

"Like a Glass Vase... One Knock and It
Smashes": A Phenomenological Study of
Pathways to Addiction - Recognition,
Silence, and System Blockages.

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Addiction - Recognition, Silence, and System Blockages.

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Abstract

"Like a Glass Vase... One Knock and It Smashes": A Phenomenological Study of Pathways to Addiction - Recognition, Silence, and System Blockages.

Substance use and addiction are frequently explained through individualised frameworks that emphasise personal choice, risk-taking behaviour, or awareness of drug-related harms. While these perspectives remain influential, they often overlook the emotional, social, and structural contexts within which substance use emerges. This study explored how adults with lived experience of addiction made sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland.

Using a qualitative research design, semi-structured interviews were conducted with five adults aged 18–50 who had experienced addiction and were engaged in recovery. Data were analysed using Reflexive Thematic Analysis within a phenomenological framework.

Five key findings emerged. First, emotional suffering was present across all participant narratives and was described through experiences of trauma, grief, loneliness, emotional distress, family conflict, and psychological struggles. Second, substance use was frequently understood as providing temporary relief, escape, emotional regulation, confidence, or protection during periods of vulnerability. Third, recognition, belonging, and identity emerged as important influences on substance use pathways, particularly where participants felt misunderstood, excluded, invisible, or disconnected from family, school, or community environments. Fourth, participants described repeated interactions with educational, social, health, and criminal justice systems prior to addiction escalation, highlighting missed opportunities for earlier intervention and support. Finally, school exclusion, homelessness, institutionalisation, stigma, and social marginalisation featured prominently within participants' accounts and shaped how addiction was experienced and understood.

These findings challenge explanations that position addiction primarily as a consequence of individual deviance, poor decision-making, or insufficient awareness of risk. They also extend existing research by highlighting recognition as an important but underexplored dimension of addiction pathways and by demonstrating how emotional suffering often remained insufficiently recognised across multiple systems until it became visible through addiction, homelessness, offending, imprisonment, or crisis.

The findings support more relational, recognition-based, trauma-focused, and preventative approaches across education, health, and social policy. They further suggest that addiction should be understood within broader emotional, social, and structural contexts rather than solely through individualised explanations

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Completing this thesis is more than the completion of a Master's degree. For me, it represents something far greater. There was a time in my life when education felt out of reach. The journey to this point has not been straightforward, and there were many obstacles that could easily have defined my future. Instead, they became part of the story that brought me here.

This thesis is dedicated to every young person who has ever felt unseen, unheard, or written off. It is dedicated to those who have faced challenges that others could not see, and to those who continue to persevere despite them. I hope this work serves as a reminder that our beginnings do not determine our endings, and that even in the most difficult circumstances, there is always the possibility of hope, growth, and change.

Chapter 1: Introduction

Substance use and addiction remain pertinent public health, social, and educational concerns in Ireland. While national policy has increasingly emphasised prevention, treatment, recovery, and harm reduction, addiction continues to be associated with a range of complex challenges, including poor mental health, homelessness, educational disengagement, imprisonment, poverty, and social exclusion (Department of Health, 2017; Citizens' Assembly on Drug Use, 2024).

Traditional explanations of addiction have often focused on individual behaviour, personal responsibility, risk-taking, or awareness of substance-related harms. Although such approaches offer important insights, they may overlook the wider emotional, relational, social, and structural contexts within which substance use emerges and is sustained (Alexander, 2010; Maté, 2010).

A growing body of research has highlighted the role of trauma, adverse childhood experiences, bereavement, emotional distress, poverty, homelessness, and social exclusion in shaping pathways into substance use and addiction (Dube et al., 2003; Mayock & Sheridan, 2012; Murphy et al., 2019). At the same time, studies have drawn attention to the significance of educational disengagement, school exclusion, family instability, and unequal access to support services in influencing life trajectories associated with addiction (Smyth, 2017; Murphy et al., 2019). These findings suggest that addiction cannot be fully understood through individual-level explanations alone, but must be situated within broader social, relational, and structural contexts.

Despite this growing recognition, addiction research often remains fragmented across disciplinary boundaries. Psychological perspectives frequently emphasise trauma, mental health, and emotional distress (Khantzian, 1997; Maté, 2010), while sociological approaches focus on poverty, inequality, social exclusion, and marginalisation (Alexander, 2010; Sen, 1999).

Educational research has highlighted school experiences, exclusion, and access to support (Smyth, 2017; Murphy et al., 2019), whereas public health approaches have prioritised prevention, treatment, and harm reduction (Department of Health, 2017). While each perspective contributes valuable insights, there remains a need for research that integrates these dimensions and examines how they intersect within the lived experiences of people who have experienced addiction.

This study adopts a multidimensional and interdisciplinary framework informed by Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979), theories of social exclusion

(Sen, 1999), recognition theory (Honneth, 1995), and critical perspectives on education and inequality (Freire, 1970; Bourdieu, 1986). Together, these perspectives emphasise the importance of understanding individual experiences within wider relational, institutional, and structural contexts. They also provide a framework for exploring how emotional suffering, recognition and belonging, educational experiences, homelessness, institutionalisation, and interactions with support systems may shape pathways into substance use and addiction.

While previous research has examined many of these issues independently, less attention has been paid to how adults with lived experience of addiction themselves make sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction. Existing research has often prioritised risk factors, treatment outcomes, or specific dimensions of addiction, while giving less attention to how these experiences are understood and connected within individuals' own narratives (Mayock & Sheridan, 2012; Alexander, 2010; Murphy et al., 2019). By foregrounding participant voices, this study seeks to contribute a more integrated understanding of addiction that bridges psychological, sociological, educational, and policy perspectives.

The aim of this study was to explore how adults with lived experience of addiction make sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland.

The study was guided by the following research question:

How do adults with lived experience of addiction make sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland?

A secondary question was also explored:

How do adults with lived experience of addiction describe the role of relationships, recognition, social exclusion, and institutional responses within their pathways into substance use and addiction?

The following chapter reviews research on emotional suffering, social exclusion, recognition, educational experiences, homelessness, institutionalisation, and addiction to establish the context for the study and identify gaps in existing knowledge.

Chapter 2 - Literature Review

2.1 Introduction

This chapter critically examines existing research relating to early-stage drug use among young adults, with particular attention to the Irish context. While previous addiction research has identified important associations between substance use, emotional distress (Dube et al., 2003; Felitti et al., 1998), peer influence (Morgan, 2001), poverty (O'Mahony, 2008; CityWide Drugs Crisis Campaign, 2019), and educational marginalisation (Downes, 2011, 2015), research has examined these issues in isolation or through predominantly behavioural and epidemiological frameworks (Rhodes, 2002; Leonard & Windle, 2020).

Historically, drug prevention discourse in Ireland has often framed substance use through individualised understandings of risk, decision-making, and personal responsibility (Morgan, 2001; Butler & Mayock, 2005). Prevention strategies have traditionally focused on abstinence messaging, awareness campaigns, and behavioural deterrence (Morgan, 2001; Butler & Mayock, 2005), assuming that increased knowledge regarding the dangers associated with drugs would reduce rates of adolescent substance use (EMCDDA, 2019). Evidence increasingly suggests that information-based interventions alone produce limited long-term behavioural change (Thomas, McLellan, & Perera, 2007; Faggiano et al., 2014). Such approaches have also been criticised for inadequately engaging with the emotional, relational, and structural realities shaping why young people may turn to substances in the first place (Alexander, 2008; Rhodes, 2002).

This limitation is notable within the Irish context, where substance use has long been associated with experiences of social inequality, urban deprivation, homelessness, educational exclusion, and intergenerational marginalisation (O'Mahony, 2008; CityWide Drugs Crisis Campaign, 2019; Downes, 2011). Irish addiction research has increasingly acknowledged the role of adverse childhood experiences, poverty, family instability, and mental health difficulties in shaping vulnerability to substance use (Murphy et al., 2019; Mongan et al., 2025; Department of Health, 2017). However, existing research remains fragmented, often isolating trauma, peer influence, educational disadvantage, or addiction behaviour as separate variables rather than examining how these experiences interact within wider systems of emotional distress, institutional failure, and social exclusion (O'Mahony, 2008; CityWide Drugs Crisis Campaign, 2019; Department of Health, 2017). Furthermore, while quantitative studies have provided important insight into

prevalence rates and behavioural trends, the perspectives of individuals with direct lived experience of early drug use remain comparatively underrepresented within Irish educational and psychosocial research (ESPAD, 2019; Mongan et al., 2025; Leonard & Windle, 2020; Citizens' Assembly on Drugs Use, 2023).

This literature review adopts an interdisciplinary approach, drawing from psychology, sociology, educational research, trauma studies, phenomenology, social identity theory, and addiction studies to explore how early-stage drug use emerges within emotional, relational, cultural, and structural contexts. The chapter is organised around three interconnected areas of analysis: emotional survival and psychosocial regulation; belonging, identity, and the social ecology of drug use; and institutional failure, social exclusion, and prevention policy.

By critically examining these areas, this chapter identifies notable gaps within existing Irish addiction research (Leonard & Windle, 2020; Citizens' Assembly on Drugs Use, 2023), surrounding lived experience perspectives, sociohistorical change, institutional fragmentation, and the emotional and relational dimensions of substance use initiation. These gaps provide the rationale for the present phenomenological study (Smith, Flowers, & Larkin, 2009; van Manen, 1990), which seeks to explore how individuals themselves interpret the experiences, relationships, and environments shaping their pathways into early drug use.

Section 1: Emotional Survival, Regulation and Early Substance Use

2.2 Adverse Childhood Experiences, Emotional Dysregulation, and Substance Use

Research increasingly identifies adverse childhood experiences (ACEs), emotional dysregulation, family instability, and social marginalisation as notable factors shaping vulnerability to substance use initiation (Felitti et al., 1998; Dube et al., 2003; Mongan et al., 2025). Rather than emerging solely through experimentation or curiosity, substance use often develops within contexts characterised by emotional distress, violence, neglect, instability, and relational disruption (Felitti et al., 1998; Dube et al., 2003; Hughes et al., 2017). Irish and international research consistently demonstrates that young people exposed to chronic adversity are disproportionately vulnerable to problematic substance use, particularly where protective emotional and institutional supports are absent (Hughes et al., 2017; Murphy et al., 2019).

The landmark ACE study by Felitti et al. (1998) identified a strong relationship between childhood adversity and later addiction, finding that exposure to abuse, neglect, household dysfunction, or parental addiction was associated with notably elevated risks of substance dependence. Dube et al. (2003) further demonstrated that each additional ACE increased the likelihood of early substance use initiation, with individuals experiencing four or more ACE categories substantially more likely to develop addiction-related difficulties. These findings have been replicated across multiple international studies and continue to shape contemporary understandings of vulnerability and addiction (Hughes et al., 2017).

Within the Irish context, similar patterns emerge across research examining poverty, homelessness, educational exclusion, and intergenerational marginalisation (Murphy et al., 2019; O'Mahony, 2008; CityWide Drugs Crisis Campaign, 2019). Murphy, McKenna, and Downes' (2019) study of homeless young men found that many participants reported traumatic childhood experiences, family instability, violence, and emotional neglect, which were closely associated with educational disengagement, behavioural difficulties, and substance use. Irish research has also identified strong relationships between addiction, urban deprivation, and structural exclusion (O'Mahony, 2008; National Advisory Committee on Drugs, 2004). O'Mahony (2008) described heroin as "a drug of the poor," highlighting how structural marginalisation may shape vulnerability to addiction.

These findings challenge reductionist understandings of early drug use as simply a matter of poor decision-making or inadequate awareness of risk. Bronfenbrenner's ecological systems theory (1979) provides a useful framework for understanding how emotional distress and substance use emerge through interactions between personal experiences and wider structural conditions. Emotional suffering may develop through family violence, grief, neglect, peer rejection, or instability, while these experiences are often shaped by broader realities such as poverty, housing insecurity, educational marginalisation, and community disinvestment (Bronfenbrenner, 1979; Downes, 2011). For some young people, drugs may offer both escape and belonging where alternative sources of support are limited (Rhodes, 2002).

The relationship between adversity and substance use is not deterministic. Research on resilience identifies supportive adult relationships, school engagement, access to counselling, positive peer networks, and emotionally responsive environments as important protective factors (Masten,

2014). This shifts attention away from trauma alone and towards the quality of support systems surrounding young people experiencing distress (Masten, 2014; Bronfenbrenner, 1979).

Khantzian's self-medication theory (1985; 1997) provides further insight into the relationship between emotional distress and addiction. Rather than conceptualising substance use primarily as pleasure-seeking behaviour, Khantzian argues that individuals may gravitate towards substances that temporarily relieve forms of psychological pain they are otherwise unable to regulate. Young people experiencing chronic anxiety, shame, loneliness, or emotional dysregulation may therefore turn to substances for temporary emotional relief rather than intoxication alone (Khantzian, 1997; Alexander, 2008).

While ACE frameworks are valuable for identifying patterns of vulnerability, they can risk simplifying complex lived experiences when used as decontextualised scoring tools (Lacey & Minnis, 2020). Critics argue that quantitative ACE measures may fail to capture the relational, emotional, and sociohistorical realities shaping young people's lives (Finkelhor, 2018; Lacey & Minnis, 2020). Consequently, ACE frameworks may provide limited insight into how poverty, educational exclusion, stigma, housing insecurity, and institutional fragmentation become intertwined with emotional distress over time (Rhodes, 2002; Downes, 2015).

Overall, research demonstrates that adverse childhood experiences, emotional dysregulation, and structural marginalisation are deeply interconnected within many pathways into early-stage drug use (Felitti et al., 1998; Dube et al., 2003; Hughes et al., 2017; Murphy et al., 2019). However, existing Irish addiction research remains comparatively limited in exploring how individuals themselves interpret these experiences and understand the relationship between emotional suffering, institutional interaction, and substance use initiation within their own lives (Leonard & Windle, 2020; Citizens' Assembly on Drugs Use, 2023). This gap highlights the value of phenomenological approaches that examine how emotional distress, social exclusion, and unmet relational needs are experienced, interpreted, and narrated by those directly affected.

2.3 Emotional Regulation, Self-Medication, and Psychosocial Coping

Closely intertwined with adverse childhood experiences and emotional distress is the role of coping and emotional regulation in early-stage drug use. While trauma and structural marginalisation help explain vulnerability, they do not fully explain why substances become

emotionally meaningful to certain young people. Addiction research consistently highlights substances as forms of emotional escape, relief, regulation, or temporary psychological survival where healthier coping mechanisms or supportive environments are absent (Khantzian, 1997; Alexander, 2008). Early-stage drug use may therefore be understood not solely as thrill-seeking or deviant behaviour, but as an attempt to manage emotional states that feel overwhelming or unbearable (Khantzian, 1997; Alexander, 2008; Monaghan, 2011).

Khantzian's self-medication theory remains one of the most influential frameworks for understanding the relationship between emotional suffering and substance use. Drawing from clinical observations, Khantzian (1985; 1997) argued that individuals may gravitate towards substances that temporarily relieve forms of psychological pain. Rather than being motivated purely by pleasure, substance use may function as a means of numbing anxiety, relieving loneliness, escaping shame, or managing emotional distress (Khantzian, 1997). For some young people, drugs and alcohol may provide temporary relief where healthier forms of emotional support are unavailable.

This emotional dimension of substance use is reflected in qualitative research examining young people's lived experiences of addiction (Dillon, 2020; MacArthur, 2020). Studies consistently identify emotional escape as a central motivation underpinning early substance use, with participants describing substances as providing relief from stress, family conflict, bullying, anxiety, loneliness, or feelings of worthlessness (Dillon, 2020; MacArthur, 2020). Dillon (2020) found that while some young people initially described cannabis use as recreational, many later discussed using substances to manage psychological distress. Similarly, MacArthur (2020) identified escape and increased social confidence as recurring motivations underpinning youth alcohol use. These findings reinforce the idea that substances may function as emotional coping mechanisms where other forms of regulation feel inaccessible.

The relationship between emotional dysregulation and substance use is also evident in research concerning adolescent mental health difficulties. Studies consistently identify associations between early substance use and experiences of depression, anxiety, emotional instability, conduct disorders, and psychological distress (Brunborg et al., 2022). While emotional distress alone does not inevitably lead to addiction, young people with difficulties regulating emotions may be more vulnerable to self-medication behaviours (Brunborg et al., 2022). This becomes

particularly pertinent where emotional expression is discouraged, access to counselling is limited, or distress is interpreted behaviourally rather than relationally (Downes, 2011; Downes, 2015).

Importantly, existing prevention frameworks have been criticised for underestimating the emotional complexity underpinning substance use (Alexander, 2008; Rhodes, 2002). Although Irish school-based programmes such as SPHE include discussions surrounding coping, decision-making, and wellbeing, critics argue that these interventions often remain insufficiently connected to young people's lived realities (Morgan, 2001; O'Higgins, 2013). Drug education has historically relied heavily on behavioural messaging and risk communication, frequently focusing on substance refusal rather than exploring why substances may feel emotionally necessary in the first place (Morgan, 2001; Butler & Mayock, 2005).

This limitation becomes particularly visible in discussions surrounding emotional distress, bullying, grief, family instability, and social exclusion (Downes, 2011; Downes, 2015). Young people experiencing chronic anxiety, emotional neglect, violence within the home, or persistent shame may not experience classroom-based prevention programmes as relevant to their lived realities (Khantzian, 1997; Alexander, 2008). Encouraging resilience without providing meaningful emotional support risks placing responsibility on young people while inadequately addressing the conditions that produce distress (Downes, 2011; Downes, 2015).

These concerns are increasingly reflected within Irish policy discussions. Ireland's National Drugs Strategy, *Reducing Harm, Supporting Recovery* (2017–2025), and the Citizens' Assembly on Drug Use (2023) both emphasise the importance of resilience, mental health, and early intervention. However, gaps remain between policy recognition and practical implementation (Citizens' Assembly on Drug Use, 2023; Downes, 2015). Many schools continue to lack adequate counselling provision, multidisciplinary supports, or emotionally responsive interventions capable of supporting young people experiencing distress before substance use escalates (Department of Health, 2017; Downes, 2011, 2015).

Viewing early-stage drug use through the lens of emotional regulation and psychosocial coping challenges simplistic understandings of addiction as irrational, deviant, or purely pleasure-seeking behaviour. Substances emerge within research as attempts to regulate emotional pain, manage distress, or achieve temporary relief where healthier coping mechanisms feel

inaccessible. This does not diminish the harms associated with substance use; rather, it situates addiction within contexts of emotional suffering, unmet relational needs, and structural marginalisation. Prevention strategies that fail to engage with these realities are therefore likely to remain incomplete.

2.4 Psychoanalytic Perspectives, Self-Destruction, and Repetition

Psychoanalytic perspectives offer an additional lens through which the emotional dimensions of addiction may be understood. Freud's concepts of repetition compulsion and moral masochism suggest that individuals may unconsciously repeat painful experiences or engage in self-destructive behaviours in attempts to manage unresolved emotional distress (Freud, 1920/1955; 1924/1962). Within addiction research, these ideas have been used to explain why substance use may simultaneously provide relief from suffering while reproducing harm (Alexander, 2008; Monaghan, 2011).

These perspectives are relevant when considering experiences of shame, self-hatred, self-destruction, and dangerous substance use practices (Alexander, 2008; Monaghan, 2011). On their own, psychoanalytic explanations can underplay wider structural conditions such as poverty, exclusion, and institutional failure (Rhodes, 2002; Alexander, 2008). Consequently, psychoanalytic theory is most useful when integrated alongside psychosocial and sociological approaches rather than treated as a standalone explanation for addiction (Alexander, 2008; Monaghan, 2011).

While contemporary addiction research increasingly emphasises trauma, emotional regulation, and social context (Khantzian, 1997; Rhodes, 2002; Hughes et al., 2017). Psychoanalytic perspectives remain valuable in highlighting the emotional repetition, shame, and self-destructive dynamics that can emerge within addiction experiences. They therefore contribute to a broader understanding of addiction as emotionally meaningful rather than purely behavioural.

Section II: Belonging, Identity and the Social Ecology of Drug Use

2.5 Identity Formation and Social Belonging

Adolescence and early adulthood represent critical periods of identity formation, social positioning, and emotional development. During these stages, belonging, peer acceptance,

recognition, and social validation become central to how young people understand themselves and their place within the world (Erikson, 1968; Baumeister & Leary, 1995). Existing research increasingly demonstrates that early-stage drug use cannot be fully understood without examining these wider social and relational dimensions (Rhodes, 2002; Alexander, 2008). Substance use emerges not only from individual vulnerability or emotional distress but also from attempts to achieve belonging, identity, protection, or acceptance within particular social environments (Tajfel & Turner, 1979; Rhodes, 2002).

Erikson's theory of psychosocial development (1968) remains influential in understanding the relationship between adolescence and identity formation. Erikson argued that adolescence is characterised by a developmental struggle between identity and role confusion, during which young people seek coherence, recognition, and social acceptance while attempting to establish a stable sense of self. Where young people experience rejection, instability, emotional neglect, or exclusion from conventional support systems, identity formation may become increasingly fragile (Erikson, 1968; Downes, 2011). This is particularly important within contexts of poverty, family instability, educational disengagement, or emotional isolation, where traditional pathways towards belonging may feel inaccessible (Downes, 2011; Downes, 2015).

Social identity theory further emphasises the importance of group membership in shaping self-concept and behaviour. Tajfel and Turner (1979) argued that individuals derive meaning, identity, and self-esteem through identification with social groups that provide acceptance, recognition, or protection. Within the context of early-stage drug use, peer groups may become emotionally important not simply because of direct pressure to use substances, but because they offer forms of belonging and identity absent elsewhere (Tajfel & Turner, 1979; Baumeister & Leary, 1995). Young people experiencing exclusion within family, school, or community environments may therefore become increasingly drawn towards groups that provide emotional inclusion, social status, or protection (Rhodes, 2002).

Research examining adolescent substance use consistently identifies peer influence as a notable factor underpinning early experimentation and normalisation (Morgan, 2001; ESPAD, 2019). However, simplistic understandings of peer pressure often fail to capture the emotional and relational complexity underpinning these dynamics (Rhodes, 2002). Young people seek not only intoxication, but also connection, recognition, inclusion, and emotional safety (Baumeister &

Leary, 1995; Honneth, 1995). For some vulnerable young people, drug-using peer cultures may provide surrogate forms of family, solidarity, and acceptance in ways that formal institutions fail to provide (Rhodes, 2002; Alexander, 2008).

This becomes particularly important within contexts of social exclusion and educational disengagement. Downes (2011; 2015) argues that fragmented support systems can leave emotionally vulnerable young people disconnected from meaningful institutional attachment. Where schools become associated with shame, punishment, or failure, young people may increasingly seek identity and validation elsewhere. Drug-using peer cultures may therefore become attractive not only because substances are available, but because they offer recognition, belonging, and status within peer networks (Honneth, 1995; Rhodes, 2002).

Belonging within drug-using networks may also provide symbolic forms of power, recognition, and identity that compensate for feelings of exclusion elsewhere (Honneth, 1995; Bourdieu, 1986). Existing qualitative addiction research identifies themes of status, protection, emotional loyalty, and surrogate family structures within such networks. Young people who feel invisible, powerless, or disconnected may experience acceptance within these environments as psychologically meaningful (Baumeister & Leary, 1995; Honneth, 1995).

These dynamics are not reducible to individual pathology or deviant youth culture. Identity formation occurs within wider social and structural contexts. Existing addiction research has often focused on behavioural peer influence while paying less attention to why particular forms of belonging become emotionally necessary or attractive (Baumeister & Leary, 1995; Honneth, 1995; Rhodes, 2002).

Overall, research suggests that belonging, identity formation, and emotional recognition are central to understanding pathways into early-stage drug use. Substance use may emerge within attempts to achieve connection, validation, and emotional safety where these needs remain unmet elsewhere (Baumeister & Leary, 1995; Honneth, 1995; Rhodes, 2002). This reinforces the importance of examining addiction not solely as individual pathology or behavioural risk, but as relationally and socially meaningful within the wider emotional and structural realities shaping young people's lives.

2.6 Peer Influence, Mimetic Desire and Drug Normalisation

Peer influence has long been identified as a pertinent factor shaping early-stage drug use. Young people are more likely to experiment with substances where drug use is normalised within friendship groups, communities, or wider social environments (Morgan, 2001; ESPAD, 2019). However, simplistic understandings of “peer pressure” fail to capture the emotional, cultural, and relational complexity underpinning why some young people become drawn towards drug-using environments (Rhodes, 2002; Baumeister & Leary, 1995).

Traditional prevention discourse has often framed peer influence as a relatively direct process whereby young people are persuaded or pressured into substance use. While explicit pressure can occur, this explanation risks oversimplifying addiction pathways (Rhodes, 2002). Young people often imitate not only behaviours but also identities, lifestyles, and forms of belonging that appear socially meaningful or psychologically rewarding (Bandura, 1977; Girard, 1977). Substance use may therefore become attractive not solely because drugs are available, but because drug-using peer cultures can become associated with acceptance, protection, status, emotional escape, or social recognition (Girard, 1977; Honneth, 1995; Rhodes, 2002).

Bandura’s social learning theory (1977) provides an important framework for understanding these dynamics, arguing that behaviour is learned through observation, imitation, and reinforcement within social environments. Young people exposed to substance use within friendship groups, family systems, or communities may gradually internalise these behaviours as socially acceptable or culturally normalised (Bandura, 1977; Morgan, 2001). This becomes particularly important where drug use is embedded within everyday social interaction or community life (O’Mahony, 2008; CityWide Drugs Crisis Campaign, 2019). Research examining intergenerational addiction demonstrates that exposure to substance use from an early age can contribute to the normalisation of drugs as ordinary aspects of social experience rather than exceptional behaviours (O’Mahony, 2008; CityWide Drugs Crisis Campaign, 2019).

Social learning theory alone does not fully explain the emotional significance of imitation. Girard’s theory of mimetic desire (1977) argues that human desire is fundamentally relational and shaped through observing and imitating others. Within the context of adolescent substance use, this suggests that young people may imitate drug use not simply because peers are using

substances, but because substances become symbolically linked to confidence, adulthood, rebellion, social status, or belonging (Girard, 1977; Connell, 1995).

These dynamics are also reflected in normalisation theory, which suggests that certain forms of substance use become increasingly integrated into everyday youth culture over time (Parker et al., 1998). Recreational drug use involving cannabis and cocaine has become progressively less stigmatised within some social groups, contributing to changing perceptions surrounding risk and acceptability (Parker et al., 1998; EMCDDA, 2024). However, critics argue that normalisation theory can understate the influence of emotional vulnerability, inequality, and social exclusion in shaping substance use (Shildrick, 2002).

Peer influence also intersects with experiences of rejection, loneliness, educational disengagement, and family instability (Baumeister & Leary, 1995; Downes, 2011; Downes, 2015). Young people lacking access to supportive relationships may become especially vulnerable to environments offering immediate social acceptance or protection. In this context, imitation may function not simply as behavioural contagion but as a strategy for achieving inclusion and belonging (Baumeister & Leary, 1995; Honneth, 1995).

Peer influence should not be understood as universally harmful or deterministic. Positive peer relationships, sporting communities, youth organisations, and school attachment can operate as important protective factors against substance misuse (Masten, 2014; Downes, 2015). This reinforces the importance of examining not only the presence of peer influence, but also the quality and emotional function of peer relationships.

Overall, research suggests that peer influence is far more emotionally and socially complex than traditional behavioural models acknowledge. Understanding early-stage drug use therefore requires moving beyond simplistic notions of peer pressure and examining how imitation, group attachment, belonging, and cultural normalisation intersect within young people's lives.

2.7 Drug Culture as Belonging, Recognition and Survival

While addiction research has traditionally focused on risk, pathology, or behavioural deviance, increasing attention has been given to the social and emotional functions that drug cultures may serve within the lives of vulnerable young people. Existing research acknowledges the role of peer influence and social learning in substance use, yet less attention has been paid to why

drug-using environments themselves may become emotionally meaningful (Rhodes, 2002). For some young people experiencing exclusion, instability, shame, or emotional neglect, drug cultures may provide forms of belonging, recognition, identity, and survival that are otherwise absent (Baumeister & Leary, 1995; Honneth, 1995).

Belonging is a fundamental human need closely connected to emotional wellbeing, identity formation, and psychological stability (Baumeister & Leary, 1995). This becomes particularly important where young people experience fragmented family relationships, educational exclusion, bullying, homelessness, violence, or emotional neglect (Downes, 2011; Murphy et al., 2019). In such contexts, drug-using peer cultures may emerge not simply as sites of intoxication, but as spaces where individuals feel accepted, protected, or understood (Rhodes, 2002; Honneth, 1995).

Qualitative addiction research highlights themes of loyalty, solidarity, surrogate family structures, and emotional attachment within drug-using networks (Alexander, 2008; Monaghan, 2011). Irish research similarly demonstrates how drug cultures may become intertwined with friendship, neighbourhood identity, emotional protection, and survival within contexts of poverty and instability (O'Mahony, 2008; CityWide Drugs Crisis Campaign, 2019). For some young people, belonging itself may become a form of emotional and practical survival (Baumeister & Leary, 1995; Murphy et al., 2019).

Bourdieu's concept of social capital provides additional insight into these dynamics. Young people experiencing educational marginalisation, poverty, or exclusion from mainstream institutions may have limited access to forms of recognition and opportunity associated with conventional pathways to success (Bourdieu, 1986; Downes, 2011). Drug cultures may therefore provide alternative forms of status, belonging, protection, and symbolic recognition where conventional routes towards identity or achievement feel inaccessible (Bourdieu, 1986; Honneth, 1995).

Recognition is also central to understanding the appeal of these environments. Honneth (1995) argues that individuals require forms of social recognition and validation to develop stable selfhood and emotional security. Experiences of exclusion, invisibility, or social devaluation may therefore contribute to emotional distress and fractured identity formation. Within this context,

drug cultures may provide spaces where individuals feel acknowledged, respected, or emotionally recognised in ways absent elsewhere (Honneth, 1995; Rhodes, 2002).

Importantly, however, the belonging provided within drug cultures is often unstable and conditional. While these environments may initially offer inclusion or protection, they may also expose individuals to violence, exploitation, criminalisation, addiction escalation, or emotional dependency over time (Alexander, 2008; O'Mahony, 2008). Drug cultures may therefore operate simultaneously as spaces of emotional connection and spaces of profound harm.

Understanding drug culture as emotionally and socially meaningful complicates simplistic understandings of addiction as solely individual deviance or irrational risk-taking. For some young people, drug-using environments may function as substitute ecosystems of belonging where recognition, identity, solidarity, and survival become possible in the absence of meaningful institutional attachment. Their emotional appeal cannot therefore be understood outside the broader contexts of exclusion, instability, poverty, and unmet relational needs shaping young people's lives.

2.8 Sociohistorical Context: Drug Cultures Across Generations in Ireland

Understanding early-stage drug use within Ireland requires attention not only to individual experiences or psychosocial vulnerability, but also to the wider sociohistorical contexts within which different generations encountered drugs, addiction, poverty, and institutional response. Substance use does not emerge in a historical vacuum (Gergen, 1973). The meanings attached to drugs, the substances available, the communities most affected, and the nature of institutional intervention have shifted significantly across Irish social history (O'Mahony, 2008; Butler & Mayock, 2005). This is important within the study, given the participant age range of 18–50, as individuals entering adolescence during the heroin crises of the 1980s and 1990s experienced fundamentally different social environments to younger participants shaped by contemporary cultures of cocaine normalisation, nightlife economies, social media, and changing attitudes towards recreational drug use (EMCDDA, 2024; ESPAD, 2019).

Research examining heroin use in Ireland repeatedly identifies the 1980s and 1990s as periods marked by severe urban deprivation, unemployment, community disinvestment, and widespread social inequality, within working-class areas of Dublin such as Ballymun, Ballyfermot, Finglas, and the north inner city (O'Gorman, 1998; O'Mahony, 2008). Heroin epidemics during this

period became closely associated with poverty, inadequate housing, unemployment, educational disadvantage, and community marginalisation (O'Mahony, 2008; CityWide Drugs Crisis Campaign, 2019). Drug use was therefore experienced not simply as an individual issue, but as part of a wider social and economic collapse affecting entire communities. O'Mahony (2008) argued that heroin addiction within Ireland became heavily concentrated within economically deprived urban areas where structural exclusion and limited opportunity created conditions in which drug markets could rapidly expand.

This historical context shaped not only patterns of substance use but also public attitudes towards addiction and institutional responses surrounding it. During the height of Ireland's heroin crisis, addiction was framed through criminalisation, moral panic, and deviance discourse rather than psychosocial or public health frameworks (Butler & Mayock, 2005; O'Mahony, 2008). Communities experiencing addiction often encountered heavy policing, stigma, and inadequate treatment provision alongside limited mental health support (Butler & Mayock, 2005). Existing research examining this period highlights the long-term effects of institutional neglect, including cycles of poverty, imprisonment, homelessness, and intergenerational addiction within affected communities (O'Mahony, 2008; CityWide Drugs Crisis Campaign, 2019).

The emergence of Ireland's Celtic Tiger economy during the late 1990s and early 2000s altered aspects of Irish drug culture notably. Increased affluence, consumer culture, nightlife expansion, and changing youth identities contributed to the growing visibility and normalisation of recreational drug use, involving cocaine, ecstasy, and cannabis (O'Gorman, 2005). Whereas heroin use had previously been strongly associated with visible urban deprivation and social stigma, cocaine increasingly became associated with nightlife, status, sociability, and professional culture. Recreational substance use became more culturally integrated within some social groups, complicating earlier distinctions between "problematic addicts" and "ordinary" drug users.

Economic growth did not eliminate structural inequality or vulnerability to addiction. The 2008 economic crash, subsequent austerity measures, housing crises, and rising levels of youth homelessness contributed to renewed experiences of precarity and instability for many young people (Department of Housing, Local Government and Heritage, 2024). Existing Irish research examining homelessness and addiction increasingly identifies strong relationships between

housing insecurity, emotional distress, institutional fragmentation, and escalating substance use (Murphy et al., 2019). Seymour's (2005) research examining homelessness and imprisonment in Ireland highlighted the extent to which many vulnerable young people experienced overlapping trajectories involving care systems, homelessness, addiction, and criminal justice involvement. These findings reinforce the argument that addiction pathways are deeply connected to wider systems of social exclusion and institutional response rather than existing as isolated behavioural issues.

Generational shifts in drug culture have also altered how young people encounter substances socially and emotionally. Contemporary youth cultures are increasingly shaped by social media, online drug markets, changing attitudes towards mental health, and the normalisation of recreational drug use within nightlife and festival environments (EMCDDA, 2024). Recent ESPAD findings (2019) indicate that while some forms of adolescent substance use have declined, drug experimentation remains relatively common among Irish adolescents in relation to cannabis and alcohol. Increased public discussion surrounding anxiety, depression, trauma, and emotional well-being has contributed to changing understandings of addiction among younger generations (Citizens' Assembly on Drug Use, 2023). Nevertheless, many of the structural conditions historically associated with addiction vulnerability, including educational inequality, poverty, family instability, and inadequate mental health support, remain persistent features of Irish social life.

Gergen's concept of social psychology as history (1973) provides a useful framework for understanding these shifts. Gergen argued that human behaviour and social experience cannot be understood as historically fixed because social meanings, cultural norms, and institutional realities continually change over time. Applying this perspective to addiction highlights how experiences of substance use are shaped by historically specific cultural conditions rather than universal psychological processes alone. A participant entering adolescence during Dublin's heroin epidemics encountered fundamentally different social realities, risks, stigmas, and institutional responses than a participant growing up within contemporary cultures of recreational cocaine use or online social environments.

Importantly, however, these changing drug cultures do not erase the recurring themes evident throughout addiction research. Across different generations, substance use remains closely

intertwined with emotional distress, social exclusion, unmet relational needs, and fragmented institutional support (Khantzian, 1997; Rhodes, 2002; Downes, 2015). What changes are the substances themselves, the cultural meanings attached to them, and the institutional responses surrounding them.

Existing Irish addiction research has often examined substance use within narrower age categories or specific policy periods (Leonard & Windle, 2020), limiting understanding of how historical shifts shape pathways into addiction across generations. Comparatively little phenomenological research has explored how individuals from different generational cohorts interpret these changing drug cultures (Leonard & Windle, 2020; Smith et al., 2009) within the context of their own lived experiences. Examining lived experience across a wider age range, therefore, provides an opportunity to better understand how emotional distress, belonging, poverty, institutional interaction, and addiction are shaped within changing sociohistorical contexts rather than treated as static or universal experiences.

Section III: Institutional Failure, Social Exclusion, and Trauma-Driven Policy Responses

2.9 Educational Exclusion, DEIS, and School Disengagement

Educational institutions play a central role in the lives of young people and are key sites for prevention, intervention, safeguarding, and emotional development. However, existing Irish and international research increasingly demonstrates that schools may also operate as sites of exclusion, shame, and institutional disconnection for many young people vulnerable to early-stage substance use (Downes, 2011, 2015). Educational disengagement is therefore closely intertwined with emotional well-being, social inequality, and addiction vulnerability.

Research consistently identifies strong associations between school disengagement and early substance use. Young people experiencing chronic absenteeism, suspension, behavioural difficulties, educational underachievement, or early school leaving demonstrate notably increased vulnerability to alcohol and drug misuse (Henry et al., 2009). However, much educational research continues to conceptualise disengagement primarily through attendance, attainment, and behavioural metrics while paying less attention to the emotional humiliation, shame, rejection, and relational disconnection experienced by vulnerable students within school environments (Downes, 2011; Downes, 2015). Substance use and school disengagement emerge

through overlapping experiences of exclusion rather than existing as isolated behavioural problems (Henry et al., 2009; Downes, 2015).

Within the Irish context, these issues become pertinent when examined through the lens of educational inequality and socio-economic marginalisation. The DEIS (Delivering Equality of Opportunity in Schools) framework acknowledges the relationship between poverty, social exclusion, and educational outcomes, recognising that structural inequality notably shapes school participation, attainment, and well-being (Department of Education and Skills, 2017). More recently, the DEIS Plan 2025–2027 has reinforced this emphasis by placing greater emphasis on learner engagement, attendance, inclusion, student voice, and wellbeing (Department of Education, 2025). Research repeatedly identifies how students experiencing poverty, instability, and emotional distress encounter additional barriers to educational engagement (Smyth, 2018). While DEIS initiatives have introduced important supports surrounding attendance, literacy, school completion, and educational inclusion, notable gaps remain regarding access to counselling, therapeutic intervention, and multidisciplinary support for students experiencing complex psychosocial distress (Downes, 2011, 2015). Consequently, students in socioeconomically marginalised communities may experience a paradox in which schools are expected to address increasingly complex emotional and social needs while lacking sufficient resources to do so effectively.

Downes' work on educational exclusion and systemic fragmentation is influential in highlighting how schools often respond behaviourally to distress while inadequately engaging with its underlying emotional and relational causes. Downes (2011; 2014; 2015) argues that fragmented educational and psychological support systems leave vulnerable young people without meaningful therapeutic intervention, increasing the likelihood of disengagement and exclusion. Institutional responses often become reactive only once distress becomes behaviourally visible through aggression, absenteeism, disruption, or substance use itself.

This becomes especially important when examining addiction vulnerability. Students experiencing anger, grief, emotional dysregulation, neurodivergence, family instability, bullying, or psychological distress may become positioned primarily as “problem students” requiring behavioural management rather than emotionally responsive support (Downes, 2011; Downes, 2015). Schools operating through punishment, surveillance, exclusion, or behavioural correction

may unintentionally reinforce shame and emotional invisibility among already vulnerable students.

Questions surrounding the provision of counselling and emotional support in Irish schools remain particularly important. Although SPHE and school wellbeing initiatives have expanded in recent decades, many schools continue to lack adequate access to counsellors, psychologists, multidisciplinary support, and trauma-responsive interventions that can engage students experiencing notable distress (O'Higgins, 2013; Downes, 2015). As a result, emotional suffering may remain insufficiently recognised until it becomes behaviourally visible through absenteeism, disengagement, aggression, self-harm, or substance use (Downes, 2011, 2015).

Critiques of school-based drug prevention programmes similarly highlight notable limitations within existing approaches. Irish prevention frameworks have historically relied heavily on behavioural messaging, deterrence strategies, and risk-awareness education through programmes such as SPHE (Morgan, 2001; O'Higgins, 2013). While these interventions may increase awareness surrounding substance-related harm, evidence regarding long-term behavioural effectiveness remains mixed (Faggiano et al., 2014). More fundamentally, many prevention models continue to assume that knowledge alone meaningfully alters behaviour (Thomas et al., 2007; Faggiano et al., 2014), risking misunderstanding substance use where drugs function as emotional regulation, psychological escape, social belonging, or relief from distress (Khantzian, 1997; Alexander, 2008).

Existing policy discourse increasingly references resilience, well-being, inclusion, and early intervention, with recent developments such as the National Drugs Strategy and the DEIS Plan 2025–2027 placing greater emphasis on prevention, engagement, and student well-being (Department of Health, 2017; Department of Education, 2025). However, implementation remains fragmented and uneven. Encouraging resilience without meaningful emotional support risks shifting responsibility back onto vulnerable young people while inadequately addressing the structural and relational conditions that produce distress (Downes, 2015). As a result, emotional support systems often remain weakest within the very communities where psychosocial need is greatest, creating a gap between policy aspiration and lived educational reality.

Importantly, however, schools also possess notable potential as protective environments where emotional regulation, belonging, therapeutic support, and early intervention can occur positively. Research consistently identifies strong teacher-student relationships, emotionally supportive school climates, access to counselling, extracurricular participation, and inclusive educational environments as protective factors that reduce vulnerability to substance misuse and educational disengagement (Masten, 2014; Downes, 2011). The issue, therefore, is not that schools are inherently harmful institutions, but that many educational systems remain insufficiently equipped to respond meaningfully to complex emotional and psychosocial needs.

Understanding educational disengagement through this lens fundamentally challenges simplistic interpretations of addiction as individual deviance or poor decision-making. Vulnerability to substance use develops alongside experiences of emotional invisibility, institutional disconnection, behavioural labelling, and fragmented support. Existing Irish addiction and educational research remains comparatively limited in examining how young people themselves experience exclusion, shame, institutional rejection, emotional neglect, and educational disengagement within school systems (Leonard & Windle, 2020). Consequently, important questions remain regarding how students interpret their interactions with schools, support services, and educational institutions before substance use becomes established. Examining lived experience, therefore, becomes essential in understanding how educational environments may both protect against and contribute towards pathways into early-stage substance use.

2.10 Homelessness, Care, and Accelerated Addiction Pathways

Homelessness, care experience, institutional instability, and criminal justice involvement are repeatedly identified within addiction research as important factors associated with escalating substance use and long-term social exclusion. However, these experiences are often examined separately despite the extent to which they overlap within lived experience pathways into addiction (Mayock & Sheridan, 2012; Downes, 2015). Existing Irish research increasingly demonstrates that homelessness, educational disengagement, family instability, care involvement, poverty, mental health difficulties, and substance use accumulate and intensify one another over time (Mayock & Sheridan, 2012; Downes, 2015). Understanding early-stage drug use, therefore, requires examining how institutional fragmentation and social instability may accelerate vulnerability rather than interrupt it (Downes, 2015; Rhodes, 2002).

Research examining homelessness and addiction consistently identifies strong relationships between housing instability, emotional distress, trauma exposure, and problematic substance use. Young people experiencing homelessness report notably higher levels of mental health difficulties, family conflict, violence exposure, educational exclusion, and childhood adversity compared to the general population (Mayock & Sheridan, 2012; Keane & Reynolds, 2008). Substance use in these contexts may serve as an emotional escape, a coping mechanism, a sense of belonging, a survival strategy, or an adaptation to unstable and dangerous environments (Khantzian, 1997; Alexander, 2008; Corr, 2016). Homelessness itself may further intensify addiction vulnerability by increasing exposure to violence, exploitation, emotional insecurity, and high-risk social environments (Corr, 2016).

Within the Irish context, homelessness and addiction have become increasingly interconnected in the aftermath of austerity, housing shortages, and widening social inequality (Focus Ireland, 2022; Mayock & Parker, 2017). Existing Irish research repeatedly identifies patterns of fractured family relationships, school disengagement, care involvement, mental health difficulties, and early substance use preceding homelessness experiences (Mayock, Corr, & O’Sullivan, 2011). Once homelessness occurs, vulnerability escalates further. Temporary accommodation systems, hostels, unstable housing arrangements, and street homelessness may expose young people to drug availability, violence, criminal exploitation, and emotionally traumatic environments where substance use becomes increasingly normalised or psychologically functional (Focus Ireland, 2022; Corr, 2016).

Seymour’s (2005) research examining homelessness and imprisonment in Ireland highlighted the extent to which many vulnerable young people experience overlapping trajectories involving care systems, homelessness, addiction, and criminal justice involvement. Existing research examining imprisonment similarly demonstrates disproportionately high rates of addiction, trauma exposure, homelessness histories, educational exclusion, and mental health difficulties among prison populations (Irish Penal Reform Trust, 2017). This reinforces the argument that addiction pathways are deeply connected to wider systems of social exclusion and institutional response rather than isolated behavioural issues (Downes, 2015; Rhodes, 2002).

Care experience is also increasingly recognised as an important factor associated with addiction vulnerability and long-term instability. International and Irish research examining

care-experienced young people consistently identifies elevated risks surrounding homelessness, school disengagement, mental health difficulties, criminal justice involvement, and substance misuse (Mendes & Snow, 2016; Tusla, 2021). Young people within care systems experience disrupted attachment relationships, placement instability, emotional loss, institutional transition, and fractured experiences of belonging (Gilligan, 2009). Feelings of abandonment, emotional insecurity, rejection, and lack of stable relational attachment may therefore become deeply intertwined with later vulnerability (Gilligan, 2009; Mendes & Snow, 2016).

Importantly, however, homelessness and care involvement should not be understood as direct causes of addiction in simplistic terms. Not all homeless or care-experienced young people develop problematic substance use, and framing these populations solely through risk can reinforce stigma and deficit-based assumptions. Existing research has sometimes pathologised homelessness and care experiences without sufficiently examining the structural conditions that produce instability in the first place (Mayock & Parker, 2017; Rhodes, 2002). Housing crises, poverty, underfunded mental health services, inadequate aftercare supports, educational inequality, and fragmented institutional systems all shape the environments within which vulnerability develops (Mayock & Parker, 2017).

This limitation is notable in discussions surrounding institutional intervention. Existing systems operate reactively rather than preventively, intervening only once emotional distress has escalated into visible crisis through homelessness, addiction, criminalisation, or severe mental health deterioration (Downes, 2015). Institutional responses become fragmented across education, social work, housing, addiction services, mental health provision, and criminal justice systems, with vulnerable individuals often moving repeatedly between services without sustained relational support (Downes, 2015; Keane & Reynolds, 2008).

Research examining youth homelessness has paid comparatively less attention to the emotional significance of survival itself (Mayock et al., 2011). Existing qualitative research repeatedly identifies themes of loneliness, hypervigilance, shame, emotional numbness, and survival-oriented decision-making within homeless populations (Mayock et al., 2011). Drug use within these contexts may therefore function not only as intoxication, but as temporary relief from exhaustion, emotional distress, fear, or psychological overwhelm (Khantzian, 1997; Alexander, 2008). Understanding substance use solely through behavioural or criminal

frameworks risks overlooking the lived realities shaping these coping strategies (Rhodes, 2002; Alexander, 2008).

Questions surrounding violence are also important within this context. Young people experiencing homelessness, unstable housing, or institutional exclusion are disproportionately vulnerable to interpersonal violence, exploitation, coercion, and criminal victimisation (Corr, 2016; Irish Youth Foundation, 2020). Existing addiction research acknowledges violence statistically while paying less attention to how chronic exposure to fear, threat, or instability shapes emotional regulation and substance use behaviour over time. (Khantzian, 1997; Corr, 2016)

Existing Irish addiction research remains comparatively limited in exploring how individuals themselves interpret the intersections between homelessness, care systems, institutional instability, and addiction within their own lived experiences. Quantitative research identifies correlations between homelessness and substance use but may provide less insight into the emotional realities of instability, shame, institutional rejection, or survival that underpin these pathways (Leonard & Windle, 2020).

Understanding homelessness, care experience, and institutional instability through a psychosocial lens, therefore, complicates simplistic understandings of addiction as individual deviance or personal failure. Vulnerability to substance use develops alongside experiences of emotional insecurity, fractured belonging, institutional fragmentation, violence, and survival-oriented coping. Existing systems often intervene only once distress has escalated into a visible crisis, leaving many vulnerable young people without meaningful relational support during earlier stages of emotional distress and social exclusion. Examining lived experience is therefore essential in understanding how institutional instability, homelessness, and social marginalisation may accelerate pathways into addiction rather than prevent them.

2.11 Prevention Policy, SPHE, and Trauma-Responsive Approaches

Prevention policy occupies a central position within Irish educational and public health responses to substance use (Department of Health, 2017; O'Higgins, 2013). Schools, youth services, community organisations, and national policy frameworks are positioned as key sites for early intervention and behavioural prevention. However, despite notable investment in prevention

discourse over recent decades, problematic substance use remains closely associated with emotional distress, social inequality, educational disengagement, homelessness, and institutional fragmentation. Existing research increasingly suggests that many prevention frameworks continue to identify risk behaviour without adequately engaging with the emotional and structural realities shaping why substances become meaningful in the first place (Alexander, 2008; Rhodes, 2002).

Historically, drug prevention approaches in Ireland and internationally have relied heavily upon deterrence, risk-awareness education, and behavioural messaging. School-based programmes operated through the assumption that increased knowledge regarding risk would reduce rates of experimentation or misuse (Morgan, 2001). However, evidence regarding the long-term effectiveness of purely informational prevention models remains mixed (Faggiano et al., 2014; Thomas, McLellan, & Perera, 2007). While awareness-based education may improve knowledge surrounding drugs and associated harms, it does not necessarily address the emotional and psychological conditions underpinning substance use itself (Thomas et al., 2007; Faggiano et al., 2014; Khantzian, 1997).

This limitation becomes pertinent where substance use functions as emotional regulation, psychosocial coping, or social belonging rather than simple experimentation (Khantzian, 1997; Alexander, 2008; Baumeister & Leary, 1995). A young person using substances to manage grief, anxiety, shame, loneliness, or instability may not experience deterrence messaging as relevant to the realities shaping their lives. Prevention frameworks that conceptualise substance use primarily as poor decision-making or informational deficit risk misunderstanding addiction, where drugs operate as emotional escape, connection, or temporary psychological relief.

Within the Irish educational context, SPHE (Social, Personal and Health Education) has become one of the primary mechanisms through which schools deliver substance use prevention and well-being education. SPHE aims to promote decision-making skills, resilience, emotional awareness, and healthy lifestyles among students (NCCA, 2023). However, critiques of SPHE and school-based prevention frameworks highlight tensions between policy aspiration and practical implementation (Morgan, 2001; O'Higgins, 2013). Morgan's (2001) research examining Irish school prevention approaches acknowledged the importance of social and emotional education while recognising that prevention programmes often remain limited where

psychosocial supports are absent. Similarly, research examining well-being policy in Irish schools suggests that emotional support remains unevenly distributed in socioeconomically marginalised communities, where psychological and behavioural needs are often greatest (Smyth, 2018).

Critics also argue that prevention discourse individualises responsibility for substance use while insufficiently engaging with structural inequality and institutional failure (Rhodes, 2002; Alexander, 2008). Young people are often encouraged to develop “resilience” or refusal skills without equal attention to the conditions that shape distress itself. Encouraging resilience while failing to provide adequate access to counselling, therapeutic support, housing stability, or emotionally safe educational environments risks shifting responsibility back onto vulnerable young people rather than addressing the contexts that produce harm (Downes, 2015).

This criticism is increasingly reflected within contemporary Irish policy discussions. Ireland’s National Drugs Strategy, *Reducing Harm, Supporting Recovery* (2017–2025), acknowledges the importance of early intervention, mental health support, community engagement, and reducing stigma surrounding addiction. Similarly, the Citizens’ Assembly on Drug Use (2023) called for greater emphasis on health-led approaches, preventative mental health supports, and lived experience inclusion within Irish drug policy. These developments reflect a shift away from purely punitive or criminalised understandings of addiction towards more psychosocial and public health-oriented approaches (Department of Health, 2017; Citizens' Assembly on Drug Use, 2023).

However, notable gaps remain between policy recognition and practical implementation. Existing Irish addiction services continue to operate within fragmented systems divided across education, mental health, housing, youth work, social care, and criminal justice sectors (Downes, 2015). Young people experiencing emotional distress encounter long waiting lists, inconsistent intervention, or reactive responses once difficulties become crisis-driven (Citizens' Assembly on Drug Use, 2023). Existing policy discourse increasingly references trauma-responsive practice, yet implementation often remains superficial where meaningful therapeutic support, counselling provision, and sustained relational intervention are absent (Downes, 2015).

Recent Irish policy discussions increasingly emphasise integrated and preventative approaches to homelessness, mental health, addiction, and youth support. However, the persistence of high

levels of homelessness, housing insecurity, and service fragmentation suggests that notable challenges remain in translating policy commitments into coordinated support for vulnerable young people (Focus Ireland, 2022; Department of Health, 2017). This raises important questions regarding the capacity of existing systems to identify and respond to emotional distress before it manifests through crisis, homelessness, criminal justice involvement, or problematic substance use (Focus Ireland, 2022; Department of Health, 2017; Downes, 2015).

Importantly, prevention research also remains comparatively limited in its incorporation of lived-experience perspectives into the design and evaluation of interventions (Citizens' Assembly on Drug Use, 2023; Leonard & Windle, 2020). Quantitative prevention studies focus on prevalence reduction or behavioural outcomes while paying less attention to how young people themselves experience prevention initiatives, school supports, or emotional intervention systems (Leonard & Windle, 2020). This limitation is pertinent given the recurring themes throughout addiction research concerning emotional invisibility, fractured belonging, shame, and institutional disconnection.

Trauma-responsive approaches have increasingly emerged as alternatives to purely behavioural prevention models (SAMHSA, 2014). Rather than asking only how to stop substance use, trauma-responsive frameworks attempt to understand the emotional, relational, and environmental conditions underpinning distress and vulnerability. Such approaches emphasise emotional safety, relational consistency, therapeutic support, trust-building, and early intervention rather than punishment or behavioural correction alone (SAMHSA, 2014). However, trauma-responsive intervention should not become reduced to simplified policy language detached from meaningful structural change. Schools and services cannot meaningfully describe themselves as trauma-responsive while simultaneously lacking adequate counsellors, psychological supports, therapeutic spaces, or stable multidisciplinary intervention systems (Downes, 2015).

Prevention frameworks should avoid positioning vulnerable young people solely through deficit, pathology, or risk. Existing addiction discourse has sometimes focused so heavily on harm and vulnerability that it inadequately recognises young people's agency, resilience, and capacity for recovery (Masten, 2014). Effective prevention, therefore, requires more than risk management; it requires creating environments where young people experience meaningful belonging, emotional

recognition, safety, and support before substance use becomes psychologically necessary or socially functional (Baumeister & Leary, 1995; Honneth, 1995; Khantzian, 1997).

Ultimately, research suggests that prevention approaches that fail to engage with emotional regulation, social exclusion, institutional fragmentation, and lived experience are likely to remain fundamentally incomplete. Existing Irish addiction and prevention research has notably expanded understanding of behavioural risk and public health response, yet important gaps remain concerning the emotional and relational realities underpinning early-stage drug use. Understanding why substances become emotionally meaningful for some young people requires moving beyond deterrence and informational awareness towards more integrated psychosocial, educational, and trauma-responsive approaches grounded in emotional support, relational intervention, and structural understanding.

2.12 Literature Review Conclusion

This chapter critically examined existing research relating to early-stage drug use through an interdisciplinary psychosocial framework. Drawing upon addiction studies, psychology, sociology, educational research, trauma theory, and phenomenology, the review demonstrated that substance use is closely associated with emotional distress, adverse childhood experiences, social exclusion, disrupted belonging, and wider structural inequalities (Khantzian, 1997; Rhodes, 2002; Downes, 2015). While these bodies of literature have notably advanced the understanding of addiction vulnerability, important limitations remain.

A recurring limitation concerns the fragmented nature of existing research. Experiences such as trauma, educational marginalisation, homelessness, care involvement, peer influence, and emotional distress are frequently examined as separate risk factors despite their interconnected nature within lived experience pathways into addiction (Rhodes, 2002; Downes, 2015). Similarly, prevention and intervention frameworks often remain behaviourally focused, prioritising risk reduction and individual decision-making while paying less attention to the emotional, relational, and structural realities shaping why substances become meaningful in the first place (Alexander, 2008; Faggiano et al., 2014).

The review also highlighted the importance of belonging, recognition, and emotional support within addiction pathways. Across research, substance use emerged not only as a behavioural

act, but as a response situated within experiences of emotional suffering, unmet relational needs, exclusion, and attempts to achieve connection or psychological relief (Khantzian, 1997; Baumeister & Leary, 1995; Honneth, 1995). At the same time, the review identified limitations within existing Irish research regarding how these experiences are understood and interpreted by individuals themselves.

While quantitative and policy-based studies have generated important knowledge concerning prevalence, risk, service provision, and prevention, comparatively less attention has been given to lived experience accounts of addiction, particularly in relation to how emotional distress, educational exclusion, institutional interaction, and changing sociohistorical contexts shape pathways into substance use (Leonard & Windle, 2020). Furthermore, limited research has explored how individuals from different generations interpret these experiences within the context of changing Irish drug cultures and policy environments.

Taken together, research suggests that addiction cannot be adequately understood through individualised or behavioural explanations alone. Rather, substance use emerges from complex interactions among emotional suffering, belonging, social exclusion, structural inequality, and institutional responses (Khantzian, 1997; Rhodes, 2002; Alexander, 2008). These gaps provide the rationale for the present study, which adopts a phenomenological approach to explore how individuals interpret and make meaning of the experiences, relationships, and environments shaping their pathways into addiction. By foregrounding lived experience, the study seeks to contribute a deeper understanding of the emotional, relational, and sociohistorical realities underpinning early-stage drug use within the Irish context (van Manen, 1990; Smith et al., 2009).

Chapter 3: Methodology

3.1 Introduction

This chapter outlines the methodological framework underpinning the study and explains the rationale for adopting a qualitative, phenomenological approach to exploring pathways into early-stage substance use within the Irish context. The study aimed to examine how participants understood and interpreted the emotional, relational, educational, and sociohistorical experiences shaping substance use throughout their lives. Given the complexity and sensitivity of the research topic, a qualitative design was considered most appropriate for exploring lived experience, emotional meaning, and subjective interpretation.

The chapter discusses the study's interpretivist and phenomenological orientations, participant recruitment and sampling, data collection methods, thematic analysis, ethical considerations, reflexivity, and methodological limitations. Particular attention is given to the emotional and interpretive complexities involved in researching addiction, psychosocial distress, and institutional exclusion (Crotty, 1998; Creswell & Poth, 2018; Denzin & Lincoln, 2018).

3.2 Research Paradigm and Qualitative Design

The study was situated within an interpretivist research paradigm concerned with subjective experience, meaning-making, and the social construction of reality (Crotty, 1998; Schwandt, 1994). Interpretivist approaches recognise that individuals interpret experiences differently depending upon their social, emotional, and relational contexts. This was relevant to the study, as participants described highly personal experiences involving addiction, emotional distress, homelessness, violence, educational exclusion, prison, and psychosocial instability.

A qualitative research design was adopted to explore the complexity and depth of participants' lived experiences (Creswell & Poth, 2018). Quantitative approaches may identify prevalence, behavioural trends, or statistical associations surrounding substance use; however, they are less equipped to explore how individuals themselves emotionally interpret experiences of addiction, belonging, trauma, shame, or institutional interaction. The study therefore prioritised narrative depth and subjective meaning rather than measurement or generalisability.

The study was additionally informed by a phenomenological orientation. Phenomenology seeks to understand how individuals experience and interpret the world around them, with particular attention given to emotional meaning, perception, and lived experience (van Manen, 1990; Moustakas, 1994). This approach aligned closely with the aims of the research, as the study sought to move beyond behavioural explanations of addiction and instead explore how participants themselves understood their pathways into substance use.

A psychosocial perspective further informed the study by recognising the interaction between emotional experience and wider social conditions (Frosh, 2010; Walkerdine et al., 2001). Participants' narratives connected substance use to issues including educational exclusion, violence, poverty, homelessness, institutional fragmentation, emotional dysregulation, shame, and belonging. The methodological approach, therefore, allowed exploration of both personal experience and structural influences that shape addiction pathways.

3.3 Participants and Sampling

The study employed purposive sampling to recruit participants with lived experience relevant to the research topic. Participants were selected on the basis that they could provide insight into experiences surrounding early-stage substance use, emotional distress, educational disengagement, institutional interaction, and psychosocial vulnerability.

The final sample consisted of five adult participants aged between 18 and 50. Participants represented differing experiences of substance use, educational pathways, institutional involvement, homelessness, prison, treatment engagement, and recovery. The age range also allowed for exploration of changing drug cultures and sociohistorical differences across generations. Four participants left formal education before completing secondary school, with three reporting expulsion during early adolescence. Only one participant completed the Leaving Certificate. As educational experiences emerged as an important feature of participants' narratives, this characteristic of the sample provided important insight into the relationship between educational exclusion and subsequent substance use pathways. However, the small sample size, along with the predominance of participants who experienced early school leaving and substantial social marginalisation, inherently limits the representativeness of the findings. Results may not be generalisable to all individuals with addiction experiences in Ireland,

particularly those from different educational, socioeconomic, or demographic backgrounds. Future research should seek to include larger and more diverse samples in order to assess the transferability of these findings across broader populations.

Given the sensitive nature of the research topic, confidentiality and anonymity were prioritised throughout the recruitment and interview process. Pseudonyms were used throughout transcription and analysis, while identifying details relating to individuals, locations, and organisations were removed to protect participant identity.

3.3.1 Recruitment Process

Recruitment proved notably more challenging than initially anticipated. The study sought participants who had experienced problematic substance use during adolescence or early adulthood and who were willing to discuss often highly personal experiences relating to addiction, trauma, exclusion, family relationships, and educational experiences. Accessing this population presented a number of practical and ethical challenges.

Approximately 41 organisations and services were contacted during the recruitment process, including addiction support services, community organisations, recovery groups, youth services, and homelessness services. While some organisations expressed interest in the study and received approval for the study, they later withdrew from the study as it was hard to recruit suitable participants like the Ana Liffey Drug Project. Others declined to participate due to concerns about client vulnerability, client suitability, confidentiality, limited staff capacity, organisational policy restrictions, or competing service demands like Focus Ireland. Others did not respond to initial contact.

The challenges encountered during recruitment reflect wider methodological issues frequently identified within qualitative addiction research, where access to vulnerable populations is often restricted due to ethical concerns, gatekeeping processes, and the sensitive nature of participants' experiences (Liamputtong, 2007). These difficulties contributed to the eventual use of snowball sampling as an additional recruitment strategy.

In addition to purposive sampling, snowball sampling was utilised to support participant recruitment. Snowball sampling involves existing participants identifying or referring to other individuals who may meet the study inclusion criteria (Noy, 2008). This approach is commonly

used when researching populations that may be difficult to access through conventional recruitment methods.

The use of snowball sampling was particularly appropriate given the sensitive nature of the research topic and the difficulties encountered in recruiting participants through formal organisations. Individuals with lived experience of problematic substance use may be hesitant to engage with research due to concerns regarding stigma, confidentiality, or previous negative experiences with institutions. Snowball sampling, therefore, provided an opportunity to access participants through existing networks of trust while maintaining voluntary participation and informed consent procedures.

While snowball sampling may increase the risk of recruiting participants with similar experiences or social backgrounds, it was considered an appropriate strategy for accessing rich experiential accounts consistent with the phenomenological aims of the study (Noy, 2008; Creswell & Poth, 2018).

3.4 Data Collection

Data were collected through semi-structured qualitative interviews. Semi-structured interviewing was selected because it provides a flexible approach to exploring lived experience while allowing researchers to investigate issues of personal significance in greater depth (Kvale & Brinkmann, 2009; Seidman, 2013). This approach was considered particularly appropriate given the sensitive nature of the research topic and the study's aim of understanding how participants interpreted experiences relating to addiction, emotional distress, educational exclusion, homelessness, institutional interaction, and recovery.

An interview guide was developed to explore broad themes, including early substance use, emotional regulation, educational experiences, belonging, identity, trauma, coping strategies, institutional interaction, and recovery. While key topics were addressed across all interviews, participants were encouraged to shape the direction of the discussion and reflect upon experiences they considered personally important. This flexibility is consistent with phenomenological research, which prioritises participants' subjective understandings of lived experience (van Manen, 1990).

Given the sensitive nature of the study, interviews were conducted using a participant-led and trauma-sensitive approach. Participants discussed experiences including addiction, violence, grief, homelessness, educational exclusion, and emotional distress. Participants were reminded that they could decline questions, pause interviews, or withdraw from the study at any stage without consequence (BERA, 2024). All interviews were audio-recorded with informed consent and subsequently transcribed verbatim for analysis.

3.5 Data Analysis

The study employed reflexive thematic analysis as outlined by Braun and Clarke (2006, 2021). Thematic analysis was selected for its flexibility in identifying patterns of meaning across complex qualitative datasets while remaining compatible with phenomenological and psychosocial approaches. The method enabled exploration of both participants' lived experiences and the wider emotional, relational, institutional, and structural influences shaping substance use pathways.

The analytical process followed Braun and Clarke's (2006) six-phase framework. Initially, interview transcripts were read repeatedly to develop familiarity with the data. Initial codes were then generated across the dataset, focusing on recurring emotional, relational, institutional, and psychosocial experiences described by participants. Consistent with phenomenological inquiry, attention was given not only to what participants described but also to the meanings attached to experiences of addiction, belonging, exclusion, identity, shame, and survival (van Manen, 1990).

Codes were subsequently organised into broader interpretive themes and refined through ongoing engagement with the dataset. Themes including emotional regulation, belonging, educational exclusion, homelessness, institutional fragmentation, recognition, masculinity, and sociohistorical change were developed through this iterative process. The analysis was further informed by a psychosocial perspective, recognising the interaction between emotional experience and wider social conditions (Frosh, 2010).

Given the interpretive nature of thematic analysis, reflexive awareness remained important throughout the analytical process. Consistent with Braun and Clarke's (2021) approach, ongoing consideration was given to how theoretical perspectives and researcher interpretation may shape analytical decisions.

3.6 Ethical Considerations

Given the sensitive nature of the research topic, ethical considerations formed an important component of the study throughout all stages of the research process. Ethical approval was obtained through the appropriate institutional procedures prior to the commencement of data collection. Ethical principles relating to informed consent, confidentiality, participant welfare, and the minimisation of harm guided the study throughout the research process (BERA, 2024; British Psychological Society, 2021).

Participants received an information sheet outlining the purpose of the study, confidentiality issues, and their right to withdraw from the research at any stage without consequence. Informed consent was obtained from all participants prior to the interviews.

The study explored experiences involving addiction, emotional distress, homelessness, violence, prison, self-harm, educational exclusion, and trauma. As a result, interviews were approached sensitively, and participants were reminded that they could pause interviews, decline questions, or discontinue participation where necessary. Participant well-being remained prioritised throughout the interview process.

Confidentiality and anonymity were maintained by using pseudonyms and removing identifying information during transcription and analysis. Audio recordings and interview transcripts were securely stored using password-protected systems accessible only to the researcher.

The study additionally sought to avoid deficit-based or stigmatising representations of participants. Consistent with phenomenological approaches, participants were viewed as knowledgeable individuals capable of reflecting upon and interpreting their own experiences. Care was therefore taken to represent participants' accounts respectfully and within the wider emotional, relational, and structural contexts shaping their lives.

3.7 Reflexivity and Positionality

Reflexivity formed an important component of this study due to the interpretive nature of qualitative and phenomenological research. Within interpretivist inquiry, researchers are not viewed as entirely detached from the research process. Rather, knowledge is understood as being

co-constructed through engagement between participants, researcher interpretation, and the broader research context (Finlay, 2002; Berger, 2015).

The researcher is a secondary school teacher working within a DEIS+ school. This professional context contributed to a longstanding interest in educational inequality, social exclusion, student well-being, and the factors that influence vulnerability among young people. These experiences informed the study's broader focus and shaped an interest in exploring addiction through emotional, relational, educational, and structural frameworks rather than solely through behavioural explanations.

At the same time, the researcher had no prior relationship with any of the participants and possessed no personal knowledge of their families, educational histories, or substance use experiences prior to participation in the study. Participants were not recruited through the researcher's workplace, and no participants were known personally to the researcher. This helped minimise the potential influence of pre-existing relationships on the interview process while supporting an environment in which participants could discuss their experiences openly.

Throughout the research process, efforts were made to remain grounded within participants' narratives while recognising how personal experiences, theoretical perspectives, and professional interests may influence interpretation. Participants discussed sensitive experiences, including addiction, homelessness, violence, grief, educational exclusion, prison, and institutional involvement. Therefore, maintaining a respectful, non-judgmental, and ethically sensitive approach remained important throughout both data collection and analysis.

Reflexive note-taking formed part of the analytical process and supported ongoing critical self-awareness regarding emerging interpretations and assumptions. Particular care was taken to avoid reducing participants' experiences to single explanatory factors such as trauma, poverty, educational exclusion, or addiction itself. Instead, the analysis sought to remain attentive to the complexity of participants' accounts and the meanings they attached to their own experiences.

Reflexivity, therefore, provided an ongoing process of critical reflection throughout the study, supporting careful engagement with participants' narratives while helping to ensure that their experiences were represented ethically, respectfully, and with appropriate analytical sensitivity.

3.8 Methodological Limitations

Several limitations should be acknowledged. Firstly, the study employed a relatively small purposive sample consisting of five participants. While this limits the transferability of findings, phenomenological research prioritises depth of understanding rather than statistical representativeness (van Manen, 1990; Creswell & Poth, 2018).

Secondly, the study relied upon retrospective self-reported narratives. Participants' accounts were shaped by memory, reflection, and changing self-understandings over time. However, these interpretations remain valuable as they provide insight into how individuals make sense of notable life experiences (van Manen, 1990).

The sensitive nature of the research topic may also have influenced disclosure during interviews. Discussions surrounding addiction, homelessness, violence, prison, and emotional distress were highly personal, and some experiences may have been difficult for participants to articulate fully.

Additionally, thematic analysis involves the researcher's interpretation. While reflexive awareness remained central throughout the analytical process, different researchers may have emphasised alternative themes or meanings within the data (Braun & Clarke, 2021).

Despite these limitations, the study provides insight into how individuals interpret experiences relating to addiction, emotional distress, educational exclusion, homelessness, institutional interaction, and recovery. By foregrounding lived experience, the study contributes to a deeper understanding of the emotional, relational, and structural factors that shape pathways into substance use in the Irish context.

3.9 Conclusion

This chapter outlined the methodological framework underpinning the study and justified the qualitative, phenomenological, and psychosocial approach adopted throughout the research process. The chapter discussed the interpretivist orientation of the research, participant recruitment and sampling, data collection, reflexive thematic analysis, ethical considerations, reflexivity, and methodological limitations.

The methodology was designed to facilitate an in-depth exploration of lived experience and to understand how participants interpreted the emotional, relational, educational, institutional, and

sociohistorical factors shaping their pathways into substance use. Through the use of semi-structured interviews and a phenomenological approach, the study sought to move beyond behavioural explanations of addiction and explore the meanings participants attached to their experiences.

The following chapter presents the findings from the interview process and examines the key themes that emerge across participants' narratives, providing insight into the complex emotional, social, and structural realities shaping experiences of addiction in the Irish context.

Chapter 4: Findings

4.0 Table of participant information

Participant	Gender	Age	Age left Education	Location
Tyler	Male	23	Completed leaving certificate (18)	Dublin
James	Male	46	12 expelled	Dublin
Sinead	Female	46	14 expelled	Dublin
Craig	Male	50	12 expelled	Dublin
Robert	Male	50	13 expelled	Dublin

Pseudonyms are used throughout the study to protect participant anonymity.

4.1 Emotional Survival and Psychological Distress

4.1.1 Emotional Regulation, Escape and Survival

Participants described substance use as a way of coping with emotional pain, distress, fear, loneliness, grief, and internal struggle. Drugs and alcohol were repeatedly linked to escape, numbing, comfort, belonging, and temporary relief.

Craig described emotional vulnerability as being shut down from childhood:

“My father, anytime I cried, my dad used to shut me down from them emotions... be like don’t be fucking crying.”

He recalled not understanding what was happening inside him:

“I used to get all these thoughts going through my head and I didn’t know what it was... I used to go into a dark place in my room and sit there and just shut it down.”

Alcohol and drugs later became associated with comfort:

“It just gave me a sense of warmth and safety.”

Tyler described substance use through the language of escape:

“Escape from reality. That’s what I always say it was... Not giving a rats about anything, not giving a fuck about anybody or anyone who was around me... When I was coming down... All these things I was starting to think of, like my family, my children that I don't see... It’d be taking me back through the trauma I went through.”

James similarly linked substance use to emotional pain:

“I was in a lot of pain mentally emotionally and I was kind of looking for an escape... They gave me relief. They gave me an identity. They gave me something to look forward to.”

He also connected this to feeling lost and disconnected:

“I just didn’t know where I fit in.”

Sinead described substance use within experiences of grief, depression, violence, motherhood, and lack of support:

“I got post-natal depression... I couldn’t get help... I ended up resorting to heroin, and I felt as if that numbed and slowed down the mind.”

Elsewhere, Sinead described feeling:

“Voiceless and invisible to society.”

Robert described persistent psychological struggles and emotional discomfort long before addiction became established:

"My head was like a racehorse... I wasn't comfortable. I was uncomfortable."

Discussing how he experienced himself during this period, Robert explained:

"I didn't have a core belief of myself."

Across narratives, participants rarely described substance use as pleasure alone. Instead, drugs and alcohol were repeatedly connected to emotional survival: shutting down, escaping reality, slowing the mind, finding relief, and coping with pain that often felt unsupported elsewhere.

4.1.2 Self-Destruction, Bodily Harm, and Punishment

Participants frequently described addiction through experiences of bodily harm, recklessness, emotional numbness, and indifference towards personal safety. Dangerous substance use practices, overdoses, violence, prison, and self-neglect were often discussed as ordinary aspects of everyday life during addiction.

James described increasingly dangerous patterns of substance use:

“We went through phases where I was injecting cocaine, and I was intravenously using crack and heroin... we’d mix them together, and that created a speedball.”

Tyler similarly reflected on periods of emotional detachment:

“Not giving a rats about anything, not giving a fuck about anybody or anyone who was around me.”

James provided one of the clearest accounts of the relationship between addiction, bodily harm, and self-worth:

“Like I hated myself deeply, you know, and that's not like, that's not, like it's obvious enough if you're sticking needles in your groin and neck and your bleeding feet or whatever else you have to put that needle to get relief... You obviously don't like yourself. People that like themselves don't do stuff like that, you know what I mean?”

Sinead also described the physical and emotional consequences of addiction, reflecting on periods of homelessness, overdose, prison, and severe substance use:

“I ended up overdosed and brought back to life multiple times... I was at the lowest point in my life, homeless, crack, heroin, methadone, coke, tablets, anything I could get my hands on.”

Participants often described these experiences matter-of-factly. Dangerous injecting practices, violence, prison, overdoses, and self-neglect were frequently discussed without dramatic language, suggesting how normalised such experiences had become within everyday life.

Craig reflected on growing up in an environment where vulnerability was discouraged:

“You couldn’t show any sign of weakness... I used to go into a dark place in my room and sit there and just shut it down.”

Reflecting on the psychological impact of addiction, Robert described feeling:

"Like a glass vase... one knock and it smashes."

Across interviews, participants described addiction not only through intoxication and dependency, but also through emotional numbness, self-neglect, punishment, and attempts to cope with overwhelming emotional pain.

4.2 Belonging, Identity, and Masculinity

4.2.1 Identity, Recognition, and Being the ‘Mad One’.

Across interviews, participants linked substance use to identity, recognition, confidence, status, and belonging. Many described feeling different, ashamed, emotionally disconnected, or excluded prior to entering drug-using environments.

Tyler described struggling with self-worth from an early age. Reflecting on this period, he explained that he had:

“A very low sense of who I was”.

Within peer groups and drinking environments, however, Tyler described becoming recognised through humour and intoxication:

“I became the laugh... the mad one... People knew me as the funny one... Drugs and drink helped me to feel at ease... I felt like I belonged and I could mix with people... When you’re with people doing the same thing, you feel normal.”

James similarly described feeling disconnected and uncertain about where he belonged:

“I just didn’t know where I fit in... They gave me relief. They gave me an identity. They gave me something to look forward to.”

Craig also associated status, power, and recognition with substance use and street culture.

Discussing his younger years, he recalled:

“You wanted to be the top dog... You wanted people to fear you.”

Sinead described a contrasting experience. Rather than speaking about status or recognition, she frequently returned to feelings of exclusion and invisibility:

"You just feel like you're voiceless and you're invisible to society."

She also reflected on the stigma attached to addiction:

"Society sees people in addiction as the pond scum basically."

Across interviews, participants frequently described substance use as providing access to identities that felt unavailable elsewhere. Whether through belonging, humour, status, acceptance, confidence, or recognition, addiction often became intertwined with how participants understood themselves and their place within the social worlds around them.

4.2.2 Drug Culture as Belonging and Protection

Participants described drug-using environments as places of belonging, acceptance, protection, and connection. For many, these spaces provided forms of attachment that had been absent within family, school, or wider social environments.

James repeatedly described feeling disconnected prior to becoming involved in drug-using peer groups:

"I didn't feel like I belonged or fit in anywhere."

Reflecting on the people around him at the time, he explained:

"We had the same backgrounds... We were all trying to find an escape."

Elsewhere, James reflected on how these friendships developed through shared experiences of addiction and adversity:

"We all started to go on a journey together in relation to addiction, prison, hospitals, funerals."

He also recalled spending long periods of time with peers while homeless:

"Sitting on blocks at all hours of the night."

Craig similarly described the attraction of these social worlds:

"It was like a family, nearly."

He also reflected on the pressure to conform within peer groups:

“If you didn’t try anything like what the rest of your peers were doing, you’d be sort of slagged. You’d kinda be left out.”

Sinead also highlighted the importance of belonging within her early experiences of substance use:

“Massive role. Because they would have been taking it, so I took it.”

She recalled friends encouraging her:

“Go on, go on, just try it.”

For Sinead, peer groups offered both acceptance and opportunity for experimentation at a time when notable difficulties were occurring within her family life.

Across interviews, participants rarely described drug culture solely through addiction or criminality. Instead, they frequently spoke about friendship, loyalty, protection, acceptance, and shared experience. While many later reflected on the harms associated with these environments, they also acknowledged the sense of belonging they initially provided.

4.2.3 Violence, Masculinity, and Survival

Violence, intimidation, and emotional suppression emerged repeatedly throughout male participants’ narratives. Participants described environments where toughness, fearlessness, and emotional control were valued, while vulnerability was often discouraged.

Craig repeatedly reflected on growing up in an environment where emotional expression was shut down:

“Anytime I cried, my dad used to shut me down from them emotions. You couldn’t show any sign of weakness.”

Craig also associated masculinity with dominance and status:

“You wanted to be the top dog... You wanted people to fear you.”

Tyler similarly described violence as a normal part of everyday life:

"My ma and da were fighting all the time, constantly. Seeing him punch me ma round and in the face."

Craig described withdrawing from others rather than expressing distress openly:

“I used to go into a dark place in my room and sit there and just shut it down.”

Similarly, Tyler reflected on becoming emotionally detached during addiction:

“Not giving a rats about anything, not giving a fuck about anybody or anyone who was around me.”

Across interviews, participants frequently described environments shaped by violence, intimidation, emotional suppression, addiction, and instability. Experiences of fear, grief, vulnerability, and distress were often discussed alongside expectations to appear strong, tough, or emotionally unaffected.

4.3 Institutional Experience and Silence

4.3.1 Educational Exclusion and Emotional Invisibility

Educational exclusion emerged repeatedly across participant narratives. Participants described experiences of absenteeism, bullying, suspension, expulsion, behavioural difficulties, and emotional disengagement long before addiction escalated.

James described feeling disconnected from school from an early age:

“I was obviously in school but very distant... I wouldn’t have been attending school regularly and I would have been mitching and bunking off school quite a lot... I was lost. I didn’t really know where I belonged.”

He contrasted his own experiences with those of his peers:

“They stayed in and got dinner and went to a club.”

By comparison, James described spending time:

“On the blocks till all hours.”

Craig similarly described struggling throughout childhood without understanding what he was experiencing:

“I used to get all these thoughts going through my head and I didn’t know what it was... I was thinking I was stupid. Thinking there was something wrong with me because I was feeling like that.”

Later reflecting on school and support services, Craig stated:

“There was no one there to listen to me.”

Sinead described experiences of exclusion and rejection within education. Recalling her expulsion from school, she stated:

“The school expelled me... My ma didn’t even fight for me... Instead of saying, like, well, in the last two and a half years she’s lost her nanny... her sister was killed, and her dad is gone... They didn’t put any support in place... You were punished instead of nurtured or supported.”

Across interviews, participants frequently returned to experiences of exclusion, disconnection, punishment, shame, and lack of support when reflecting on their educational experiences. Many described feeling unseen, unheard, or misunderstood long before addiction became a notable feature of their lives.

4.3.2 Care, Homelessness, and Survival

Experiences of homelessness, care involvement, unstable housing, and institutional instability emerged prominently across participant narratives. Participants described prolonged periods of insecurity, uncertainty, and survival while navigating addiction, emotional distress, and social exclusion.

James described becoming homeless during adolescence:

“I was homeless by the time I was 14... I was starting to engage in social care services and social workers and emergency beds and hostels and B&Bs and night buses.”

Homelessness became a pertinent part of everyday life. James recalled spending nights:

“Sitting on blocks at all hours of the night... I was whipping myself, and I was homeless, sleeping in pipe boxes... Life is shit. The world is not a safe place... I didn’t want to be in the world, really... I had to live in six-man dorms, which was quite uncomfortable and dangerous... I had to sleep on the streets.”

Sinead similarly described the impact of addiction, homelessness, and institutional instability. Reflecting on this period of her life, she stated:

“I don’t think mine could have gotten any worse. I ended up in prison. Overdosed and brought back to life multiple times. Homeless on the streets, sleeping on the streets with my oldest daughter... The lowest point in my life.”

Reflecting on her addiction and usage during this period prior to commencing her sentence, she explained:

“Anything I could get my hands on cause I knew I was going to prison.”

Sinead also described the social exclusion that accompanied homelessness and addiction:

“You just feel like you're voiceless and you're invisible to society... It didn't really make much of a difference what you take or what you're taking because you're already ostracised.”

Across interviews, participants described moving between hostels, care settings, prisons, emergency accommodation, treatment services, and street environments. Experiences of homelessness and instability were closely connected to survival, insecurity, exclusion, and emotional distress.

4.3.3 Prison and Institutionalisation

Prison and criminal justice involvement emerged prominently within participant narratives and were closely connected to experiences of addiction, homelessness, violence, and institutional exclusion.

James described repeated involvement with prisons, young offender institutions, care settings, and homelessness from an early age. Reflecting on drug use within prison, he explained:

“You had to be strategic about what you were taking... You didn't really want a lot of people knowing you had stuff either. People would be going right, he has stuff... they'd come in on top of you... You couldn't really be going out on the landing off your face.”

He also reflected on the dangers associated with release from prison and reduced drug tolerance:

“My tolerance would be so low. I would usually still take the same amount.”

Discussing the longer-term impact of addiction and incarceration, James reflected:

“I wouldn't have ended up in prison... I wouldn't have been exposed to the many, many traumatic experiences that we had while incarcerated.”

Reflecting on institutional responses throughout childhood and adolescence, he stated:

“They sent me to prison and they sent me to lock up homes and they expelled me and suspended me and fucked me up and they labelled me junkie... That was my identity.”

Sinead also described prison as a notable influence on her substance use. Reflecting on her first experience in custody, she recalled:

“I got methadone before I ever took heroin... I got that in prison at the age of 15, 16.”

Sinead described entering prison as a young person with little understanding of the environment she had entered. Reflecting on interactions with other prisoners, she recalled:

“They were all saying to me, pretend that you take heroin... I allowed people to entice me into that just to be accepted in prison because it was my first time and I hadn't got a clue.”

For Sinead, prison was not simply a consequence of addiction but also formed part of the environments in which substance use, belonging, and survival became intertwined.

4.3.4 Silence, Abuse, and Institutional Fear

Silence, fear, abuse, and emotional suppression emerged strongly across participant narratives. Participants repeatedly described environments where vulnerability was unsafe and where emotional distress was concealed rather than openly expressed.

Craig reflected on growing up in a home where emotional expression was discouraged:

“My father, anytime I cried, my dad used to shut me down from them emotions... You couldn't show any sign of weakness... I used to get all these thoughts going through my head and I didn't know what it was. I was thinking I was stupid. Thinking there was something wrong with me because I was feeling like that. There was no one there to listen to me. I found it hard to talk about anything like that.”

Craig also reflected on experiences of care and institutional intervention. Describing these experiences, he stated:

“They were just going to take me from my father, put me into care of people that were abusing me... So that shut me down from speaking out. You didn't say anything. You grow up with that kind of silence.”

Craig then described being sent to Clonmel. Initially, he recalled:

“I thought to myself, I'm gonna get looked after here, this will probably be a good thing.”

However, upon arrival, he described experiences of humiliation and abuse:

“Dublin jackeen bastard I was told to strip, strip and get into a bath. The clothes got ripped off me, and I was thrown into the bath. Holding me under the water, like drowning me. I was drowning like... Just the beginning of it... Throwing me into rooms, bars on windows and leaving me alone in there for days.”

After attempting to escape, he pleaded to the Garda:

“Please, no, don’t take me back there... They were saying it's the best thing for you.”

Craig repeatedly described institutions responding to behaviour while failing to address underlying distress, trauma, or vulnerability:

“There was none of that intervention to see what was going on... They didn’t, they just put me in environments that made it worse.”

Later in the interview, he reflected critically on wider institutional failures surrounding vulnerable children:

“The minister for justice had to sign a piece of paper to say I was an unruly child so they could send me to an adult prison, like who does that to a child?”

Elsewhere, he described systems that:

“Just pass them door to door.”

Across interviews, participants frequently described experiences of silence, fear, emotional suppression, and institutional mistrust. Vulnerability was often concealed, while disclosure was associated with punishment, judgment, abuse, or further instability.

4.4 Mothers, Shame and Gendered Addiction

4.4.1 Motherhood, Child Removal, and Gendered Judgement

Gender emerged as an important dimension within participant narratives, particularly in relation to motherhood, addiction, stigma, and institutional surveillance. Sinead repeatedly described how fear of judgment and child removal shaped women's experiences of addiction and help-seeking.

Reflecting on women experiencing addiction, she explained:

“Women are afraid to come forward because they think their children will be taken.”

Elsewhere, she described how mothers often remained silent because of fears surrounding institutional involvement:

“They are shut down and can’t say anything because the kids would be took through Tusla.”

Sinead repeatedly contrasted the experiences of mothers and fathers within addiction services and wider systems. Reflecting on these differences, she stated:

“If a man comes and he has children, he's not reported to Tusla. But if a woman does... Straight away. It's always the pressure is put on the women. Never on the men. It's completely unequal.”

Fear of being judged as a mother emerged repeatedly throughout her narrative. Reflecting on women struggling with addiction, she explained:

“Nobody wants to be judged as a bad mother.”

Sinead also described how limited treatment options created additional barriers for mothers seeking support. Reflecting on her own experiences, she explained:

“Even trying to access treatments as a female with kids was very limited... Put your other two kids in care and bring the youngest one with you... That's not right.”

Craig similarly highlighted the lack of support available for women with children. Discussing treatment services, he stated:

“There needs to be more treatment services like Ashley House, where they can bring their kids... Women don't get enough support... Women are left with the kids... men have access to treatment quicker.”

Across participant narratives, motherhood emerged as a notable source of responsibility, scrutiny, and fear. Participants described women navigating addiction while simultaneously managing childcare responsibilities, concerns about child removal, and fears of being judged as mothers. Accessing support was often described as particularly difficult when treatment services could not accommodate women and their children together.

4.5 Irish Drug Cultures

4.5.1 Cross-Generational Irish Drug Cultures

Participants described growing up within communities where addiction, violence, poverty, and criminality were embedded within everyday life. Drugs were often discussed not as distant social problems, but as ordinary features of the environments in which participants lived.

Reflecting on his childhood in Ballymun, James stated:

“Ballymun was ravaged with addiction and drinking, violence and poverty... That was just normal to us... Everybody around you was either drinking or using... That just became life.”

Craig similarly described growing up in environments where drugs, gangs, violence, and criminality were normalised from an early age:

“When you come up in them environments it progresses very quickly. You get groomed into things very quickly... My whole life was about drugs... Chaos, trauma, prison... You seen it everywhere growing up... Drug education messages, it was fuck all, we got nothing... You just learned what you heard from others.”

Participants frequently described addiction as embedded within wider community experiences of poverty, violence, exclusion, and instability. Drugs, imprisonment, and addiction were often presented as familiar and normalised aspects of everyday life.

Reflecting on these cycles, Craig stated:

“The cycle just keeps ticking over.”

4.6 Summary of Key Findings

Five key findings emerged across the interviews. First, emotional suffering was present across all five participant narratives and was described through experiences of trauma, grief, bereavement, loneliness, family conflict, violence, emotional suppression, homelessness, rejection, and psychological distress. While the specific experiences varied, all participants described notable emotional difficulties prior to the escalation of substance use.

Second, all five participants described drugs or alcohol as providing something perceived to be missing elsewhere in their lives. Substances were described as offering relief from emotional pain, escape from difficult circumstances, confidence, belonging, identity, emotional regulation,

safety, or protection during periods of vulnerability. Across all five narratives, substance use was rarely described as a pursuit of pleasure alone. Instead, participants repeatedly framed drugs and alcohol as responses to emotional suffering, unmet needs, instability, or social exclusion.

Third, recognition, belonging, and identity emerged as notable influences on participants' pathways into addiction. Several participants described seeking acceptance, status, connection, or validation through peer groups, gangs, substance use cultures, and criminal networks. Others described experiences of invisibility, exclusion, rejection, or feeling unheard within family, educational, and social environments. Across narratives, addiction frequently emerged within broader struggles for belonging, recognition, and self-worth.

Fourth, participants described repeated interactions with educational, social, health, and criminal justice systems prior to addiction escalation. School disengagement, exclusion, homelessness services, care placements, imprisonment, and addiction treatment services appeared across multiple narratives. Participants frequently reflected on support arriving only after difficulties had intensified, highlighting missed opportunities for earlier intervention.

Fifth, participants situated addiction within wider social and structural contexts. Experiences of poverty, homelessness, violence, stigma, institutionalisation, family instability, and social exclusion featured prominently throughout the interviews. Participants repeatedly suggested that addiction could not be understood solely through individual behaviour or personal choice, but was shaped by broader emotional, relational, social, and structural experiences.

Important differences also emerged across gender and generation. Female participants described additional experiences of stigma surrounding motherhood, judgement, and fear of child removal, while male participants more frequently described pressures surrounding emotional suppression, toughness, aggression, and survival. Participants also highlighted generational differences in Irish drug cultures. Older participants reflected experiences associated with heroin use, methadone treatment, imprisonment, and visible community addiction, whereas younger participants described cocaine use, heavy drinking, homelessness, and increasingly normalised patterns of substance use within contemporary social environments.

Taken together, these findings suggest that participants understood addiction not as a single event or individual failing, but as emerging through complex interactions between emotional suffering, recognition and belonging, social relationships, institutional experiences, and wider structural

conditions. The following chapter discusses these findings in relation to existing literature, theory, policy, and practice.

Chapter 5: Discussion - Addiction, Recognition, and Systemic Failure

5.1 Introduction

The aim of this study was to explore how adults with lived experience of addiction make sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland. The study was guided by the following research question:

How do adults with lived experience of addiction make sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland?

Five key findings emerged from the data.

First, emotional suffering was evident across all five participant narratives prior to the escalation of substance use. Participants described experiences of trauma, bereavement, loneliness, violence, emotional suppression, family conflict, rejection, homelessness, and psychological distress. All five participants also described drugs or alcohol as providing relief, escape, confidence, belonging, emotional regulation, identity, or protection during periods of vulnerability. Across all five narratives, substance use was rarely described as a pursuit of pleasure alone.

Second, recognition, belonging, identity, exclusion, or invisibility emerged across all five interviews. While participants described these experiences differently, all five narratives reflected struggles relating to acceptance, connection, validation, self-worth, or feeling understood. Substance use frequently provided forms of belonging, recognition, or identity that participants felt were unavailable elsewhere.

Third, all five participants described contact with formal systems prior to addiction escalation, including schools, social services, healthcare services, homelessness services, addiction treatment services, or the criminal justice system. Four of the five participants experienced school exclusion, while all five described educational difficulties, disengagement, or unmet support needs during childhood and adolescence. Participants frequently reflected on support arriving only after difficulties had intensified, highlighting missed opportunities for earlier intervention.

Fourth, experiences of poverty, homelessness, stigma, violence, institutionalisation, and social exclusion featured prominently across participant narratives. Participants repeatedly situated

addiction within wider social and structural contexts rather than viewing it solely as a matter of individual behaviour or personal choice.

Fifth, important differences emerged across gender and generation. The female participant described experiences of stigma associated with motherhood, judgement, and fears relating to child removal, while male participants more frequently described emotional suppression, aggression, and expectations surrounding masculinity. Older participants reflected experiences associated with heroin use, methadone treatment, imprisonment, and visible community addiction, whereas younger participants described cocaine use, homelessness, and increasingly normalised patterns of substance use within contemporary social environments.

While the findings support existing evidence regarding the relationship between emotional suffering and addiction, they also highlight the importance of recognition, school exclusion, institutional responses, and missed opportunities for intervention. The following sections discuss these findings in relation to existing literature, theory, policy, and practice.

5.2 Emotional Suffering, Coping, and the Functions of Substance Use

Emotional suffering emerged across all five participant narratives and was described through experiences of trauma, bereavement, loneliness, violence, emotional suppression, family conflict, homelessness, rejection, and psychological distress. Importantly, participants did not describe substance use as a pursuit of pleasure alone. Instead, all five participants described drugs or alcohol as providing relief, escape, emotional regulation, confidence, belonging, identity, safety, or protection during periods of vulnerability. Across the interviews, substance use was repeatedly understood as serving particular emotional and psychological functions.

This finding aligns with research highlighting the relationship between trauma, adverse childhood experiences, emotional distress, and addiction (Dube et al., 2003; Maté, 2010). It also reflects Khantzian's (1997) self-medication hypothesis, which proposes that substance use may function as an attempt to manage overwhelming emotional states. Participants frequently described substances as helping them cope with experiences they felt unable to express, process, or manage through other means.

However, the findings also suggest important limitations within explanations that focus primarily on trauma as an individual experience. While trauma was present across participant narratives,

emotional suffering rarely existed in isolation. Participants described emotional distress as intertwined with experiences of school exclusion, homelessness, family instability, poverty, rejection, loneliness, violence, and unmet support needs. This suggests that approaches which focus solely on individual trauma risk overlooking the social and institutional contexts through which emotional suffering is produced, experienced, and sustained.

A particularly important finding was that participants spoke less about trauma itself and more about the functions that substances performed within their lives. Relief, emotional regulation, confidence, belonging, protection, safety, and escape were repeatedly emphasised across the interviews. This shifts attention from identifying adversities alone towards understanding why substances became meaningful responses to those adversities. In this respect, the findings suggest that understanding the functions of substance use may be as important as identifying the experiences that preceded it.

The findings also challenge approaches that continue to frame addiction primarily through individual behaviour change, personal responsibility, or awareness of substance-related harms. Although prevention strategies frequently emphasise the risks associated with drug use, participants rarely described addiction as emerging from ignorance of those risks. Rather, they described using substances despite understanding potential harms because drugs and alcohol fulfilled emotional, relational, and psychological needs that remained unmet elsewhere. This suggests that information-based approaches alone may be insufficient where underlying emotional suffering remains unrecognised or unsupported.

These findings support ecological understandings of addiction which recognise the interaction between individual experiences and wider social environments (Bronfenbrenner, 1979). However, they also extend existing research by highlighting how emotional suffering was experienced not simply as an individual psychological issue, but as a product of interconnected emotional, relational, social, and structural experiences. Across all five interviews, addiction emerged less as a pursuit of intoxication and more as a response to unmet needs, emotional pain, and difficulties coping with overwhelming life circumstances.

5.3 Recognition, Identity and Belonging

Recognition, belonging, identity, exclusion, or invisibility emerged across all five participant narratives. Although participants described these experiences differently, all five interviews

contained accounts of feeling misunderstood, rejected, overlooked, disconnected, or unable to express emotional difficulties within family, educational, and social environments. At the same time, participants frequently described finding acceptance, status, belonging, identity, or validation through substance use, peer groups, gangs, criminal networks, or addiction cultures. These findings suggest that pathways into addiction were shaped not only by emotional suffering, but also by experiences of recognition and misrecognition.

This finding supports Honneth's (1995) theory of recognition, which argues that positive identity development depends upon experiences of care, respect, and social esteem. Across the interviews, participants repeatedly described the absence of these experiences. Craig described seeking belonging, status, and acceptance through gangs and substance use. Tyler reflected on searching for identity and recognition within peer cultures. Robert repeatedly returned to feelings of not being loved, wanted, or understood. Sinead described feeling "voiceless" and "invisible", while James frequently discussed the importance of fitting in and belonging. While these experiences differed, all five narratives reflected struggles relating to recognition, acceptance, connection, and self-worth.

However, the findings extend beyond existing recognition-based interpretations of addiction. Research examining peer influence, belonging, and substance use has often focused on the attraction of social groups or drug-using cultures (McCarthy, 2018). Participants in this study placed less emphasis on peer influence itself and more emphasis on what preceded it. They repeatedly described experiences of rejection, emotional invalidation, invisibility, exclusion, and disconnection before turning towards substances, peer groups, gangs, or criminal networks. This suggests that explanations centred on peer influence alone may overlook the relational deficits that make particular forms of belonging attractive in the first place.

A particularly pertinent finding was that recognition frequently appeared to operate as a protective factor. Participants repeatedly described seeking recognition through harmful environments when it was unavailable within families, schools, communities, or support systems. Gangs, substance-using peer groups, criminal networks, and addiction cultures often provided forms of acceptance, identity, status, or belonging that participants struggled to access elsewhere. While these environments created opportunities for connection, they also increased exposure to substance use, violence, criminality, and addiction. Recognition therefore emerged as

a complex process that could both protect against and contribute to harm depending upon the contexts in which it was located.

The findings also suggest important limitations within existing applications of recognition theory to addiction. Honneth's (1995) work primarily focuses upon interpersonal relationships and social esteem. Participants in this study, however, frequently described recognition failures occurring within institutions as well as relationships. Experiences of school exclusion, educational disengagement, homelessness, imprisonment, inadequate support, and social stigma were often narrated as experiences of being unseen, unheard, or overlooked. Four of the five participants experienced school exclusion, while all five described unmet emotional or support needs during childhood and adolescence. Recognition failures therefore appeared not only within families and peer relationships, but across educational, social, health, and criminal justice systems.

This represents one of the study's most important theoretical contributions. While existing addiction research has highlighted trauma, social exclusion, and belonging, the findings suggest that recognition may provide an important bridge between these concepts. Participants frequently described emotional suffering occurring alongside experiences of invisibility, rejection, exclusion, and unmet needs for validation and connection. The findings therefore suggest that addiction pathways may be shaped not only by what individuals experience, but also by whether those experiences are recognised, responded to, and supported by the people and systems around them. In this respect, the study extends existing recognition-based interpretations of addiction by highlighting the role of institutional as well as interpersonal recognition and by identifying recognition as a potentially important protective factor within addiction prevention and early intervention efforts.

5.4 The Cost of Silence

One of the most striking findings across the interviews was the role of silence within participants' lives. While experiences differed, participants repeatedly described environments in which emotional expression was discouraged, ignored, punished, or perceived as unsafe. Silence frequently emerged as a strategy for survival, self-protection, or adaptation rather than a freely chosen response. However, participants also reflected upon the long-term costs of this silence, particularly in relation to emotional wellbeing, help-seeking, relationships, and addiction.

Male participants most explicitly described experiences of emotional suppression. Craig reflected on growing up in an environment where vulnerability was associated with weakness and where emotional difficulties were rarely discussed. Tyler and Robert similarly described struggles expressing emotions, asking for help, or communicating distress. However, silence was not limited to masculinity alone. Sinead described remaining silent through experiences of addiction, stigma, and motherhood, while James reflected on difficulties speaking openly about emotional struggles, homelessness, and instability. Across all five interviews, participants described circumstances in which emotional suffering remained largely hidden from others.

This finding aligns with literature linking emotional suppression, stigma, and help-seeking barriers to poorer mental health outcomes and substance use (Courtenay, 2000; Vogel et al., 2007). However, participants' accounts suggest that silence functioned as more than an individual coping style. Silence was often produced within wider family, educational, social, and institutional contexts. Participants frequently described environments where emotional needs were overlooked, where asking for help carried risks, or where previous attempts to seek support had been unsuccessful. In this sense, silence appeared less as a personal choice and more as a response to relational and structural conditions.

A particularly important finding was that silence often delayed recognition of distress. Participants described emotional difficulties, family instability, educational problems, homelessness, and mental health challenges long before addiction became visible. Yet support frequently arrived only after difficulties had escalated into addiction, imprisonment, homelessness, crisis, or notable harm. This suggests that silence may contribute to what might be understood as a recognition gap, whereby emotional suffering remains unseen until it becomes visible through behaviours that attract institutional attention.

The findings also extend existing research by highlighting how silence may operate across multiple systems rather than solely within individuals. Four of the five participants experienced school exclusion, while all five described unmet emotional or support needs during childhood and adolescence. Participants frequently encountered schools, social services, healthcare systems, homelessness services, or the criminal justice system prior to addiction escalation. However, emotional suffering often remained unrecognised within these settings. This raises

important questions regarding how institutions identify, interpret, and respond to distress before it reaches crisis point.

The cost of silence was therefore not only personal but systemic. Participants' accounts suggest that addiction frequently emerged within contexts where emotional suffering remained unspoken, unsupported, or unrecognised. While existing research has highlighted trauma, stigma, and emotional suppression as risk factors for addiction, the findings suggest that greater attention should be paid to the processes through which distress becomes silenced and to the consequences of that silence across family, educational, social, and institutional environments. In this respect, the findings contribute to understanding addiction not simply as a response to suffering, but also as a response to suffering that remained unheard.

5.5 System Blockages: School Exclusion, and Missed Opportunities for Intervention

One of the most important findings emerging from the interviews was the extent to which participants encountered educational, social, health, and criminal justice systems prior to the escalation of addiction. All five participants described contact with formal systems during childhood, adolescence, or early adulthood, while four of the five participants experienced school exclusion. Participants frequently reflected on emotional difficulties, family instability, educational disengagement, homelessness, mental health challenges, or behavioural concerns long before addiction became the primary focus of intervention. These findings suggest that addiction often developed not in the absence of system contact, but despite repeated contact with multiple systems.

A particularly striking finding was the prevalence of school exclusion. Four participants described experiences of exclusion, removal, disengagement, or notable difficulties within educational settings. Rather than functioning as sites of support, schools were often remembered as places where emotional distress remained unrecognised or where behavioural difficulties became the primary focus of attention. This finding echoes Murphy et al. (2019), who identified educational exclusion as a notable feature within the life histories of adults experiencing homelessness. However, the findings of the present study suggest that school exclusion may represent more than an educational outcome. It may also function as an early indicator of unmet emotional, relational, and support needs.

The findings raise important questions regarding how distress is identified and responded to within educational settings. Participants frequently described behavioural difficulties, emotional struggles, family instability, and disengagement before addiction emerged. Yet interventions were often experienced as reactive rather than preventative. Support frequently arrived only after addiction, homelessness, imprisonment, or crisis had become visible. This finding is particularly important given evidence suggesting that school exclusion is associated with poorer educational, social, and health outcomes across the life course (American Academy of Pediatrics, 2013).

While Bronfenbrenner's (1979) ecological framework highlights the importance of interactions between individuals and systems, participants' accounts suggest that system contact alone is insufficient. The issue was not simply access to systems, but whether those systems recognised and responded to distress in meaningful ways. Across the interviews, participants frequently described experiences of being overlooked, unheard, misunderstood, or unsupported despite contact with schools, social services, healthcare professionals, homelessness services, or criminal justice institutions. This finding extends earlier discussions of recognition by suggesting that recognition failures may occur not only within relationships, but also within institutional processes and practices.

A further contribution of this study is the concept of system blockages. Participants' accounts suggest that opportunities for support frequently existed, yet emotional suffering often remained unidentified, unaddressed, or disconnected from appropriate interventions. Difficulties were frequently responded to as behavioural problems, disciplinary issues, housing problems, offending behaviour, or addiction-related concerns rather than as indicators of underlying distress. Consequently, support often occurred after notable harm had already taken place. The findings therefore suggest that addiction pathways may be shaped not only by adversity itself, but also by failures to recognise and respond to adversity at critical points across the life course.

These findings have important implications for policy and practice. Current Irish policy frameworks emphasise wellbeing, inclusion, prevention, and early intervention, including the National Drugs Strategy, the Wellbeing Policy Statement and Framework for Practice, DEIS, and the Council Recommendation on Pathways to School Success. However, participants' accounts suggest persistent gaps between policy intentions and lived experiences. Despite repeated contact with formal systems, emotional suffering frequently remained unsupported until difficulties

escalated into addiction, homelessness, imprisonment, or crisis. The findings therefore point towards the need for earlier, more integrated, and more relational responses that prioritise recognition, emotional wellbeing, and support before distress becomes visible through harmful outcomes.

Taken together, these findings suggest that addiction cannot be understood solely through individual experiences of trauma or emotional suffering. Participants' narratives indicate that pathways into addiction were also shaped by how educational, social, health, and justice systems responded to those experiences. In this respect, the findings highlight the importance of moving beyond individualised explanations of addiction towards a greater focus on system responsiveness, recognition, and early intervention.

5.6 Theoretical Synthesis and Contribution

This study adopted an interdisciplinary framework drawing upon Bronfenbrenner's (1979) ecological systems theory, theories of social exclusion (Sen, 1999), recognition theory (Honneth, 1995), and critical perspectives on education and inequality (Freire, 1970; Bourdieu, 1986). Together, these perspectives provided a framework for understanding addiction as shaped by interactions between individual experiences, relationships, institutions, and wider social structures. The findings support the value of this multidimensional approach, as participants rarely described addiction through a single factor or event. Instead, addiction emerged through the interaction of emotional suffering, recognition and belonging, educational experiences, institutional responses, and broader processes of social exclusion.

The findings also suggest that no single theoretical perspective fully captures participants' experiences. Bronfenbrenner's ecological framework was useful in highlighting the multiple systems that shaped participants' lives. However, the interviews suggest that system contact alone is insufficient as an explanatory concept. All five participants described engagement with formal systems prior to addiction escalation, while four of the five experienced school exclusion. The findings therefore highlight the importance of examining not only whether systems are present, but how they respond to emotional suffering, distress, and vulnerability. In this respect, the concept of system blockages offers a potential extension of ecological approaches by drawing attention to missed opportunities for recognition, support, and intervention across the life course.

Recognition theory provided a particularly valuable lens through which to understand participants' experiences. Across all five narratives, participants described struggles relating to belonging, acceptance, validation, identity, invisibility, or exclusion. However, the findings suggest that recognition may operate as more than a developmental or relational need.

Participants frequently sought recognition through gangs, peer groups, substance use cultures, or criminal networks when it was unavailable elsewhere. This suggests that recognition may function as a protective factor within addiction prevention, while recognition failures may contribute to vulnerability. Furthermore, participants described experiences of misrecognition occurring not only within relationships but also within educational, social, health, and criminal justice systems. The findings therefore extend recognition-based interpretations of addiction by highlighting the importance of institutional as well as interpersonal recognition.

The findings also contribute to existing understandings of emotional suffering and addiction. While previous research has established strong links between trauma and substance use (Dube et al., 2003; Maté, 2010), participants spoke less about trauma itself and more about the functions that substances performed within their lives. Relief, emotional regulation, belonging, confidence, protection, and escape emerged repeatedly across the interviews. This suggests that understanding why substances become meaningful may be as important as identifying the adversities that preceded their use. The findings therefore shift attention from trauma alone towards the emotional, relational, and social functions that substance use fulfils.

Taken together, the study suggests that addiction is best understood as a multidimensional phenomenon emerging through the interaction of emotional suffering, recognition and belonging, institutional responses, and wider social conditions. By integrating ecological, recognition, social exclusion, and critical educational perspectives, the study contributes a more holistic understanding of addiction that foregrounds participant voices while highlighting the importance of recognition, system responsiveness, and early intervention. These contributions provide a foundation for the policy and practice recommendations discussed in the following chapter.

Chapter 6: Conclusions, Contributions, and Recommendations

6.1 Introduction

This chapter considers the implications of the study findings for knowledge, theory, policy, practice, and future research. Guided by the experiences of adults with lived experience of addiction, the study explored how participants made sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland.

The findings highlighted the importance of emotional suffering, recognition and belonging, school exclusion, institutional responses, and wider processes of social exclusion in shaping participants' experiences. Importantly, participants frequently described contact with educational, social, health, and criminal justice systems prior to addiction escalation, raising questions regarding how distress is recognised and responded to across the life course. The findings also identified recognition failures, school exclusion, and missed opportunities for intervention as pertinent features of participants' narratives.

Rather than viewing addiction solely through individualised explanations, participants situated their experiences within broader relational, institutional, and structural contexts. Drawing on these findings, this chapter outlines the study's contribution to knowledge, considers implications for theory and practice, and presents recommendations for policy development and future research.

6.2 Contribution to Knowledge

This study contributes to existing knowledge by providing a phenomenological account of how adults with lived experience of addiction understand the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland. While previous research has established relationships between trauma, adverse childhood experiences, poverty, homelessness, social exclusion, and addiction (Dube et al., 2003; Mayock & Sheridan, 2012; Maté, 2010), the findings highlight how these experiences were understood, connected, and interpreted by participants themselves.

A key contribution of the study is the identification of recognition as an important but underexplored dimension of addiction pathways. Across all five interviews, participants

described experiences of feeling misunderstood, invisible, excluded, rejected, or unable to express emotional difficulties. While existing research has highlighted belonging and peer influence, participants frequently emphasised experiences of misrecognition that preceded involvement in substance use, gangs, criminal networks, or addiction cultures. The findings therefore suggest that recognition may represent an important lens through which addiction pathways can be understood and may function as a protective factor when available within families, schools, communities, and support systems.

The study also contributes to knowledge by highlighting the importance of institutional recognition. Participants described recognition failures occurring not only within interpersonal relationships but also within educational, social, health, homelessness, and criminal justice systems. Four of the five participants experienced school exclusion, while all five described unmet emotional or support needs prior to addiction escalation. These findings suggest that experiences of being unseen, unheard, or unsupported may occur across institutions as well as relationships and that institutional responses can play an important role in shaping life trajectories.

A further contribution is the identification of what may be understood as system blockages. Participants frequently described contact with formal systems before addiction became established, yet support was often experienced as reactive rather than preventative. Emotional suffering, family instability, educational disengagement, homelessness, and behavioural difficulties were frequently visible long before addiction became the primary focus of intervention. The findings therefore suggest that opportunities for recognition, support, and early intervention may exist but are not always translated into effective responses.

Finally, the study contributes to existing research by shifting attention from trauma alone towards the functions that substances performed within participants' lives. Rather than describing addiction primarily as a consequence of adversity, participants repeatedly described drugs and alcohol as providing relief, emotional regulation, belonging, confidence, identity, safety, or protection. This suggests that understanding why substances become meaningful may be as important as identifying the adversities that precede their use.

Taken together, these contributions support a more multidimensional understanding of addiction that integrates emotional suffering, recognition, institutional responses, and wider social

conditions. By foregrounding participant voices, the study extends existing Irish addiction research and highlights areas that warrant greater theoretical, policy, and practical attention.

6.3 Implications for Theory

The findings support the value of adopting a multidimensional and interdisciplinary approach to understanding addiction. Participants rarely described addiction as emerging from a single event, individual choice, or isolated experience. Instead, addiction was understood through the interaction of emotional suffering, relationships, educational experiences, institutional responses, homelessness, stigma, and wider social conditions. This supports theoretical approaches that recognise addiction as a complex and socially situated phenomenon rather than solely an individual behavioural issue.

Bronfenbrenner's (1979) ecological systems theory provided a useful framework for understanding the multiple systems that shaped participants' experiences. However, the findings suggest that the presence of systems alone is insufficient. All five participants described engagement with formal systems prior to addiction escalation, while four of the five experienced school exclusion. The findings therefore highlight the importance of examining not only whether individuals interact with systems, but how those systems recognise and respond to emotional suffering, vulnerability, and support needs. In this respect, the concept of system blockages offers a potential extension of ecological approaches by drawing attention to missed opportunities for intervention across the life course.

Recognition theory also proved particularly valuable in understanding participants' narratives. Across all five interviews, participants described struggles relating to belonging, validation, identity, exclusion, invisibility, and self-worth. However, the findings suggest that recognition may operate as more than a relational or developmental need. Participants frequently sought recognition through gangs, substance-using peer groups, criminal networks, and addiction cultures when it was unavailable elsewhere. This suggests that recognition may function as a protective factor, while prolonged experiences of misrecognition may contribute to vulnerability. Furthermore, participants described recognition failures occurring within institutions as well as relationships, extending recognition theory beyond its traditional interpersonal focus.

The findings also support theories of social exclusion and critical educational perspectives. Participants frequently described experiences of school exclusion, homelessness, poverty,

stigma, and marginalisation. However, rather than appearing as separate issues, these experiences often interacted and accumulated across the life course. This supports arguments that social exclusion should be understood as a multidimensional process rather than a single condition (Sen, 1999). Similarly, Freire's (1970) emphasis on voice and marginalisation was reflected in participants' descriptions of feeling unheard, invisible, or unable to express emotional difficulties within family, educational, and institutional settings.

Taken together, the findings suggest that addiction is best understood through an integrated theoretical framework that combines emotional, relational, institutional, and structural perspectives. Rather than privileging a single explanatory model, the study highlights the importance of understanding how emotional suffering, recognition, institutional responses, and social exclusion interact to shape pathways into addiction. In doing so, the findings contribute to a more holistic and socially grounded understanding of addiction.

6.4 Implications for Policy and Practice

The findings have important implications for policy and practice across education, health, social care, and addiction services. Participants' narratives suggest that pathways into addiction were frequently characterised by emotional suffering, experiences of misrecognition, educational difficulties, social exclusion, and repeated contact with formal systems prior to addiction escalation. These findings indicate the importance of moving beyond reactive responses towards earlier, more integrated, and preventative approaches.

A particularly notable finding was that four of the five participants experienced school exclusion, while all five described educational difficulties, disengagement, or unmet support needs during childhood and adolescence. This finding raises important questions regarding current approaches to school exclusion and educational support. While Irish policy frameworks such as DEIS, the Wellbeing Policy Statement and Framework for Practice (Department of Education and Skills, 2018), and the Council Recommendation on Pathways to School Success (European Council, 2022) emphasise inclusion, participation, and wellbeing, participants' accounts suggest that emotional distress and support needs may remain insufficiently recognised within educational settings. The findings therefore highlight the importance of viewing school exclusion not solely as a disciplinary issue, but also as a potential indicator of unmet emotional, relational, or support needs.

The findings also have implications for early intervention policy. All five participants described contact with educational, social, health, homelessness, or criminal justice systems before addiction became established. However, support was often experienced as reactive rather than preventative, with intervention frequently occurring only after addiction, homelessness, imprisonment, or crisis had emerged. This suggests a need for stronger coordination between services and earlier responses to emotional distress, educational disengagement, family instability, and social exclusion. Such an approach is consistent with the preventative objectives outlined within Ireland's National Drugs Strategy, *Reducing Harm, Supporting Recovery* (Department of Health, 2017).

Recognition emerged as a further policy consideration. Participants repeatedly described experiences of feeling invisible, unheard, excluded, or misunderstood within family, educational, and institutional contexts. These findings suggest that effective responses to addiction require more than service provision alone. They also require environments in which individuals feel recognised, valued, and supported before difficulties escalate into crisis. This has implications for educational practice, youth work, family support services, addiction services, and community-based interventions, where relationship-building and meaningful engagement may be as important as programme delivery.

The findings additionally raise questions regarding access to emotional and psychological support. Participants frequently described emotional suffering long before addiction became established, yet many experienced limited opportunities to access support during childhood and adolescence. While initiatives such as the Counselling in Primary Schools Pilot Programme represent positive developments, current provision remains limited in scope and availability. Participants' accounts suggest the importance of ensuring that emotional support is available at earlier stages and across a wider range of educational and community settings rather than only after notable difficulties have emerged.

Taken together, the findings suggest that addiction policy and practice should place greater emphasis on recognition, prevention, early intervention, and system responsiveness. Participants' experiences indicate that opportunities for support frequently existed before addiction escalated, but were not always recognised or acted upon. The challenge for policy and practice is therefore not simply increasing services, but ensuring that emotional suffering, educational difficulties,

and social exclusion are identified and addressed before they develop into more serious forms of harm.

6.5 Recommendations

Drawing on participants' experiences, the findings support a number of recommendations for policy and practice at local, national, and international levels. These recommendations are informed directly by participants' accounts of emotional suffering, school exclusion, unmet support needs, recognition failures, and repeated contact with systems prior to addiction escalation.

Local Recommendations

The findings highlight the importance of integrated and community-based approaches to prevention and support. Participants frequently described navigating multiple services while experiencing fragmented support. In response, local multidisciplinary wellbeing hubs should be developed to provide coordinated access to addiction support, mental health services, family support, housing advice, youth work, and educational support within a single setting. Such hubs could reduce service fragmentation and provide earlier intervention for individuals and families experiencing distress.

The findings also support the development of school-based early intervention teams comprising educational, psychological, social work, and youth work professionals. Given that four of the five participants experienced school exclusion, schools should be supported to function as sites of early identification and intervention rather than relying primarily on disciplinary responses to behavioural difficulties and disengagement.

National Recommendations

A key recommendation arising from the findings is the development of a National School Exclusion Review Framework. School exclusion should trigger a multidisciplinary assessment process exploring educational, emotional, family, and wellbeing needs. Participants' accounts suggest that exclusion may represent an early indicator of vulnerability rather than simply a disciplinary issue. Such an approach would align with the objectives of DEIS, the Wellbeing

Policy Statement and Framework for Practice, and the Council Recommendation on Pathways to School Success.

The findings also support the expansion of counselling and emotional wellbeing support across the education system. While recent developments such as the Counselling in Primary Schools Pilot Programme represent positive progress, participants frequently described emotional suffering that remained unsupported during childhood and adolescence. Consideration should therefore be given to extending access to counselling and emotional support services beyond pilot initiatives and ensuring that support is available across a wider range of educational settings.

Participants' experiences further highlight the need for a national integrated early intervention pathway linking education, health, social care, youth services, housing services, and addiction support. All five participants described contact with formal systems prior to addiction escalation, yet support was frequently experienced as reactive rather than preventative. A more coordinated approach could help ensure that emotional distress, family instability, homelessness, and educational difficulties are recognised and addressed before difficulties intensify.

International Recommendations

The findings suggest the value of moving towards recognition-centred approaches to addiction prevention and intervention. Participants repeatedly described experiences of feeling invisible, unheard, excluded, or misunderstood prior to addiction escalation. International prevention frameworks should therefore place greater emphasis on recognition, belonging, participation, and identity development alongside traditional risk-reduction approaches.

The study also supports the development of integrated one-stop family and youth wellbeing centres. Such centres would bring together mental health supports, family services, addiction services, educational supports, housing advice, and youth development programmes within a single coordinated model. Participants' experiences suggest that fragmented systems can create barriers to support, whereas integrated approaches may reduce system blockages and facilitate earlier intervention.

Finally, the findings highlight the importance of reducing reliance on exclusionary responses to vulnerability across educational and social systems. International evidence increasingly supports

preventative, restorative, and relationship-based approaches to behavioural and wellbeing difficulties. Participants' accounts suggest that such approaches may be particularly important where emotional suffering remains hidden and where traditional responses risk further marginalisation.

Taken together, these recommendations reflect a shift from reactive responses towards earlier, more integrated, recognition-based, and preventative approaches. Participants' narratives suggest that opportunities for intervention frequently existed before addiction became established. The challenge for policy and practice is therefore to recognise and respond to emotional suffering, educational difficulties, and social exclusion before they become visible through addiction, homelessness, imprisonment, or crisis.

6.6 Conclusion

This study set out to explore how adults with lived experience of addiction made sense of the emotional, social, and structural experiences that shaped their pathways into substance use and addiction in Ireland. Through a phenomenological exploration of participant narratives, the findings demonstrated that addiction was understood not as a single event or individual failing, but as emerging through complex interactions between emotional suffering, recognition and belonging, educational experiences, institutional responses, and wider processes of social exclusion.

The study contributes to existing knowledge by highlighting recognition, institutional responses, and system blockages as important but often overlooked dimensions of addiction pathways. While emotional suffering was evident across all participant narratives, participants frequently emphasised experiences of invisibility, exclusion, unmet support needs, and missed opportunities for intervention. Four of the five participants experienced school exclusion, while all five described contact with formal systems prior to addiction escalation, highlighting the importance of understanding addiction within broader social and institutional contexts.

The findings suggest that effective responses to addiction require more than treatment after difficulties have become established. They require earlier recognition of distress, stronger support within educational and community settings, and more integrated responses across systems. By foregrounding participant voices, the study demonstrates the importance of listening

to lived experience in order to better understand how addiction develops and how opportunities for prevention may be strengthened.

Ultimately, the findings suggest that pathways into addiction are shaped not only by what individuals experience, but by how those experiences are recognised, responded to, and supported by the people, institutions, and systems around them.

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Appendix A: Participant Information Sheet - Interview Participants

Research Title: Before Escalation: Understanding Why Young Adults Accessing Homeless and/or Addiction Services In Dublin Begin Using Drugs.

Research Team

Student Researcher: Ellis Mollison ellis.mollison2@mail.dcu.ie

Masters of Education: special option of Poverty and Social Inclusion student
School of Education, Institute of Education, Dublin City University

Supervisor: Professor Paul Downes paul.downes@dcu.ie
School of Education, Institute of Education, Dublin City University

Dear _____.

You are invited to take part in a research study as part of a Master's degree at Dublin City University. This study looks at why some young adults begin using drugs and how early use can escalate into more harmful patterns. The research focuses on people's real experiences and perspectives.

What is this research about?

This study explores why young adults aged 18–30 who are accessing homeless and/or addiction services in Dublin first began using drugs, what was happening in their lives at the time, and what supports might have helped prevent escalation.

As part of this study I am seeking to interview 8-10 young adults

Why is this research being conducted?

Drug prevention policy in Ireland often focuses on warning messages and awareness. Less research listens directly to lived experience of how drug use begins and escalates. This study aims to help improve prevention and early support by learning directly from participants.

Why have you been invited to take part?

You are being invited because you are aged 18–30 and are currently accessing a homeless and/or addiction support service in Dublin and have experience of early drug use.

Taking part or not taking part will not affect your access to services in any way.

Details of what involvement the Research Study will require

- You will take part in one one-to-one interview
- The interview will last 60 minutes
- It will take place in a private room in your organisation
- You will be asked open questions about your experiences
- The interview will be audio recorded with permission
- The researcher may take brief written notes

Potential Benefits of Participation

There is no direct payment.

Participants may benefit from having their voice heard and contributing to improved prevention and support policy.

Potential Risks of Participation

This research is considered low to moderate risk due to the sensitive nature of discussing past experiences of drug use, homelessness, and personal life circumstances.

Some questions may bring up emotional or distressing memories. Participants may skip any question, pause the interview, or stop participation entirely at any time without consequence.

All interviews will take place in a private room within the partner organisation. This ensures that:

- Participants are in a familiar and supportive environment
- Support staff or counsellors are available if needed
- The Gatekeeper or appropriate staff member can be consulted if safeguarding concerns arise

If a participant becomes distressed, the interview will pause and organisational support staff will be contacted with the participant's consent.

Confidentiality is subject to legal limitations. If information is disclosed that raises serious concern regarding risk of harm to the participant or others, the researcher will seek guidance from their DCU supervisor and appropriate staff within the partner organisation in line with safeguarding and mandatory reporting obligations.

As the interviews will involve discussion of potentially sensitive life experiences, emotional distress is a possible risk.

To minimise this risk:

- Interviews will take place onsite within the partner organisation
- A support worker or counsellor will be available through the organisation
- Participants may stop or pause at any time
- The researcher will follow DCU safeguarding procedures

Legal Basis for Processing Personal Data

The legal basis for processing of your personal data for this study is consent.

How will your data be used?

The data will be used in an anonymous format, such that you will not be identifiable, in the following:

- Master's thesis
- Academic Presentations
- Academic Publications

Data Storage and Destruction

All data will be stored securely on my DCU Google Drive which is in accordance with DCU Data Protection Guidelines. All data that would allow for you to be identified in the data will be deleted 2 months after your interview. After this point, anonymised transcripts will be retained for 5 years for analysis.

Participant Rights

Involvement in this research study is voluntary. There is no issue if you want to withdraw at any point up until 2 months after the interview. You have a right to access your data throughout this research project up until 2 months after the interview. To either access and or withdraw from the study, please contact my supervisor or me. Contact details are at the top of this document. A participant maintains their right of access, to rectification, erasure, restriction on processing and objection, until their data is fully anonymised.

Data Privacy Notice

Where relevant, any personal data provided by you in the course of this research will be managed in accordance with the University's [Data Privacy Policy](#) . The data will be collected on the basis of your consent and any queries you may have in relation to how your data will be used and managed should, in the first instance, be directed to the researcher. DCU is the Data Controller of the research and the DCU Data Protection Officer is Mr. Martin Ward Office of the Chief Operations Officer, Room A145, 1st Floor, Albert College Extension, Dublin City University, DCU Glasnevin Campus, Dublin 9, D09 V209. Tel.: (01) 7007476. Email: data.protection@dcu.ie .

It is within your right to lodge a complaint concerning the use of personal data with the [Irish Data Protection Commission](#).

The reasons for processing your personal data are to conduct academic research for a Master's thesis and related academic outputs.

The legal basis for processing of your personal data for this study is consent. As a participant, you have the right to withdraw consent up until 2 months after the interview without affecting the lawfulness of processing based on consent before its withdrawal.

The types of data that will be held on you during this study will include audio recordings, interview transcripts, consent forms and research notes. Informed Consent documents will be destroyed on the 1st July 2026

The audio recording will be held for no more than 2 months on the researcher's DCU google drive to allow for transcription. After 2 months, the data will be in an anonymous format and will be analysed for academic purposes.

No identifying information about you will be shared with anyone but you as part of this research. This commitment to confidentiality is not absolute however;

“Confidentiality of information can only be protected within the limitations of the law - i.e., it is possible

for data to be subject to subpoena, freedom of information claim and or mandated reporting obligations”.

How will you find out what happens with this project?

Participants may request a short written summary of the research findings once the study is completed. This can be provided through the partner organisation.

If you have any questions about this study, please contact my supervisor or me.

If participants have concerns about this study and wish to contact an independent person, please contact: The Secretary, Faculty Ethics Review Panel Institute of Education, DCU St Patrick's Campus, Dublin City University, Drumcondra, Dublin 9. E- mail: ferp@dcu.ie

Ellis Mollison [Student Researcher]
MEd Poverty and Social Inclusion (2024-2026) student

Appendix B Informed Consent Form (Participant)

Research Title: Before Escalation: Understanding Why Young Adults Accessing Homeless and/or Addiction Services In Dublin Begin Using Drugs.

Research Team

Student Researcher: Ellis Mollison ellis.mollison2@mail.dcu.ie

Masters of Education: special option of Poverty and Social Inclusion student
School of Education, Institute of Education, Dublin City University

Supervisor: Professor Paul Downes paul.downes@dcu.ie
School of Education, Institute of Education, Dublin City University

Purpose of the Research

I understand that this research is part of a Master's thesis at Dublin City University. The purpose of the study is to understand why young adults in Dublin begin using drugs and how early use can escalate into more harmful patterns.

The study focuses on lived experience and aims to learn from participants' own perspectives about:

- First drug use.
- Personal, family, or social circumstances at the time.
- How use developed or escalated.
- What supports or interventions might have helped earlier.

The findings will be used to inform research on drug prevention, early intervention, and education policy, particularly in relation to school and community-based prevention.

What Participation Involves

I understand that if I take part:

- I will participate in one individual, one-to-one interview.
- The interview will last approximately 60 minutes.
- The interview will take place in a private room provided by a partner organisation.
- The interview will involve open-ended, non-leading questions about my experiences.
- The interview will be audio recorded, with my permission, to ensure accuracy.

I understand that I do not have to answer any question that I do not wish to answer.

Voluntary Participation and Right to Withdraw

I understand that:

- My participation is entirely voluntary.
- I may withdraw from the study at any time, without giving a reason.
- I may refuse to answer specific questions.
- If I withdraw before data is anonymised, my data will be deleted.
- Once data has been fully anonymised, it may no longer be possible to remove it.
- If information is disclosed that raises serious concern for participant safety, the researcher will seek immediate guidance from their DCU supervisor and appropriate staff within the partner organisation.

Confidentiality and Data Protection

I understand that:

- My real name will not be used in any transcripts, reports, or publications.
- All identifying information will be removed, and a pseudonym or code will be used.
- Only the student researcher and supervisor will have access to the data.
- Audio recordings will be stored securely and deleted within **2 months** of the interview
- Identifying information will be removed during transcription
- The linking file between name and pseudonym will be deleted within **2 months**
- Consent forms and contact emails will be deleted on **1 July 2027**
- Fully anonymised transcripts will be retained for **5 years** for academic outputs

This research complies with GDPR and DCU data protection guidelines.

Support and Wellbeing

I understand that:

- Some topics may be personal or emotional.
- I may pause or stop the interview at any time.
- A counsellor will be available if distress arises.

Use of the Research

I understand that:

- The findings will be used in a Master's thesis.
- Anonymised findings may be used in academic presentations or publications.
- I will not be identifiable in any outputs.

Participant Consent

Please circle **Yes** or **No** for each statement:

I have read the Participant Information Sheet (or had it explained to me).	Yes ☐	No ☐
I understand the purpose and procedures of the study.	Yes ☐	No ☐
I have had the opportunity to ask questions and received satisfactory answers.	Yes ☐	No ☐
I understand that my interview will be audio recorded.	Yes ☐	No ☐
I understand that my participation is voluntary and that I can withdraw at any time up until two months after the interview.	Yes ☐	No ☐
I understand how my data will be stored, anonymised, and used.	Yes ☐	No ☐

Consent Statement

I have read and understood the information provided.

My questions have been answered to my satisfaction.

I understand my rights as a participant and voluntarily agree to take part in this research study.

Participant Name (Block Capitals): _____

Participant Signature: _____

Date: _____

Researcher Signature: _____

Appendix C: Gatekeeper Information Sheet – Partner Organisation

Research Title: Before Escalation: Understanding Why Young Adults Accessing Homeless and/or Addiction Services In Dublin Begin Using Drugs.

Research Team

Student Researcher: Ellis Mollison ellis.mollison2@mail.dcu.ie

Masters of Education: special option of Poverty and Social Inclusion student
School of Education, Institute of Education, Dublin City University

Supervisor: Professor Paul Downes paul.downes@dcu.ie
School of Education, Institute of Education, Dublin City University

Dear _____.

Dublin City University researchers are seeking permission from your organisation to conduct qualitative research with young adults aged 18–30 who are accessing homeless and/or addiction services in Dublin.

This research forms part of a Master's degree in Poverty and Social Inclusion in Education at DCU.

What is this research about?

This study explores why young adults accessing homeless and/or addiction services in Dublin first began using drugs, the life circumstances surrounding early use, and what supports may have prevented escalation.

As part of this study, I am seeking to interview approximately 8–10 participants.

Why is this research being conducted?

Drug prevention policy in Ireland often focuses on awareness-based approaches. Less research centres lived experience of how drug use begins and escalates.

This research aims to inform more responsive prevention, early intervention, and education policy.

What will happen if this research takes place?

If your organisation agrees to participate, you will be asked to:

- Share a research invitation with eligible service users
- Provide a private room onsite for interviews
- Ensure support services or debriefing supports are available if required
- Be available to advise the researcher in the event of disclosures related to safety or mandatory reporting
- Review the Participant Information Sheet, Consent Form, and interview topic guide prior to granting permission

Gatekeepers will not be asked to identify or select participants. Participation will be voluntary and self-selected.

Participants will:

- Take part in one 60-minute, one-to-one interview
- Participate onsite in a private room within the organisation
- Discuss their experiences of early drug use and escalation
- Be audio recorded with consent
- Be free to withdraw up to two months after interview

Potential Benefits of Participation

There is no financial benefit to the organisation or participants.

Participants may benefit from having the opportunity to reflect on their experiences and contribute their perspectives to research that seeks to improve understanding of how drug use begins and escalates.

The organisation may benefit indirectly through:

- Contributing to research that centres lived experience
- Informing prevention and early intervention policy discussions
- Receiving a summary of findings upon completion of the study

While direct service changes cannot be guaranteed, the research aims to contribute to broader educational and prevention policy development.

Potential Risks of Participation

This study is considered low to moderate risk due to the sensitive nature of topics discussed.

Risk mitigation includes:

- Onsite interview setting
- Immediate access to support staff
- Clear safeguarding and reporting procedures
- Voluntary participation

Legal Basis for Processing Personal Data

The legal basis for processing of your personal data for this study is consent.

How will your data be used?

No organisational identifying information will be included in the thesis or outputs unless explicit written permission is provided.

Findings will be reported in anonymised format in:

- Master's thesis
- Academic presentations
- Academic publications

Data Storage and Destruction

No personal data relating to the organisation will be collected beyond the signed consent form.

The Gatekeeper Consent Form will be stored securely on the researcher's password-protected DCU Google Drive account, in accordance with DCU Data Protection Policy.

The consent documentation will be retained for 5 years following completion of the Master's thesis (anticipated submission date: May 2026) and will therefore be securely destroyed by May 2031.

For interview participants:

- Audio recordings will be stored securely on the researcher's DCU Google Drive and deleted within 2 months of the interview date, once transcription and anonymisation are complete.
- Any document linking participant names to pseudonyms will be deleted within 2 months of the interview.
- Identifiable data will therefore be removed within 2 months of each interview.
- Fully anonymised transcripts will be retained securely for 5 years following thesis completion (until September 2031) for academic analysis and potential publication.

All data will be stored in password-protected files accessible only to the student researcher and academic supervisor.

Participant Rights

Your organisation's involvement is voluntary. The organisation may withdraw consent prior to data collection commencing.

Once interviews are completed and anonymised, withdrawal of participant-level data may not be possible.

Data Privacy Notice

Where relevant, any personal data provided by you in the course of this research will be managed in accordance with the University's [Data Privacy Policy](#). The data will be collected on the basis of your consent and any queries you may have in relation to how your data will be used and managed should, in the first instance, be directed to the researcher. DCU is the Data Controller of the research and the DCU Data Protection Officer is Mr. Martin Ward Office of the Chief Operations Officer, Room A145, 1st Floor, Albert College Extension, Dublin City University, DCU Glasnevin Campus, Dublin 9, D09 V209. Tel.: (01) 7007476. Email: data.protection@dcu.ie.

It is within your right to lodge a complaint concerning the use of personal data with the [Irish Data Protection Commission](#).

The reasons for processing your personal data are to obtain formal organisational consent to conduct research within your service and to fulfil academic research requirements for a Master's thesis at Dublin City University. The legal basis for processing of your personal data for this study is consent. As a

participant, you have the right to withdraw consent at any time prior to the commencement of participant interviews without affecting the lawfulness of processing based on consent before its withdrawal.

The types of data that will be held on you during this study will include the signed Gatekeeper Consent Form and the name, role, and professional contact details of the organisational representative providing consent.

The signed consent documentation will be stored securely on the researcher's password-protected DCU Google Drive account in accordance with DCU Data Protection Policy. The consent form will be retained for 5 years following completion of the Master's thesis (anticipated May 2026 submission) and securely destroyed by May 2031.

No identifying information about you will be shared with anyone but you as part of this research. This commitment to confidentiality is not absolute however;

“Confidentiality of information can only be protected within the limitations of the law - i.e., it is possible

for data to be subject to subpoena, freedom of information claim and or mandated reporting obligations”.

The organisation will not be named or identifiable in any thesis, presentation, or publication arising from this research unless explicit written permission is provided. Organisational data will be used solely for the purpose of documenting formal research approval and will not be analysed as research data.

How will you find out what happens with this project?

A summary of findings can be provided to your organisation upon request once the research is completed.

If you have any questions about this study, please contact my supervisor or me.

If participants have concerns about this study and wish to contact an independent person, please contact: The Secretary, Faculty Ethics Review Panel Institute of Education, DCU St Patrick's Campus, Dublin City University, Drumcondra, Dublin 9. E- mail: ferp@dcu.ie

Ellis Mollison

Master of Education, Poverty and Social Inclusion (2024-2026) student

Appendix D: Informed Consent Form – Partnership Organisation

Research Title: Before Escalation: Understanding Why Young Adults Accessing Homeless and/or Addiction Services In Dublin Begin Using Drugs.

Supervisor : Professor Paul Downes Email: paul.downes@dcu.ie School of Human Development, Institute of Education, DCU

Researcher: Ellis Mollison Email: ellis.mollison2@mail.dcu.ie
Programme: Master of Education, Poverty and Social Inclusion, IOE, DCU

Research Context

This research explores why young adults accessing homeless and/or addiction services in Dublin begin using drugs and how early use escalates.

The study involves one-to-one interviews with 8–10 participants onsite within the organisation.

Confirmation of particular requirements as highlighted in the Plain Language Statement

The organisation confirms that:

- A private room will be provided for interviews
- Appropriate support staff will be available if required
- The researcher may seek guidance in the event of safeguarding concerns
- Research documents (PIS, Consent Form, Interview Guide) have been reviewed

Participant – please complete the following (Tick Yes or No for each question)

<i>I have read the Participant Information Sheet (or had it read to me)</i>	Yes ☐	No ☐
<i>I understand the information provided</i>	Yes ☐	No ☐
<i>I have had an opportunity to ask questions and discuss this study</i>	Yes ☐	No ☐
<i>I have received satisfactory answers to all my questions</i>	Yes ☐	No ☐
<i>I understand that the organisation is not responsible for selecting participants.</i>	Yes ☐	No ☐
<i>I understand that interviews will take place onsite within the organisation.</i>	Yes ☐	No ☐

Confirmation that involvement in the Research Study is voluntary

The organisation understands that participation in this research is voluntary and may withdraw consent prior to interviews commencing.

Confirmation of arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations

All data will be anonymised. The organisation will not be identified in any publications without explicit written consent.

Confidentiality is subject to legal limitations, including mandated reporting obligations.

“Confidentiality of information can only be protected within the limitations of the law - i.e., it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions”.

Confirmation of arrangements regarding retention/disposal of data

Consent documentation will be retained securely in accordance with DCU policy and destroyed after the required retention period.

Interview data will be anonymised within two months and retained in an anonymised format for five years.

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project

Organisation Name: _____

Representative Name: _____

Role: _____

Signature: _____

Date: _____

Appendix E: Interview Questions for Participants

Theme 1: First Drug Use, Motivation, and Coping

- Why did you first start taking drugs or alcohol?
- Can you tell me about what your life looked like around that first experience?
- What did drugs or alcohol give you at that time, if anything?
- How did your reasons for using change over time, if they did?

Theme 2: Family, Peers, and Social Environment

- How did your family environment influence your early experiences with drugs or alcohol?
- What role did friends or peer groups play when you first started using substances?
- Were there any pressures spoken or unspoken to use or not to use?
- How easy or difficult was it to say no in your social environment at the time?

Theme 3: Identity, Belonging, and Escalation

- How did using drugs fit into how you saw yourself at that stage of your life?
- Did drug use change how you felt about yourself or how others saw you?
- Can you describe how your drug use moved from early or casual use to more serious use, if it did?
- Looking back, were there moments where things might have gone differently?
- How, if it all, did drug use affect different areas of your life over time?

Theme 4: Support, Prevention, and Missed Opportunities

- What kinds of drug education or prevention messages did you receive growing up?
- When you needed support, what was available to you — and what wasn't?
- How did schools, services, or institutions respond when you were struggling?

Theme 5: Reflection and Change

- What do you think people misunderstand about why young people start using drugs?
- What do you believe could have helped prevent things from escalating for you?
- If you were advising schools or policymakers, what would you tell them to change?
- Is there anything else about your experience that you think is important for people to understand?

