

## Education: The missing link in the recovery chain.<sup>1</sup>

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In fifty years time, when future historians of the UK's drug treatment system come to write their analyses of this formative period, they will be struck by a glaring absence in the landscape of early 21st century provision – the lack of any integrated system to facilitate access to mainstream education for those in recovery from addiction.

Education is an effective yet under-exploited route to recovery. Indeed, education itself can be regarded as a *method* of recovery. Education raises expectations, creates opportunities and catalyses the profound process of self-transformation that is recovery from addiction, putting greater distance between the addict-self and the recovered-self.

Whilst the role of social/ recovery capital is gaining increasing attention, it is generally discussed in elliptical and abstruse terms. Education is of particular interest as it directly and pragmatically addresses the question: “How can recovery capital be increased?”

Education creates a space where a new mode of being can flourish and grow. Education re-situates the self in unfamiliar yet beneficent social contexts, allowing new material and interpersonal relationships to form, thus providing the framework for a more constructive way of relating to the world: a potential fast-track to social reintegration.

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In addition to the primary benefit of education - the opportunity to increase social mobility and quality of life through the acquisition of skills, learning, and qualifications, the educational environment is implicitly therapeutic. It supports, nurtures, challenges, and encourages - a perfect adjunct to the recovery process. What will perplex those future historians most of all is why we didn't make this connection sooner and leverage the vast pedagogic resources our communities have at their disposal.

The answer is, of course, that we persist in treating addiction within the highly restrictive binary system of public health and criminal justice, and education remains a peripheral concern for those in the treatment industry, perceived as a wrap-around service or a minor component of aftercare. Rather, education should be privileged as a principal pathway to recovery and social reintegration.

In the coming years, progressive service leaders will develop creative, regenerative, and mutually advantageous partnerships with centers of educational excellence. We'll see innovative practice at the community level - drug and alcohol teams partnering with local universities, colleges and further education institutions. Eventually, we'll see recovery-orientated supported education as a front-line option for those coming into contact with addiction services.

If we're really serious about transforming our approach to addiction, let's make sure we know our A-B-C's.

- Stephen Bamber, 27th January, 2010.