



Being better than well at the University of Birmingham

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ABSTRACT

Ongoing recovery from addiction often happens outside of formal “treatment” settings. Collegiate recovery programs (CRPs) have existed in higher education institutions in the United States since the 1980s as part of vital “recovery ready ecosystems” (Ashford et al., 2020) for those with educational aspirations. Aspiration often begins with inspiration and Europeans are now beginning their own journeys with CRPs. In this narrative piece, I use my own lived experience of addiction and recovery through a life course that highlights mechanisms of change that are entwined with academia. This life course narrative maps well on to extant literature on recovery capital and illuminates some of the stigma-based boundaries that still stand in the way of progress in this field. The hope is that this narrative piece will inspire aspirations for both individuals and organizations thinking about setting up CRPs in Europe, and further a field, and also inspire people in recovery to consider education as an aspiration for their continued growth and healing.

My name is Luke Trainor, I am a person in long-term recovery and the Project Manager of Better Than Well, a Collegiate Recovery Program launched at The University of Birmingham in July 2021. This article reveals my journey of challenge, learning, and dedication in setting up a Collegiate Recovery Program at the University of Birmingham, UK.

“The universe is made of stories, not atoms”.

Muriel Rukeyser – The Speed of Darkness

One thing that is ubiquitous in recovery is narratives. For those of us in recovery, our transformational stories can become our greatest asset, we can turn tragedy into triumph, or as my 12-step sponsor puts it, in his thick California accent, the “alchemy of our program - we turn garbage into gold!” Our stories help us make sense of our experience and our evolving identity. They help others understand the unimaginable and when they reach the right eyes and ears, they can bring about change beyond the individual. The hope with this narrative piece is that I am able to cast a light on my own experience of recovery in a higher education setting and that this will in turn help others—students, staff, and policy-maker—to endeavor and develop their own initiatives in the field of collegiate recovery. “Narrative Medicine” (Charon, 2001) is an excellent model applied to the medical sciences that acknowledges the limits of the purely scientific to illuminate the experience of suffering. Addiction recovery is very much congruent with this approach and has a long tradition of putting the strength of experience and stories at its

center.

1. Experience

My early experience of education, bar primary school, was almost entirely flavored by my addiction. At the age of 14, I had been kicked out of my third secondary school in Birmingham and was already taking amphetamines, alcohol, and cannabis every day. The daily balancing act of getting that “Goldilocks” combination of substances (that would get my feelings and emotions “just right”) was not conducive to the setting of the modern urban comprehensive school. I was simply deemed a “problem”, “disruptive”, or “odd”. Aged 15, I made my first attempt to find support for what was becoming an increasingly debilitating and alienating condition. I contacted and attended the local CDT (community drug team) and explained my situation. They were very kind to me and listened with care and patience, but there was really very little they could do for me. At that time their primary function was OST (opioid substitution treatment) and needle exchange, Birmingham and other ex-industrial cities in the UK had been flooded with cheap smokable brown freebase heroin in the 1990s. Some 5 years later, I too was flooded with heroin.

Thus began a long and winding road of fluctuating motivation to aspire to anything in particular. As my environment went from “countercultural” to downright criminal, I almost lost my desire to be anything in this world other than a problem. And I want to highlight the word

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almost, here, because that flame never entirely went out—there was a yearning in me to understand, to learn, to adapt. The people around me suffered too, the police were often at my parents' door, my siblings grew weary of the embarrassment I brought to them in the community. Their mental health was affected. It was particularly cruel when hope was renewed at times when things looked like they were getting better, only for it to be smashed over and over again. Eventually this can become too much to bear, and that's exactly what happened with the people around me.

At my worst, I was chronically intravenously injecting cocaine and heroin in the most haphazard and dangerous way. I was estranged from my first child, who had been born in one of those periods of hope, only to have to suffer the departure of his father months after he came into the world. His mother, the most strong and resilient of women, made the correct decision to create a safe distance between him and me. I thank her for this today. Around that time, I became homeless, sleeping rough or in hostels, and my mental health was in the poorest of conditions. But my one solace in this misery was not the drugs—by now they were barely working other than to divorce me further from this world and the people in it. Instead, it was books. I would read philosophy, literature, and science, trying to make sense of what was happening to me.

During this time, something happened that I can only lean on the language of divinity to adequately explain. A miracle, of sorts, occurred. The crippling feelings of separation I felt from my firstborn son grew exponentially, but, somehow, I did not meet these feelings with the same abject nihilism I had been prone to before. Something about that new life ignited new hope in me; it was no longer just “all about me”. I suppose it was the beginning of what I would call a spiritual experience today, love transcended over fear and despair. This “turning point” (Bellaert et al., 2022) is now something I am able to contextualize as a vital process of change in the “life course” (Hser et al., 2007; Hutchison, 2005) of my addiction and recovery. It was experienced as a monumental bittersweet life event, in the birth of my first child, and then the evolution of a loving relationship with him and his brother as an incremental process of realization and recovery (Bellaert et al., 2022).

I enrolled in a course that offered access to Higher Education at a local Further Education college in Birmingham, Fircroft college. I want to extend my utmost gratitude to this institution, which has a long history of providing education to those who would usually be excluded or exclude themselves from education, based on self-stigma (Matthews, 2019). My time there was not without its struggles or trials, as I was still using drugs sporadically and my behavior and presence was, at times, disorganized and unmanageable. They did their utmost to keep me on course, even allowing me to sleep in a broom-cupboard when I was homeless. I got through it, and even excelled in matters of sociological imagination and political science. I also began to slowly recover from some of the acute horrors of street drug using. Throughout this period, I attended “a day at a time” recovery groups with a spiritual outlook in the community. These “fellowships” were places of sanctuary, peace, and realization. Even at my most chaotic and poorly, the folk in these rooms never turned their back on me or deemed me a lost cause. These rooms continue to be a major foundation of my recovery today.

2. Strength

As my time at Fircroft ended, it became clear that I would need a period of treatment and detoxification within a residential setting. I was still physically dependent on opioids and benzodiazepines and could see that this was untenable in terms of my journey to university. I went to a residential treatment center and began the painful process of detoxification and waking up to the harm I had caused to others and myself. There was also the issue of a final outstanding assignment that needed to be completed if I wanted to go to my first choice of university, the University of Birmingham. I managed to complete and hand in this essay during the throws of opioid withdrawal (to this day I don't know how on earth I managed that). During my stay in rehab, I opened my heart and

soul, as well as my mind, to another way of life—a design for living that would work for me in hard times as well as those times when all seemed well. This meant the destruction of my self-centeredness, the acceptance of a community of others like me, and connection to a higher power, purpose, and the possibility of a “higher self” emerging from this commitment. The best way for me to maintain this was to avoid selfish things and turn my attention to helping others, especially in those moments when self-centeredness was creeping in once more.

My enrollment at university coincided exactly with my exit from residential treatment for deep and entrenched addiction to heroin, cocaine, alcohol, and benzodiazepines. So, on to my arrival at the University of Birmingham to begin my undergraduate studies. As you can imagine, this was a daunting experience for me. The wonderful catharsis of turning my thoughts and experience into writing was life-changing, but at the same time I felt isolated, disconnected, and let self-stigma get the better of me. What I craved was a community on campus, like the one I had outside of university. A space and place to share feelings, thoughts, and hopes around recovery and education. At this point I wasn't keen to share the fact I was in recovery to anyone without lived experience at the university. When asked the inevitable questions about why I was studying so late in life, I would come up with different stories. I preferred to say I had mental health problems, as opposed to mentioning addiction. This is sad, but true. I didn't want people to identify me with the image of the “junkie” pushed at us through the media, the vagrant, the thief—the “other”, once again. But despite all this, I excelled. I drew deep on my experience and connected with the struggles of the individuals and groups throughout history I now studied. And I loved it. It allowed me to focus my mind and channel my restlessness.

At this time, I was also joyously reunited with my son, Gabriel, and he was also joined by his brother, Kane, who has never seen me intoxicated, not once in his life. The formation of this bond I have with them today and the development of the identity and role of a father has undoubtedly been foundational in my current recovery and has proven to be one of the core protective factors in my life today. The love and presence I was able to give them was reflected back at me and for the first time in my life, I really began to feel higher self-worth and a definitive sense of purpose. We are a solid family unit today; recovery has been extremely good to my children.

In my second year, I had a chance encounter on campus with an old friend, Dr. Ed Day (now the UK government's recovery champion, no less!). Ed was someone I trusted implicitly and someone who absolutely understands recovery. We talked for many hours about my journey since we had last seen each other, and he introduced me to the concept of the Collegiate Recovery Program (Harris et al., 2014).

In the United States, students have been coming together to create recovery communities in universities since the 1980s (Laudet et al., 2014) and an evidence base for their efficacy is beginning to develop (Vest et al., 2021). I have since met some of the individuals who started up these revolutionary services. They have inspired me and been incredibly generous with their time and support. I was absolutely lit up by this—I felt a new lease of life, ignited by the possibility that no student need ever feel isolated in recovery at university again. As I finished my undergraduate degree, Ed set about the business of getting buy-in from the top brass at the University of Birmingham. In 2020 I obtained my degree with first-class honors, when just 4 years prior I had been homeless, hopeless, and on death's door. I had shown myself and others that remarkable changes are possible if we can keep even a flicker of hope alive. I wanted others to know this, that they too could achieve marvelous things, that it is never too late.

Today, our Collegiate Recovery Program, Better Than Well at the University of Birmingham, is fully up and running. We have engaged with 40 students seeking help with recovery from addictions, both substance-related and behavioral. Of those 40, we have a core group of 15 students who are actively engaged in co-production of the program by attending and helping to design our groups, regularly dropping into

our cozy, safe space on campus, attending recovery groups in the community, and socializing, together. It's a truly beautiful thing to behold. Our dream that no student in recovery need ever be alone again at this university is being realized. One day, we hope, this will be true of every other university in the land. It has not been without its challenges though. Addiction is still one of the most stigmatized conditions in the world today (National Academies of Sciences, 2016). Some students remain reluctant to engage in anything addiction related in fear of marginalization or even disciplinary action, especially in the case of those studying law, medicine, and social work. University campuses are "abstinence hostile environments" (Cleveland et al., 2007), the culture of sometimes reckless and excessive alcohol consumption is synonymous with universities and recreational drug use is also evident.

3. Hope

My own experience of recovery, reunion, resilience, and self-actualization has given me a unique perspective on the possibility for some, not all, to endeavor on their own journey of transformation and triumph. My ability to tell my own story will hopefully inspire others to change their own and craft a new path toward a bright future, and they in turn will tell their story to the next generation, and so on and so on. This contagious effect of recovery can then not only build strong recovery communities, but it can also start to have positive and healing effects on the wider community (Best and Ivers, 2022). I want to reiterate the fact that none of this would have been possible without some of the people and support structures that already existed in my community. The recovery ready ecosystems (RREM) model (Ashford et al., 2020) is a useful tool for looking at the bigger picture in terms of the recovery capital needed to sustain and thrive in recovery. My own journey maps

well on to this model; an ecosystem was in place for me, whether I could see it or not.

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