients themselves often explain what recovery entails, related to their quality of life (Laudet and White 2008). Laudet and White (2008) indicate that recovery is mainly associated with improvements in quality of life, and not only with the absence of drug related problems. Recovery should be considered ‘as enhanced quality of life (QOL), having goals, being a productive and valued citizen, helping others, and having positive social relationships’ (Laudet and White 2008, 3).

In desistance, the focus is mainly on socially desirable outcomes – a reduction in offending – and less on client-reported outcomes. Still, over the past decade, criminologists have increasingly adopted the aspects of the Good Lives Model (Ward and Stewart 2003), which could be considered as the counterpart of quality of life in recovery research. This Good Lives Model incorporates a strengths-based rehabilitation theory focusing on defending human goods in socially acceptable and client-focused, meaningful ways (Ward and Brown 2004, 244-246). Willis and Ward (2010, 771) argue that the Good Lives Model has many parallels with desistance because of their similar theoretical concepts and way of including the (social) context.

**One size does not fit all: The complex desistance and recovery processes of offenders who misuse drugs**

To illustrate the key-topics of this chapter, we highlight some empirical findings of the DESDRUG study. First, we provide overall results applicable to the general group of respondents. Second, we describe two typologies related to the relationship between drug use and offending as identified in the research. We discuss these typologies in relation to three components supporting desistance and recovery: individual, social and agency/identity.

**Desistance as subordinate to recovery**

The DESDRUG respondents were asked how their desistance and recovery processes had evolved, both with regard to drug misuse and to offending. It became clear that the desistance and recovery processes of offenders who misuse drugs were complex. Importantly, most respondents pointed out that their desistance process was subordinate to their recovery process. Respondents indicated that – to them – recovery was more important than desistance.

The finding that recovery was considered as more important than desistance could be attributed to the onset of drug use and crime. Except for a minority of respondents, who indicated there was no connection between the onset and development of their drug misuse and offending, the study confirmed the theoretical model that drug (mis)use results in offending (Goldstein 1985). Most respondents committed property or drug-related offences in order to have enough money to sustain their own drug misuse.

I am a healthy person now, I do not need drugs anymore… It did not give me a kick to commit those burglaries. Before I entered the shop: my heart was bouncing. But afterwards, I was happy that I did it, since I had money to use drugs.*[[4]](#endnote-4)* (Male, 34, 2 years in recovery/desistance)

I committed crimes because of the easy wins and experiencing the kick. At the end, I committed robberies: the more difficult, the better. Although I am a very sensitive person… but when I use drugs, then... [it all changes] (Male, 33, 3 years in recovery/desistance)

In these cases, offending only started after developing a drug dependency and related to this, respondents considered their desistance from offending to be subordinate to their drug misuse recovery. Their ﬁrst goal was to refrain from drug misuse and they were convinced this would lead to a stop in their offending.

For me, stop using drugs and committing offences were related. But to stop using was the most important thing. Because I knew: ‘if I stop using, then I do not have to offend anymore.’ (Male, 39, 1 year in recovery/desistance)

I did not think about refraining from crime, how this could work and how I should do it. It was not necessary anymore since I was refraining from drug use. (Male, 36, 2 years in recovery/desistance)

All respondents considered recovery a conscious process, in contrast to desistance, which was mainly considered a nearly automatic consequence of their new drug-free lifestyle. A minority, 3 out of 20 respondents, was involved in offending in a way that was not strictly related to their drug dependency. The link between their drug misuse and crime was weak. Unlike most respondents, they experienced desistance from offending as a conscious process and equally important to their recovery process. They viewed desistance as a rational decision: the benefits of crime did not outweigh the costs anymore. These three respondents started their desistance process before starting their recovery process. The type of crimes they committed and the reasons for offending differed from most other respondents. They committed violent crimes and property crimes mainly to get a kick, out of boredom and to acquire luxury goods, without a clear link to their drug misuse.

I chose consciously not to commit offences ever again. I had already stopped offending when I stopped using drugs. I don’t think that they had a very strong inﬂuence on one another. (Male, 38, 4 years in recovery/desistance)

The DESDRUG study started from a criminological point of view because it focused on the criminal careers, onset, development and the desistance process of one particular group of offenders: primary offenders who misuse drugs. When starting the interviews, we considered desistance as equally important as recovery. However, during the interviews it became increasingly clear that most respondents viewed themselves mainly as (recovering) drug misusers rather than as desisting offenders. In this regard, most respondents were identified as primary drug misusers, who committed offences, rather than as primary offenders (mis)using drugs. Similar results were mentioned by Marsh (2011) and McGray, Wesely and Rasche (2011). Marsh (2011, 58) indicates that sustaining desistance depends on sustaining recovery. Sullivan and Hamilton (2007) observe that although refraining from drug use is not sufficient for desistance, declines in recovery and desistance often occur simultaneously. Other studies acknowledge the positive influence of recovery from drug misuse on desistance from offending without discussing in detail the connection between desistance and recovery (Davis, Bahr and Ward 2012; Taylor 2008; Wooditch, Tang and Taxman 2014).

**Two different desistance and recovery processes**

Throughout the study, the analysis of the interplay between the social components and agency, and in particular the role of identity transformation in desistance and recovery, lead us to distinguish two main narratives (subgroups) within our overall sample. These distinct narratives described a different desistance and recovery process. The differences in narratives related to all stages of their drug use and their criminal career (onset, persistence and desistance/recovery). In this way, differences during their life course, their drug use and criminal career led towards two distinct narratives, which we will describe as typologies. Within the subgroups that correspond to these typologies we identified a large degree of homogeneity related to onset, development and desistance/recovery.

Following Watters, Reinarman and Fagan (1985), Sullivan and Hamilton (2007) indicate that offending and drug use are heterogeneous and that not all offenders who misuse drugs are the same. They believe that taxonomic classifications could help to increase the understanding in the development and correlation between offending and drug misuse as it allows to examine differences among a group of offenders which is typically considered as a homogeneous group.

To describe the typical desistance and recovery processes of the two subgroups we identified, we have labelled the typologies ‘Peter’ and ‘Ray’. To be clear, these are not individuals or case studies, but patterns that were characteristic of multiple offenders: 13 respondents (11 males and 2 females) related to the narrative of Peter, experiencing a period of desistance/recovery of on average 27 months (ranging from 11 to 144 months); 7 respondents (5 males and 2 females) related to the narrative of Ray, with a period of desistance/recovery of on average 31 months (ranging from 12 to 84 months).

*Onset and continuation: Peter’s escape while Ray was having a cake and eating it too*

Peter grew up in a problematic home environment (abuse, drug using parents). He considered drug misuse especially as an escape from his emotions. He quickly evolved into a downward spiral of drug misuse, offending and a problematic lifestyle. He shaped his own world, in which drug misuse became a ritual. Because of his problematic situation (this often involved the lack of a job or housing) he committed (acquisitive) offences to finance his drug misuse. He indicated to be a dependent drug misuser and to misuse drugs as a way to survive.

I was afraid to stop using drugs. I wanted to suppress my feelings by using drugs and so it became a downward spiral. I was afraid because I would experience something new, something I was not familiar with anymore. I thought I could not handle that kind of life, that it would be too hard to carry. Which is stupid of course, since life on the streets and the constant quest for money, is so much tougher than that other life. (Male, 36, 24 months in recovery/desistance)

Ray grew up in a stable home environment. He started his drug use within a night life setting. During his drug and criminal career he was still surrounded by a prosocial network of family, friends and a good job. Ray particularly committed offences because of the psychopharmacological effect of his drug misuse or out of boredom. Ray wanted to combine both worlds: his working life and his night life. To him, a drug-free life was a life without partying and having fun, so a boring life. However, after a certain time, Ray could not handle the combination work-night life anymore and he evolved to a dependent drug using pattern as well.

Those first six months were great. Eating, drinking alcohol, partying, working and I didn’t need any sleep. I worked constantly, I earned a lot of money. I could drink more [alcohol] and I had a great time… I used every day, 25-30 grams of speed a week. Until I reached mental and physical exhaustion. (Male, 29, 12 months in recovery/desistance)

Despite their differences in the onset and continuation, both Peter and Ray considered desistance an unconscious, automated (Wikstöm 2011), process as ‘desistance by default’ (Laub and Sampson 2003, 278). To them, desistance was a logical consequence of their recovery from drug misuse. As mentioned earlier, only three respondents considered desistance a conscious, deliberate (Wikström 2011) process. Those three persons related to the narrative of Ray. Furthermore, two out of these three respondents considered desistance as important as recovery. They committed offences out of boredom (i.e. violent offences and property offences). They started questioning offending when they became tired of it, when it was not compatible with their new responsibilities and lifestyle or when the advantages (the kick) did not offset the disadvantages anymore.

*The social component: Peter attached little importance while Ray focused on comparative transitions*

In general, both Peter and Ray emphasised their own responsibility in starting their desistance and recovery processes. However, this did not imply that prosocial bonds did not play any role in the desistance and recovery processes of Peter and Ray. Prosocial bonds were mainly a supportive resource. Prosocial bonds mentioned by the respondents, such as family, relationships or treatment, could reinforce and support the internal motivation or could provide the added value to sustain the action to desist and recover.

I don’t go out very often anymore. If I go out, my brother and sister-in-law accompany me. They know almost everything about me. If I talk to them about possible triggers, they support me and we leave the place. (Male, 33, 36 months in recovery/desistance)

This result is consistent with other studies stating that prosocial bonds like employment and marriage as such do not activate desistance (Maruna 2001) nor desistance and recovery (Bachman et al. 2015), illustrating that desistance and recovery cannot occur without an individual giving meaning to the process (Liebregts et al. 2015). Prosocial bonds are important in reinforcing and supporting (sustained) desistance and recovery by distancing desisters from certain triggers, offering them an environment that cares and acknowledging their desistance and recovery process (Liebregts et al. 2015)

Peter had a particularly predominantly internal focus while Ray had a particularly more external focus. In general, Peter compared himself less to others and did not attach much importance to the perception of how others perceived him. Ray however regarded the prosocial bonds not only as a source of support, but as a mirror that supported him in recovering and desisting. His decision to desist and recover could partly be attributed to his comparison with his prosocial peers. Ray considered the direct (prosocial) environment as a kind of benchmark. He decided to desist/recover when he had a feeling of falling behind on social timing, compared to his prosocial friends. Ray focused on social perception, on how other people formed impressions about him. When he started his drug use, he liked to be regarded as tough and masculine. When he realised prosocial peers regarded him as socially deprived, this triggered him to start his recovery and desistance process.

The differences between Peter and Ray relating to the role and the importance they attached to the social component in desistance and recovery, can be linked to social capital. Peter had a limited social network and little support, even before the onset of drug use. Moreover, he lacked a diversity of social roles (due to unemployment, no stable housing and no stable income). As a consequence, during the period of drug misuse and on the way to recovery, his focus was hardly on the social roles he ran the risk of losing and Peter felt that he could only rely on himself. The lack of access to non-using social networks and the lack of access to social networks altogether undermined Peter’s social (recovery) capital. In contrast, Ray experienced a strong social network and different social roles (as an employee, as a friend, as a partner, as a son or as a father) before and even during the period of drug misuse. To Ray, trying to maintain or restore (quality in) the social roles he had, was an important element in his recovery process. Several studies (Panebianco et al. 2016; Best et al. 2015; Neale and Stevenson 2015) relate to Ray’s journey as they established the importance of social capital, reconciling supportive social networks and moving from a using to a recovery community during the recovery journey.

The way Ray described the role of prosocial bonds also connects to the theory of planned behaviour (Ajzen 1991). This theory incorporates behavioural beliefs, normative beliefs and subjective norms, highlighting the attitudes and perception of others on individual behaviour. This theory of planned behaviour has been an important predictor for alcohol use (see Higgins and Marcum 2005)*.* Furthermore, it relates to the theory of social comparison (Festinger 1954) indicating that people define themselves and evaluate their opinions by comparing them with the opinions of others.

*Subjective component: An identity transformation was not crucial to desist and recover*

Linked with the element of social capital described above, Peter felt that he had to reawaken his old identity. His old identity was still there, but it was ‘on hold’ during the period of extensive drug use (Biernacki 1986). Most Peter-like respondents reported on two identities: 1) I ‘as a junk’ versus I ‘before and now’ and 2) the I who only relates to the period before their drug use and after. They considered their drug using period as a period in which ‘they weren’t themselves.’ The Peter-like respondents went through an identity transformation during their desistance and recovery process.

I still cannot understand that I did all these things. I just cannot accept this. I feel guilty about misusing drugs, because I wrecked myself. I also feel guilty towards my environment. You may not see an addict as a normal person. I as a junk, a heroin addict, and I now, that is a different world. In norms, beliefs, thinking,.. I cannot live with the idea that I used to live like that. I feel so guilty that I cannot make a future anymore that I would have had if I wasn’t an addict.(Male, 34, 144 months in recovery/desistance)

Peter also reported feeling guilty towards his environment because of his past drug use and offending. Looking back at his past behaviour, he labelled himself as being a ‘junk’ and also indicated that he would always remain a former drug user.

I have lost a lot of money and I hurt a lot of people who loved me without even realising because I was so tangled up in the drug scene. . . I know that you should look ahead and not backwards, but it will always be a part of what I am carrying with me. (Male, 34, 24 months in recovery/desistance)

Only a minority of respondents like Ray described that they had to reawaken their old selves again. This minority could relate to what is called a spoiled identity by Biernacki (1986) and McIntosh and McKeganey (2000), in which the identity of a drug (mis)user conflicts with his other identities (of being a father, a husband). Mostly, Ray did not undergo an identity transformation as he considered his period of drug misuse and offending as a part of his identity, a result of his identity (curiosity) or a result of the psychopharmacological effect of his drug misuse (‘When I use drugs, I cannot control myself and I commit offences’). He assumed that he did not have to undergo an identity transformation to become a member of society again, because he remained a member of society during his drug using period. He emphasised that there was nothing wrong with his core-identity. Ray felt less guilty than Peter. Ray rather regretted his backlog related to social timing (in comparison to his prosocial peers), as we described above in the social component paragraph. He minimised his drug misuse and offending and indicated that he could not be compared to marginalised drug users or drug users who committed junk- related offences.

There is more in life than using drugs and I am worth more. It was just a bad period in my life. (Male, 38, 12 months in recovery/desistance)

Identity (change and reconstruction) has become a key concept in theories on desistance (Maruna 2001; Paternoster and Bushway 2009) and on recovery (Biernacki 1986; McIntosh and McKeganey 2000; Liebregts et al. 2015). It is mostly assumed that developing and maintaining a narrative is an important component of creating identity (McIntosh and McKeganey 2000; Giddens 1991, Maruna 2001).

Generally, in recovery, three types of identity transformations could be distinguished (Biernacki 1986, 1) an identity reversion or a reawakening of the old identity 2) an extension of the current identity or 3) the establishment of a new identity. Most desistance research focuses on the latter, establishing a new identity. Maruna and Farrall (2004) make a distinction between primary and secondary desistance. Primary desistance is defined as an offence-free period, focusing on a change in behaviour, while secondary desistance entails the successful orientation towards a (permanent) offence-free life, including developing a narrative to construct their new identity as a non-offender. McNeill (2014) added a third component,tertiary desistance,to it, focusing on one’s sense of belonging to a (moral) community. Recently, an alternative terminology to primary, secondary and tertiary desistance has been developed by Nugent and Schinkel (2016) distinguishing act-desistance for not committing offences, identity desistance for the creation of a new non-offending identity and relational desistance for the recognition of change by society. They state that, when former offenders get stuck in act-desistance, without progressing to identity-desistance, desistance becomes an endurance test.

In our study, we found that desistance is not ‘above all about the internalization of change and identity reconstruction’ (Liebregts et al. 2015, 630) for every type of offender. In our study, some desisters identified an identity transformation, while others did not. Ray mostly entered his change process without changing his identity as a drug user/offender because drug use (and offending) was a part of his identity. Even in the case of an identity transformation, as in most Peter-like narratives, it was more often the reawakening of the old identity rather than constructing a new alternative identity. Most of the desistance models explaining narratives and identity, focus on establishing a new identity; they do not mention that desisters retain certain characteristics previously associated with the offender-self while in a state of non-offending (King 2013). It seems that our findings affirm the contestation of the centrality of identity change by some desistance researchers. Just as Harris (2014), who studied the desistance process of sex offenders, we argue that desistance could be successful through behavioural change without an identity transformation taking place.

**Discussion and conclusion**

**Recovery: the central concept in the desistance process of offenders who misuse drugs**

Desistance research and theoretical development have not yet considered adequately how the experience of desistance may be different for distinct types of offenders: offenders desisting from different types of offences in different situations.

In the DESDRUG study we found that respondents defined themselves mainly as drug misusers who commit offences, consistent with the concept of primary drug users (Best et al. 2008). Importantly, most respondents pointed out that their desistance process was subordinate to their recovery process. It might be that the respondents preferred the label of recovering drug misuser instead of desisting offender because labelling themselves (and being labelled) a recovering drug misuser is more compatible with their current identity. Or it might be that the label of (recovering) drug misuser is easier to handle. In this respect, the concept of hierarchy of impairments (Deal 2003) could explain why the respondents want to distance themselves from offenders as they consider being an offender as less socially accepted and more stigmatised than being a drug user (Room 2005).

In our study, respondents considered recovery as a conscious, deliberate process. Whether desistance was considered as a conscious or an unconscious process depended on the nature of the drug-crime link. For the respondents who started committing crime after they started using drugs, desistance was an unconscious process that automatically followed from their recovery process of drug use. A minority of the respondents started committing offences first. For this minority, desistance was as important as recovery and desistance was a conscious, deliberate action. So it becomes clear that, when the nature of the link between drugs and crime changes, the interpretation of desistance changes as well.

**Desistance and recovery as interconnected and gradual processes**

Recovery research acknowledges that, especially for dependent drug users, the course towards stable recovery could take a long time. In line with current literature (Sheedy and Whitter 2009; Hser et al. 2001), the DESDRUG respondents considered recovery/desistance an ongoing process. They emphasised that a lot of time passed between the decision and the concrete action to desist/recover but also between the first step towards desistance/recovery and the consolidation of this process. The desistance/recovery process was often characterised by several relapses, usually triggered by drug (mis)use, as opposed to offending.

**Future research and the importance of drug use in desistance research**

It is highly likely that the desistance journey is more complex for a population of offenders who misuse drugs compared to non-using offenders. Yet, most desistance studies on offenders who misuse drugs do not study drug misuse as a distinct and inherent factor of the desistance process. Our findings illustrated the importance of treating drug misuse and recovery as a crucial part in the desistance process. Differences in the onset, development and motivations of drug (mis)use, as well as differences in the nature of the relationship between drug (mis)use and crime, influence the desistance process and the elements leading towards desistance and recovery. In this way, we have distinguished two separate narratives, experiencing a distinct recovery and desistance journey.

Future studies on desistance need to emphasise and consider drug misuse as a fully-fledged component in the desistance process instead of a part of antisocial behaviour. Furthermore, it is important to pay attention to the (inter-)relationship between recovery and desistance. This is particularly relevant since research has established the high rate of drug (mis)use among offenders (Stevens et al. 2003).

**Limitations**

Because of the small number of narratives, generalisations from this research are limited. The discovery of the two typologies could be attributed to our sampling criteria. Although the inclusion criteria related to both drug misuse and offending, our respondents mainly defined themselves as primary drug users. This could be influenced by the fact that our gatekeepers worked as treatment providers, social workers or street corner workers. Additional gatekeepers and a longer snowball chain (additional respondents), could have found more distinct narratives. Therefore, the results of this qualitative study should be interpreted with caution, as the findings might not be transferrable to the total group of drug using offenders.

The findings should also be interpreted in light of the treatment discourse. Most DESDRUG respondents have a treatment history. A central aspect in treatment is getting insight in the drug dependency and the stages of relapse. As such, several of their narratives could be influenced by this treatment context they have been experiencing.

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1. In this chapter we do not focus on gender differences [↑](#endnote-ref-1)
2. Two persons were in early stage recovery at the time of the first interview and evolved to later stage recovery at the time of the follow up interview [↑](#endnote-ref-2)
3. As indicated by the respondents at the first interview [↑](#endnote-ref-3)
4. All quotes have been translated from Dutch to English for the purpose of this chapter [↑](#endnote-ref-4)