EMPLOYMENT TRAINING AND WOMEN METHADONE CLIENTS: EN/COUNTERING NEOLIBERAL DISCOURSE

by

Sylvia Parusel
B.A., Okanagan University College, 2000

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

In the
Department
of
Sociology and Anthropology

SIMON FRASER UNIVERSITY

Spring 2005

Approval

Name:	**Sylvia Parusel**
Degree:	**Master of Arts**
Title of Thesis:	**Employment Training and Women Methadone Clients: En/Countering Neoliberal Discourse**
Examining Committee:	
Chair:	**Dr. Dara Culhane**

Dr. Arlene McLaren
Senior Supervisor
Associate Professor of Sociology
Simon Fraser University

Dr. Ann Travers
Member
Assistant Professor of Sociology
Simon Fraser University

Dr. Shauna Butterwick
External Examiner
Professor of Educational Studies
University of British Columbia

Date Approved: 18 January 2005

SIMON FRASER UNIVERSITY

PARTIAL COPYRIGHT LICENCE

Simon Fraser University

Ethics Approval

The author, whose name appears on the title page of this work, has obtained human research ethics approval from the Simon Fraser University Office of Research Ethics for the research described in this work, or has conducted the research as a member of a project or course approved by the Ethics Office.

A copy of the approval letter has been filed at the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for ethics approval and letter of approval is filed with the Office of Research Ethics. Inquiries may be directed to that Office.

Bennett Library
Simon Fraser University
Burnaby, BC, Canada

ABSTRACT

This thesis explores employment training in British Columbia in relation to the experiences of women methadone clients. This study utilizes critical perspectives and qualitative analysis to focus on the convergence of human capital and therapeutic discourses at the site of employment-readiness training. The research is based on a discursive analysis of several texts, an interview with the director of a career exploration program designed for those with addiction issues, and interviews with three women methadone clients who took part in a variety of employment-readiness programs. I illustrate how dominant discourses frame minimal efforts to re-integrate low-income groups and substance users into the labour market. The analysis also shows how practices reconstitute or resist dominant discourses. I argue that human capital theory and therapeutic discourse are powerful frameworks obscuring the structural barriers that women on methadone encounter.

DEDICATION

To my family, far and near, especially to my children Eric, Kristina, and Karen, and to Andrea, Carl, Doris, Nick, and my mother, Hanna, for their love and encouragement, and to Sandy for his support and patience.

ACKNOWLEDGEMENTS

I would like to thank my senior supervisor, Dr. Arlene McLaren, whose questions and interest supported me through the challenges of this thesis. Her continuous encouragement and generosity are especially appreciated. I also thank my second supervisor, Dr. Ann Travers, for her insight and encouragement, and I thank Dr. Shauna Butterwick for her support and participation in the process.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1:
THE SOCIAL AND ECONOMIC CONTEXT OF WOMEN METHADONE CLIENTS AND EMPLOYMENT TRAINING PROGRAMS

Introduction

This thesis examines employment training in British Columbia in relation to the experiences of women methadone clients. In the negotiation of these women's needs across powerful discourses and systems, professionals and scholars identify that addicted women face a number of structural barriers to participation in society. Such barriers include diminishing material and social resources, lack of educational opportunity, a deteriorating labour market, gender and race constructs, and lack of affordable housing, transportation, and child care (Boyd, 1996; Freidman and Alicea, 2001; Kaiser Foundation, 2004). The increasingly significant discourse of harm reduction recognizes that substance users are a diverse group with a range of social and treatment needs (CAMH, 2001; Gossop, 2003; Health Canada, 2001, 2003). This discourse also acknowledges that women on methadone face multiple barriers which limit their access to treatment and employment, and represents women methadone clients as deserving of extensive social, educational, and training program support (Health Canada, 2001). While harm reduction has gained prominence as an important strategy in addressing addiction in Canada, it holds little promise to move methadone clients into adequate employment due to the advance of neoliberalism. Neoliberalism seeks to diminish the role of government and to download responsibilities onto individuals (Brodie, 1996, 1997, 2002). As a form of governance, neoliberalism blames the individual rather than other social forces for 'multi-barriers', thus, leading to a reconstitution of women on methadone as undeserving of specific employment training supports.

Several critics point to the dismantling of the postwar system of social provision as a particularly negative imprint of neoliberalism (Brodie, 1995, 1996, 1997, 2002; Kingfisher, 2002; McBride, 2000; McBride and Shields, 1997). In this thesis, I argue that, in having applied neoliberal reasoning to their legislation on labour market training, policy makers in B.C. place the

onus of poverty, unemployment and underemployment, and the responsibility for removal of multiple and structural barriers on the individual rather than on the state. I argue that neoliberal prescriptions for employment training for addicted women assert the primacy of two powerful discourses that serve neoliberal agendas–human capital[1] and therapeutic[2] discourse. International, federal, and provincial authorities employ human capital discourse in addressing employment training concerns to place focus on individual skill deficits rather than on structural issues implicated in persistent unemployment and underemployment among low-income groups (Albo, 1998; Hyslop-Margison, 2000; McBride, 2000; Wong and McBride, 2003). Therapeutic discourse also plays a role in the advancement of neoliberalism and the devolving of social provision across western societies. It involves the use of strategies to contain resistance to change and to control social problems, such as unemployment; it is laden with messages that reduce explanations for social problems to the dysfunction, deficits, or failures of the individual (Friedman and Alicea, 2001; Nolan, 1998; Rose, 1998). I explore how therapeutic and human capital narratives articulate in employment-readiness programs in B.C. as types of "blaming discourses" (Broughton, 2003:36). These converging discursive frameworks operate as individualizing and degendering constructs which block the development of social and economic support for low-income addicted women. By examining the bio-medical, therapeutic and human capital frameworks that dominate in this nexus of experiences, I show how these discourses function as organizing tools and re-constitute inequities through the policies and practices affecting the site of employment training for women on methadone. In this study, I use the term employment training to describe the broad discursive area of training and use the specific concept of employment-readiness training to include pre-employment programs, life skills instruction, career exploration, and community assistance programs (CAP), all targeted to those on low income.

In this chapter, I discuss the social and economic context of women methadone clients' experiences and its relevance to the rise of harm reduction discourse, the growth of neoliberalism, and recent policy changes involving the restructuring of employment training policies. The narrowing of employment training support signals the emergence of new forms of governance that devalue the social, economic, and political needs of marginalized addicted women, and their class, 'race', and gendered experiences. I, then, introduce key theoretical and methodological

[1] Human capital is defined as knowledge, skills, and attributes that are embodied in individuals and measured in economic terms (Becker, 1993 as cited in McBride, 2000).

[2] Rose (1999) and Nolan (1998) regard therapeutic discourse as the circulation of expert knowledge in many areas of western society that privileges the concept of the 'self' and is heavily influenced by the discipline of psychology.

considerations that I will elaborate on in later chapters, and will conclude with an overview of the chapters of the thesis.

Methadone Maintenance: Comparing Promises to Labour Market Realities

This section provides a brief outline of developments in addiction discourse. I discuss the role of methadone treatment in harm reduction and its limits as a strategy for integrating a specific group of socially excluded citizens into a changing labour market. I begin to chart the ways in which addiction professionals and experts, as well as social policy makers, perceive the employment needs of women methadone clients.

Western addiction policy has recently shifted from a largely criminologically-based conception of addiction–which characterized government responses to substance addiction in the first half of the 20th century in North America (Campbell, 2000)–towards a conception of addiction as a disease and the development of various treatment interventions, which includes harm reduction (Alexander, 2001; Gossop, 2003). In Canada, the U.K, and the U.S., the "therapeutic landscape" began to change in the 1960s, which increasingly emphasized bio-medical and psychological addiction treatment interventions; these approaches were expanded further in the 1980s with the appearance of HIV (Gossop, 2003:8).

Within the evolution of addition treatment the rise of harm reduction theory represents a clear philosophical break from past addiction policies. Dominant addiction literature currently poses harm reduction as an alternative to older treatments demanding that clients abstain from drugs, displaying less concern with the punishment of substance users than with the reduction of drug-related harm and social exclusion[3] (van Beusekom and Iguchi, 2001). Harm reduction is loosely defined in dominant discourses as a principle that supports the reduction of harm to both the addicted individual and the community, and is most exemplified in addiction treatment services such as needle exchanges, supervised injection sites, and methadone maintenance treatment (CAMH, 2001). The sporadic rise in heroin use in Western countries since the 1980s has renewed interest in the application of specific harm reduction approaches to address heroin use.

---

3 Social exclusion is a concept associated with poverty, less than full participation in the labour market, and limited access to political and economic resources (Buchanan and Young, 1999). A further refining of this definition must include cultural and social resources.

One of the more established harm reduction tools is methadone maintenance treatment (MMT). Available in Canada since the early 1970s, its use principally involves the ingestion of a prescribed and stable dose in order to replace a physical need for opioids (Brands and Marsh, 1997; CAMH, 2001; Health Canada, 2002). The number of persons on methadone in B.C. has more than doubled since 1997; by 2002, 7,868 persons living in B.C. were receiving daily doses of methadone; of these, 2,937 of methadone maintenance clients were women (CCENDU, 2003). Health authorities, state policy makers, and the broader biomedical community in North America and Europe currently strongly advocate its use, in particular, to stem HIV transmission and to aid the injection heroin user's integration into Western mainstream society. Federal health authorities now regard methadone maintenance as the "gold star" of harm reduction techniques (Health Canada, 2003:1). Substance addiction experts maintain that daily maintenance doses of methadone help many injection drug users to integrate themselves into society by reducing their social exclusion and unhealthy substance-using practices, increasing their contact with addiction and health services (van Beusekom and Iguchi, 2001), and "reduc[ing] problematic behaviors associated with illicit drug use"(Gossop 2003:191). As a technique for intervention, methadone serves a number of purposes for authorities.

While the primary intent of methadone is to improve the health of injection drug users, its secondary intent is to re-integrate a particular group of individuals who deviate from normative processes into society (Bourgois, 2000; Bunton, 2001). Individuals entering methadone programs are not well attached to the labour market (Bourgois, 2000; Friedman and Alicea, 2001). Recent studies estimate that 88% of injection drug users in Vancouver, B.C. are on social assistance and 81% have less than high school education (Health Canada, 2001). The circulation of medical and therapeutic discourses at the site of methadone maintenance is specifically related to authorities' intent to improve methadone clients' economic productivity (Bourgois, 2000; Friedman and Alicea, 2001). Federal health authorities in Canada maintain that clients on methadone reduce their use of illicitly obtained opioids, decrease injection drug use, experience improvements in health and social functioning, and "*increase the likelihood to be employed full time*" (Health Canada, 2003: chapter 7, italics added for emphasis). The statement that methadone increases the likelihood of clients to be employed full-time needs further exploration, not only because this claim is premised on outdated U.S. research[4] conducted between 1968-1989, but also for its relevance to changing socioeconomic conditions in Canada and increased labour market exclusions.

[4] Simpson and Sells (1990)

An examination of developments in the labour market in Canada over recent years reveals that standard employment, defined as one full-time job with one employer, is on the decline. Polarization in the labour market has increased and a rising number of Canadians struggle to gain decent wages or salaries, benefits, and full-time employment (Burke and Shields, 2000). Non-standard employment now accounts for 37% of all employment in Canada (McBride, 2000). Such a development represents a "massive downloading of risk, from employer to employee, as employers have increasingly moved to replace long term, full-time, full-year jobs with non-standard employment of casual, part-time, and temporary or self-employed workers" (Osberg, in McBride 2000:160). Almost half of all women are employed in non-standard jobs (Critoph, 2003), and "make up 68.8% of the part-time labour force, occupying primarily temporary, minimum-wage jobs" (Status of Women, 2000 in Lior and Wismer, 2003:221).

These trends suggest that many women in addiction programs seeking work are likely to obtain only part-time, short-term, and/or poorly remunerated employment. The explicit assumption generated by addiction experts that methadone clients can be integrated into stable employment through expert and physiological intervention ignores changing labour market conditions, the context of power relations and gender issues, and the retraction of employment training supports for disadvantaged groups. An examination of the features of neoliberalism and changes to labour market training policy provides an important context for exploring how the current discursive focus on individualism, therapeutic intervention, and employment issues obscures the persistence of structural barriers, which are heavily implicated as being the main factors contributing to the continued social exclusion of women methadone clients.

The Growing Influence of Neoliberalism

Neoliberalism, as a form of governance and political and economic strategies, is centered on monetarism and supply-side economics, which include the downsizing of government, privatization, de-regulation, tax reform, and the restructuring of health systems and social policies (McBride, 2001; McBride and Shields, 1997). In arguing that the neoliberal state has both cultural and regulatory dimensions, Brodie (1996:14) also defines neoliberalism as principally a governing paradigm intent on "recoding or restating of the state-society relation" and "taking three principal forms – shrinking the realm of the state, a redefinition of citizenship, [and] privatization and 'refamilialization'". Specifically, neoliberal governments seek to reduce and

change the role of the state in persons' lives, to prioritize the market over the social, thus, to displace responsibility for social problems onto the market or the individual (McBride, 2001).

This shrinking of the 'public' and the dismantling of the postwar welfare system are 'active' realignments of governance, most visible in provincial strategies and policies that affect the poor, women, the disabled, visible minorities, and Aboriginals. Thus, the introduction of specific disincentives, the 'policing' of those on social assistance, and welfare-to-work programs represent neoliberal efforts to disengage the weakest members of society from dependence on public funding (Brodie, 2002; Kingfisher, 2002; Wong and McBride, 2003). The neediest of groups, who previously benefited to some degree through postwar social policies, are now redefined in neoliberal discourse and policies as 'undeserving citizens'; they must become new types of 'citizen-workers' in order to access meagre[5] forms of publicly funded social assistance (Brodie, 1996, 1997, 2002). Neoliberal strategies that reduce public spending are implemented at the expense of those on low income in Canada, a group in which women are disproportionately represented (Brodie, 1996, 2002; Critoph, 2003; Fenwick, 2004; Lior and Wismer, 2003). In particular, neoliberalism constitutes poor women as degendered employable individuals who are also subject to 'contractual' relationships with the state (Brodie, 1996; Kingfisher, 2002).

Neoliberalism highlights the issues of employment and employability skills when addressing matters of social exclusion (Albo, 1998; Brodie, 1995, 1996, 2002; Butterwick, 2003; Hyslop-Margison, 2000; McBride, 2000). Justification for changes in labour market strategies and employment training circulates in neoliberal discourse through human capital narrative (McBride, 2000). Human capital is defined as a person's embodied skills and attributes which can be measured in formal and economic terms; it "serve[s] as an argument to marketize education and training and [places] the financial burden upon those who are presumed to benefit most from it–individuals rather than society" (McBride 2000:162). Discursive strategies that rely on individualistic explanations for social problems negatively impact those facing structural barriers. Groups with weak attachments to the labour market, such as low-income youth and unskilled women, and low-income persons who cannot contribute to the expense of training, find it difficult to access longer 'high road' training that would help to move them out of their disadvantaged labour market position (Wong and McBride, 2003). As this thesis illustrates, with the advancement of neoliberalism and the disappearance of gender as a deserving policy category, women on methadone in B.C. face increased barriers to adequate employment training. Due to

[5] Brodie (2002) argues that, traditionally, the income assistance funds paid to the client have always been considerably less than the most basic of living costs.

sweeping changes in federal training policies and strategies since 1995, such as, the elimination of the Designated Group Policy, loss of Consolidated Revenue Funds (CRF)[6] for labour market programs and services for women, and changes to UI/EI eligibility for employment insurance, low-income women's access to labour market training is dissolving (Critoph, 2003).

In 1991, Human Resources Development Canada (HRDC) formally instated the Designated Group Policy to identify and assist those citizens who occupied a disadvantaged position in the labour market, who had less than strong attachments to the labour market, and who did not qualify for unemployment insurance benefits and services. Its objective was to "[eliminate] the barriers preventing the full productive contribution of the designated groups" (HRDC, in Critoph, 2003:16-17). Under this policy "women, persons with disabilities, visible minorities, older workers, youth, social assistance recipients and Aboriginal persons" who did not qualify for training provided through Unemployment Insurance Developmental Uses (UIDU) funding became eligible for training through the Canadian Jobs Strategy (CJS) (Critoph, 2003:16-17). The direct purchase of training (DPOT) arrangement between training providers and the government provided a number of supports to help women enter/re-enter the labour market, such as assistance for childcare, income support, and increases in living expenses resulting from program participation (Critoph, 2003). The cost of the CJS has been federally funded since 1985 (Lior and Wismer, 2003). More than three-quarters of those accessing training through the Designated Group Policy and CJS funding were women (Critoph, 2003). In 1995, without consultation, warning, or adequate reason, the federal government abandoned the policy, claiming that certain groups no longer required equity programs to support their labour market attachment (Critoph, 2003:16-17). This development points to a drastic narrowing of options for low-income women seeking employment training.

Following the elimination of the Designated Group Policy, all provinces and territories, with the exception of Ontario, signed Labour Market Development Agreements (LMDAs) between 1995 and 1997 which transferred from the federal government to the provinces a large portion of responsibility for employment training delivery. Loans and grants now replace the DPOT system of funding, funds are directly targeted to the individual, and a portion of the cost of training is transferred to the individual or to training service providers (Critoph, 2003; Lior and Wismer, 2003).

---

[6] The Consolidated Revenue Fund (CRF) represents most government revenues used for distribution.

In the case of B.C., federal and provincial powers currently co-manage the design and implementation of training programs. However, federal EI legislation still rules this policy relationship, "governing eligibility and the terms and conditions regarding the range of options available in delivering programs and services" (Critoph, 2003:21). As a result of new EI rules established in 1996 through the Employment Assistance Act, fewer women qualify for insurance benefits, and, with the introduction of accountability measures, individuals who are the easiest to serve are favoured for access to training programs that are provided for EI clients and a newer category of EI reach-back clients[7]. Overall, governments promote the development of training programs that appear to return clients quickly back to employment, claiming this to be a savings in public spending (Critoph, 2003).

Drastic cuts to CRF spending for labour market training since 1996 represent an average loss of 700 million dollars of annual federal funding for women's programming; these cuts total almost five billion dollars over a six year period (Critoph, 2003). With the abandonment of formal equity commitments and the loss of CRF funding, women's organizations and community-based trainers face financial strain in their attempts to provide bridging programs that help low-income women to develop marketable skills (Lior and Wismer, 2003). Low-income women are one of the hardest hit groups by these policy changes, since women are more often than men service sector workers, part-time workers, and poorly paid (Critoph, 2003; Lior and Wismer, 2003).

Women on methadone face additional constraints through specific features of social assistance policy changes in B.C., as they receive no recognition of their excluded statuses, including gender status or as persons with substance use issues. Changes in social assistance policies in British Columbia also illustrate the neoliberal pre-occupation with human capital narrative where the focus on skills and employability replaces recognition of clients' need for structural support. Welfare disincentives reduce access to social assistance and the instating of contractual agreements obligate clients in B.C. to be active in employment-related activity as conceived and directed by government authorities (Klein and Long, 2003; Wong and McBride, 2003). As the following discussion on two pieces of legislation suggests, these rules represent a specific movement to realign social assistance policies to the imperatives of neoliberalism.

---

[7] Up to 35% of EI clients may claim benefits based on their EI client status within three years preceding their application or based on a parental claim in the preceding five years. Critoph (2003) argues that far fewer women are served under this rule and other EI developments.

The Construction of Needs and Entitlement through a Neoliberal Lens

In 2002, the B.C. government introduced two pieces of legislation, the *Employment and Assistance for Persons with Disabilities Act* and the *Employment and Assistance Act*, with the aim to reform the welfare policy framework. As a result of these two acts, women on methadone have greater difficulty in qualifying for state support. The first act redefined disability as a transient and employment-related category (Report Card on Women and Children, February 2003:1). The second introduced a narrowly defined multi-barrier category- the Persistent Persons with Multiple Barriers (PPMB). This gender-neutral category regards the issue of multiple barriers as personal barriers to employment. Both acts exclude addiction as a medical condition and as a basis for qualifying for slightly higher economic and training support.

Despite Health Canada's claim that addiction is foremost a health issue (2000; 2001; 2002), the *Employment and Assistance for Persons with Disabilities Act* prevents women on methadone from applying for disability status based on their addiction issues. Only the most severely impaired of disabled citizens in B.C. now qualify for assistance under the new Persons with Disabilities (PWD) category, which bases eligibility on daily task functioning. Those who no longer qualify for the newer and stricter disability statuses introduced in 2002 are directed to apply under the *Employment and Assistance Act* (2002) for consideration for designation as 'Persons with Persistent and Multiple Barriers to Employment'. Individuals with substance issues must provide extensive evidence of medical problems aside from addiction and evidence of "personal barriers to employment" in order to qualify for PPMB status[8].

Overall, the province has tightened eligibility requirements to various forms of social assistance (Klein and Long, 2003), re-categorized specific social assistance and disability clients under neoliberal directives, and inserted into discourse, policy, and practices narrow meanings of the term 'multi-barrier'. These developments place new pressures on women methadone clients to prove themselves deserving of income and training supports.

These acts also circumvent the state's previous commitment to provide for a number of addicted individuals previously qualifying for income assistance under Disability I (DBI) or Disability II (DBII) classifications. Thus, women methadone clients without severe and long-

[8] By Ministry definition, applicants must have a medical condition that has lasted more than one year (excluding addictions) which hinders employment or employment searches, must have been on social assistance for at least 12 of the 15 previous months, and have severe multiple personal barriers to employment *or* have a medical condition lasting more than one year which precludes them from the demands of an employment contract. Clients must also complete a 21-day job search before assessment for consideration for PPMB status (B.C. Ministry of Human Resources, 2004).

standing medical conditions, as defined by legislation, cannot access in-depth training programs targeted to those with disability status, such as, self-employment training programs, job placement programs (B.C. Ministry of Human Resources, 2003), or post secondary funding (Butterwick et al, 2003). These policies fail to recognize addicted low-income women's already disadvantaged position in the labour market and the systemic barriers preventing their access to adequate programs, education, and stable employment. In defining multiple barriers as barriers to employment, rather than arising from structural arrangements, policy makers in B.C. reassert neoliberal objectives into discourse and practices. The construction of a narrow multi-barrier classification also relates to the participation of women methadone clients in short-term employment-readiness programs. Clients designated as having barriers to employment are more often steered into life-skill type programs than more advanced training.

While employment training is a wide-ranging labour market term that includes many different sectors, intents, and interests, employment-readiness training is a form of adult education primarily funded through the state and delivered by private organizations. Contracts are reviewed yearly resulting in the creation of a variety of short-term programs with some lasting longer than others (BC Ministry of Human Resources, 2003). Life skills training, pre-employment programs, and career exploration programs occupy this category of training programs. Programs of this type vary somewhat in content and objectives, in the targeted client group, and in supports provided (Butterwick et al, 1998). However, many of these programs seek to improve students' communication and problem-solving skills using personal reflection, scenarios and other personal development curricula. Such programs include those accessed by BC benefits clients and low-income citizens[9]. The Community Assistance Program (CAP), introduced in 2002, is the province's most recent response to the assumed needs of the 'multi-barrier client'. Its stated intent is to "support the self-reliance of persons with multiple barriers in receipt of BC Employment and Assistance" and claims that "CAP will help clients develop basic life skills, such as good nutrition, proper hygiene, communication skills, goal setting and financial management so that they can participate more effectively in their community" (Government of British Columbia, 2002:1).

[9] Under the BC Benefits legislation introduced in 1997, most social assistance clients became eligible to participate in Work Connection and/or Employability Skills programs provided through the BC Benefits (Income Assistance) Act. In the period 2000/2001, approximately 275,000 individuals in B.C. accessed Work Connection Programs, which include orientation and self-directed job search services. 27,642 individuals accessed employability skills programs, which include employment-readiness programs (B.C. Ministry of Human Resources, 2003).

With the stated intent of benefiting both client in recovery and the state, federal and provincial governments have provided employment-readiness programs for low-income addicted clients (HRDC, 2000). However, programs that dwell on personal development over marketable skills do not meet the needs of women with addiction issues who remain severely disadvantaged in the labour market. Programs of this type place little emphasis on job-specific skills enhancement (Butterwick, 2003). In promoting behaviors that are assumed to improve economic productivity, they exist primarily as social control strategies that favour the state and the professional provider over the client (Friedman and Alicea, 2001; Klein, 1996; Rose, 1998). Such programming levels differences between clients to serve a range of persons experiencing obstacles to employment, including those with various physical and mental barriers (director, interview)[10] As this thesis shows, women on methadone require distinctive instruction, longer programs, and structural support.

Clearly, job training and education that results in access to steady employment will help many women on methadone improve their life chances. Yet, despite the state's emphasis on employment and the importance of training, it fails to provide addicted women with equitable policies and programming to improve their labour market status. This thesis continues this investigation of discursive practices to explore how texts and professional practices reinforce or counter neoliberal agendas seeking to provide only minimal employment training support for low-income addicted women. My intent is to specifically explore the influences of human capital narrative and therapeutic discourse in relation to the experiences of women methadone clients, who are, arguably, one of the least resilient of groups currently impacted by structural change.

Theoretical and Methodological Considerations

Given that human capital narrative is powerful in the employment training setting (Butterwick, 2003; Fenwick, 2004; Schmidt et al, 2002), I examine its influence in texts and practices that relate to employment readiness training and the experiences of women on methadone. Theorizing the dimensions of human capital (Hyslop-Margison, 2000; McBride, 2000; 2001) entails exploring the concept of neoliberalism and the role of neoliberal discourse in emerging agendas promoting employment as the main indicator of citizenship. I also seek to understand how therapeutic discourses (Nolan, 1998; Rose, 1990; 1997; 1999) and harm reduction theory (Bourgois, 2000; Bunton, 2001; Friedman and Alicea, 2001; Race, 2003)

[10] In this study, I interviewed a director of a career exploration program for addicted persons.

contribute to the shaping of subject positions within a neoliberal society. To theoretically understand the significance of the articulation of human capital narrative and therapeutic discourse in employment readiness programs accessed by women on methadone, I discuss the related concepts of harm reduction, multiple barriers, regime of the self, skill deficits, and the market citizen. These concepts help to explicate how neoliberal-driven agendas attempt to integrate substance users into society, and what such developments might mean for health and economic supports, subjectivity, and the citizenship rights of women on methadone. I use feminist theory (Brodie, 1996, 1997; 2002, Fenwick, 2004; Kingfisher, 2002) and critical discourse analysis (Fairclough, 2001, 2003; Wodak, 2004) to examine neoliberal discourses and practices that support labour market training agendas. I discuss these in relation to gender inequities and the emergence of new forms of power relations.

In exploring the perspectives of the state, service providers, and women methadone clients as they understand and respond to the social, economic, and political barriers experienced by addicted women, this qualitative study consists of several components. First, to gain some understanding of the authoritative framework surrounding employment training for those disadvantaged in the labour market, I examine texts produced by the OECD, Human Resources Development Canada, and the U.S. Centre for Substance Abuse Treatment, in relation to how language is used to structure employment training needs in particular ways. Second, I analyze texts obtained through an interview with the director of a career exploration program for unemployed citizens with substance abuse issues. This site was chosen for study due its unique position as a potential bridge between addiction treatment and employment for those with substance issues. At the time of its emergence, this particular program served as a pilot project, as no other pre-employment program targeted solely for the addicted was available in the Lower Mainland area of B.C. Third, I conducted interviews with three women methadone clients who have accessed life skills training, pre-employment training, or career exploration programs since 1996. Their voices provide the needed context to ground the study in an examination of the consequences of neoliberal-led discourses surrounding labour market training and addiction policy. Most importantly, the interviews provide evidence of the external pressures that women methadone clients face on a daily basis and how supports have been eroded through punitive neoliberal understandings of need and entitlement. Open-ended interview questions allow the voices of the participants to expand the study to include their perspectives and concerns about the issue of unemployment and the influence of hegemonic discourses in their lives.

The qualitative design of this study allows for a number of data collection techniques to be used and interpretive themes to emerge. I use critical discourse analysis to draw attention to the significance of texts in the establishing and negotiating of the social. Critical discourse analysis provides a means for sorting out and analyzing the proximate and underlying factors implicated in textual representation of subjects of methadone maintenance, gendered addiction issues, and the socio-economic elements affecting access to and participation in employment readiness training. In using critical discourse analysis I seek to illuminate the broad and intersecting areas of neoliberal discourses, addiction discourses and practices, and labour market initiatives.

Limitations of the Study

The scope of this study is limited to an exploration of a particular group of training programs--career exploration programs, life skills instruction and other pre-employment training courses that exist as job-readiness schematics. I do not present an exhaustive study of methadone treatment, human capital theory, or therapeutic discourse, but seek to understand the ways in which they are implicated in some of the neoliberal strategies limiting resources for low-income women with substance issues. I provide only partial information about women methadone clients' experiences of employment readiness training. Although the program presented in this study served women on methadone, I could not interview its participants. Alternately, three women on methadone, who had attended several programs of this type, were interviewed. My study remains a preliminary investigation of the intersection of addiction, gender, and discourses affecting the site of employment-readiness training in B.C.

Outline of Chapters

Chapter 2 reviews literature on the intersection of addiction policy and labour market policies. I highlight studies that examine the extent and influence of neoliberalism on addiction strategies, in matters of social exclusion, and in the classroom.

Chapter 3 discusses the theoretical and methodological issues that direct this study. The link between harm reduction and human capital narrative is theorized in relation to their roles in the shifting production of neoliberal ideologies that claim to incorporate rather than sever the substance user from society. I draw on feminist theory to discuss changes in governing ideologies

in relation to subjectivity and the citizenship rights of women. I discuss why I use case study methods and critical discourse analysis to examine the language influencing the participation of a group of women in the early stages of employment training and to discern the social effects of discourses on their employment futures.

Chapter 4 examines several federal, provincial and professional documents that address the types of employment training delivered to those considered by the state and professionals as hard to integrate into the labour market. I also examine one career exploration program in B.C. that operated between 1996 and 2003, and that provided access to specialized job training for those with substance issues, among them, women methadone clients.

Chapter 5 focuses on the narratives of three women methadone clients and provides some measure of the extent of their marginalization and their experiences of neoliberal agendas.

Chapter 6 provides a concluding discussion of the findings to summarize the position of women methadone clients in relation to the political, economic, and social effects of intersecting discourses limiting their access to training support. As well, I reiterate the argument that neoliberal-led discourses, specifically human capital discourse and therapeutic discourse, obscure the structural barriers these women encounter.

CHAPTER 2:
ADDICTION AND EMPLOYMENT TRAINING LITERATURE

Introduction

The following review focuses on research that addresses addiction and employment training issues relevant to women methadone clients' experiences. Few studies have addressed the complexities surrounding the intersection of employment training, gender, and methadone treatment. Thus, I draw on a range of literature regarding therapeutic treatment, vocational training programs for methadone clients, 'welfare to work' programs, human capital discourse, and life skills instruction. The aim of this chapter is to consider emerging concerns regarding employment training for disadvantaged groups. First, I discuss literature that frames the issue of unemployment among the addicted in therapeutic terms, as well as, literature challenging therapeutic discourse. Second, I consider studies that discuss the emergence of vocational programs in methadone clinics and indicate how these studies provide an entry into the investigation of structural barriers affecting methadone clients. Third, I review literature that addresses human capital theory and job training in relation to addicted clients and low-income groups. Finally, I conclude the review by examining studies discussing pedagogical concerns regarding the intersection of human capital and individualizing discourses in the classroom setting. Throughout each body of literature, I draw on feminist studies to consider the framing of issues relative to the barriers which women on methadone experience. The review of the literature suggests that therapeutic and human capital discourses are powerful constructs supporting neoliberal objectives to limit social and economic distribution to low-income groups.

Addiction/Therapeutic Discourse, Unemployment, and Barriers

While some recent North American studies examining the issue of addiction regard therapeutic intervention as a means to move the addicted into employment, others challenge this perspective. Using a dominant addiction perspective, several studies promoting harm reduction

pose therapeutic intervention as a solution to unemployment. In contrast, literature that points to particular features and effects of therapeutic discourse link 'therapeutic ethos' to the state's bid to produce economically productive clients.

Several studies present harm reduction as a positive development and advocate for increases in methadone programming. CAMH (2003) and Health Canada (2001) define harm reduction as an addiction philosophy and treatment model located within a broad spectrum of established addiction treatment programs. Harm reduction theory and practice seek to reduce drug-related harm to the individual and community (Health Canada, 2001; 2003). It co-exists with older, more conventional established models of treatment, such as, treatment programs demanding that clients abstain from drug use, or through criminal-based sanctions (Gossop, 2003). Several studies regard methadone treatment as a means to increase employment among addicted persons (French et al., 1992; Simpson and Sells, 1990; van Beusekom and Iguchi, 2001). Several more studies and reports indicate that women with substance use issues face a variety of barriers in society which relate to their unemployed status (Gossop, 2003; Health Canada, 2000, 2001, 2003; Kaiser Foundation, 2004; van Beusekom and Iguchi, 2001).

Health Canada (2001:1) conducted a qualitative study to specifically provide "current information on best practices in the treatment and rehabilitation of women with substance use issues". The study conducted interviews with addiction experts to examine the nature and range of barriers preventing women from accessing addiction treatment, which include programs that improve their employability. The authors concluded that personal, interpersonal, societal, and program/structural barriers prevent addicted women from reducing or eliminating their illicit drug use and accessing such treatment. In calling for specialized treatment interventions for women who inject drugs, Health Canada promoted the expansion of harm reduction measures and resources to include increases in the availability of methadone and the development of adjunctive services to address the stigma and social exclusion that women injection drug users experience.

Morgenstern et al. (2003) also extend the argument for increased health and treatment intervention for women with substance issues. Their study compared two groups of women on federal welfare in the U.S.–substance dependent women and non-substance dependent women. The study concluded that treatment intervention might be more effective than welfare-to-work reform in socially integrating women with substance issues. In making a claim for liberating addicted women from mandatory welfare-to-work programs, the investigators

> support the value of screening for substance use problems in social service settings. Problems identified through screening go well beyond concerns about employment. For example, half of the study women had not received prior substance use treatment, and about 15% were engaging in high-risk sexual activity. Of special concern were the alarmingly high rates of child welfare system involvement. (Morgenstern et al., 2003:245)

This study poses therapeutic interventions, of some form, as a solution to unemployment among addicted individuals.

In contrast, critical studies that examine the particular harm reduction strategy of methadone maintenance challenge aspects of dominant therapeutic models. Friedman and Alicea (2001) and Bourgois (2000) conducted ethnographic studies of, respectively, women methadone clients in the U.S. and methadone clients in the U.S. and Canada. Friedman and Alicea and Bourgois argue that methadone maintenance treatment is a type of therapeutic intervention with disciplining effects, that it continues to ignore the 'social' context of addiction, and especially disguises the power relations imbedded in methadone maintenance systems. As well, the system of methadone services attaches specific meanings to methadone, where economic productivity remains a primary message. The popularity of methadone maintenance is directly tied to its discursive promotion as a cost-effective therapeutic model (Friedman and Alicea, 2001).

Friedman and Alicea interviewed methadone clients, 37 women and 48 men, from 1990-1994 to study the complex experiences of women on methadone. The women's narratives revealed that the themes of power and resistance are constants in their lives, and the authors call attention to the discourses and systems that shape the subjectivity of women on methadone and that construct them as both deviant and controllable. The authors also explored how the women "maintained multiple interpretive frameworks for constructing their identities and resisting class, gender, and racial domination" (Friedman and Alicea, 2001:3). Similarly, Bourgois explores the political and cultural context of therapeutic discourse, providing critical ethnographic evidence of the symbolic therapeutic transformation of the injection drug user from a 'deviant' to a 'client' at the site of the methadone clinic. He also maintains that methadone involves issues of status and power, noting that methadone clients remain at the "bottom of a status hierarchy of street-based drug abusers" (Bourgois 2000:180).

These critical and feminist arguments, that examine the social, cultural, and political context of methadone treatment and counseling, and the disciplining effects of therapeutic discourse, inform my research on employment training experiences of methadone clients in

British Columbia. This thesis draws on the above critical arguments to explore the ways in which these women might or might not be in positions to effectively counter the discursive production of individualizing and degendering constructs arising from the promotion of therapeutic interventions across a number of sites. This thesis indicates that the women experience extreme marginalization that consumes their energies and they rely on addiction experts to transfer their concerns to social policy. Experts, in turn, rely on therapeutic discourse to sort out the social and structural problems which women on methadone experience. Friedman and Alicea's study of women methadone clients highlights the importance of considering gendered effects of emerging discourses and practices on women methadone clients. I utilize their research to examine therapeutic discourse for its role in reconstituting gender inequity at the site of employment training accessed by women on methadone in B.C.

As this thesis focuses on the experiences of women methadone clients at the site of employment training, studies that examine government-funded employment training strategies targeted specifically to methadone clients are also relevant to this thesis. The partial development of vocational training programs in methadone clinics across the U.S. exemplifies the trend to use therapeutic means and daily/weekly contact with health experts in the bid to socially integrate these clients.

Vocational Training and Methadone Clients

Several U.S. studies have examined the provision of employment programs for methadone clients (Dennis et al., 1993; French et al., 1992; Appel, 2000). Federal law in the U.S. stipulates that each methadone clinic is legally required to deliver vocational services to their clients. However, this regulation is rarely enforced and vocational services in some clinics are either absent or extremely inadequate, as these are offered on-request or delivered by untrained staff. The following studies examine the policies and practices regarding vocational training for methadone clients, raising the issue of cost benefits in advocating program expansion.

Drawing on the claim that methadone improves "productive behaviors", French et al. (1992:293) conducted research for the National Institute on Drug Abuse (NIDA) to gauge client needs and the usefulness of vocational-educational services in methadone maintenance clinics. This study sought to call attention to the need for expanding employment training for clients and found that vocational programs and job assistance in methadone programs improve access to training, increase enrollment in education programs, and decrease unemployment (French et al.,

1992:273). However, experts come up against legislation and funding issues in their bid to increase programming for methadone clients. The authors argue for the enforcement of and for further development of vocational services to improve accessibility and the quality of training for methadone clients. While the study focused largely on identifying specific client-level barriers to full employment, such as family and skill-related deficits, it also noted several structural barriers: "insufficient funding for long-term training"; "bureaucratic delays in obtaining services"; welfare disincentives, such as loss of Medicare; and a "tight local labour market" (French et al, 1992:301).

Another study (Dennis et al., 1993) found that, by integrating comprehensive vocational services with primary care within methadone clinics, clients' job prospects improved and their interest in pursuing employment opportunities increased. In placing emphasis on cost effectiveness and cost benefits, the study linked vocational services with strategies that might reduce the number of methadone clients on social assistance. Thus, the authors argue for the development of a multi-service model that includes onsite vocational counseling and instruction, longer programs, and increased financial incentives that will "contribute to positive treatment outcomes and as a payback mechanism for treatment" (Dennis et al., 1993:294).

While such studies as Dennis et al. (1993) and French et al. (1992) focus on clients' skill deficits as a central concern, Appel et al. (2000) begin to link specific structuring developments such as welfare reform in the U.S., to the topic of employment training for methadone clients. Their research confirms that improved provision of vocational services, in this instance, the placement of a vocational rehabilitation counselor in methadone clinics, results in improved employment outcomes (Appel et al., 2000). In discussing the relevancy of their research to policy and funding developments, Appel et al. argue that U.S. welfare reforms place pressures on methadone clinics to provide vocational-educational services in order to prepare clients for workfare or the competitions of the employment market. The authors note, "In view of the time pressures embodied in welfare reform, e.g. the lifetime limit on benefits and the imminent end of the federal contribution to the states of safety net funding", improved outcomes as measured by employment may serve the methadone client better than gauging success in terms of recovery alone (Appel et al., 2000: 446). Recent studies on the relationship between methadone treatment and employment report that only 15 percent of methadone clients in the U.S. are employed either full-time or part-time, and researchers call attention to the need to identify gaps in services for these clients (Appel et al., 2000). These studies identify the partial development of some areas of vocational services as useful, such as, enhancing client retention in methadone clinics. However,

as extensive vocational services have not been generally implemented in methadone clinics, employability outcomes of methadone patients remain low (Appel et al., 2000).

To date, no literature has examined the participation of methadone clients in employment-readiness programs in B.C. In Canada, employment training is available in extremely limited ways to those on methadone and is not regulated by federal law. Methadone clinics do not provide employment training or employment counseling. However, certain parallels can be drawn between the experiences of methadone clients in Canada and the U.S. Research from both countries reports particularly low rates of labour force participation among methadone clients (Appel et al, 2000; CENDDU, 2003), and demonstrate an emerging interest in the issue of structural barriers as somehow impacting methadone clients' employment chances (Appel et al, 2000; French et al; Health Canada, 2001). This thesis extends the above studies by providing a Canadian and, specifically, a gendered context to this issue, to explore how women methadone clients are experiencing pressures to move through recovery and into the labour force through pre-employment types of job programming. Although an estimated one-fourth of all injection drug users in Canada are women (Health Canada, 2001), studies and social indicators currently fail to reveal the extent of their social exclusion in society. I next review literature addressing specific support for disadvantaged groups. Such studies, in discussing skill deficits and training for low-income and addicted persons, address the subject of barriers and the concept of human capital, which are relevant to this study of the discursive dimensions of employment training for women on methadone.

Human Capital and Job Training for the Marginalized

Dominant literature producing measurements and discussions of trends in employment training in Canada draws on human capital theory to frame the issue of adult learning in terms of skill enhancement (HRDC/Statistics Canada, 2001; OECD, 2003). In the third wave of the development of human capital theory, Becker produced an influential re-introduction to human capital theory, based on the idea that "higher levels of skill and knowledge, achieved through education and training, lead to higher productivity which is expressed in higher earnings for those who possess them" (McBride, 2000: 161). Studies critical of the promotion of skills in the framing of labour market training strategies point to the narrative's overemphasis on skills rather than structural concerns and social considerations (Albo, 1998; Brodie, 2002; Butterwick, 2003; Hyslop-Margison, 2000; McBride, 2000; Schmidt et al., 2002). To situate this thesis within

literature relevant to the issue of employment training for women methadone clients, I review literature that ranges from assessments about welfare-to-work, to welfare exits of the substance dependent, and to broader critiques of human capital and neoliberalism. Due to the lack of literature in my specific area of interest, the studies presented in this section focus broadly on employment training for socially-excluded groups.

Brodsky and Ovwigho (2002) who examine welfare-to-work legislation in the U.S. view it as more punitive and less positive than the concept of human capital. The authors conducted a qualitative study of an employment-training program designed to move low-income women into living-wage employment. The program provided basic skills training, teaching clerical skills and house painting, provided instruction leading to childcare and geriatric care certificates, as well as, helped students complete General Equivalency Diplomas and internships. They found that women moved into living wage employment when resources and education increased. In contextualizing the participants' experiences of poverty, Brodsky and Ovwigho sought to expand the measurement of human capital to include considerations about family supports and administrative sanctions that unfairly target single mothers. The study advocates for the expansion of training opportunities for women and exposes some of the problems with current welfare-to-work programs for women, which tend to blame low-income women for their poverty.

Several features of the study's methodology suggest that human capital arguments may hold little logic for women who face a number of structural barriers. For instance, addicted women were not part of the study and regular drug screening of participants illustrates the study's focus on producing evidence supporting human capital arguments. Several methodological decisions also reveal assumptions about the characteristics and capabilities of women with substance issues that unfairly excluded them from the study. While most of the participants were African-American, a discussion concerning 'race' was notably absent. Further, living-wage employment was undefined and under-theorized in this study, and the program's choice of skill instruction suggests that the program promoted feminized labour. Specifically, the above study reflects a narrow understanding of the participants' various barriers, as these were presented as deficits in education or skills, or as family-related stressors.

In contrast to the above study that advocates for the expansion and retention of human capital theory in employment-readiness programs for women, Schmidt et al. (2002) challenge its utility. They argue that human capital often operates as a rhetorical and symbolic tool to reduce explanations of the connection between poverty and addiction to the premise that addicted

individuals do not possess the skills and knowledge that are required to navigate a changing economy. These authors examined over a six-year period several variables contributing to welfare exits among the substance dependent, which include changes in living situations and family composition, loss of social network and social capital, as well as, administrative sanctioning arising from clients' failures to file paperwork properly or to participate in welfare-to-work programs. As a result of these experiences, the study reports that the substance dependent "experience shorter spells on aid than other recipients" and are less likely to exit welfare for work (Schmidt et al., 2002: 236). The authors report that addicted clients' family problems, lack of social networks and the harsh administrative rules associated with negative labeling of substance users within the broad system of organizational aid were better predictors of routes on and off welfare than human capital. The authors further argue:

> This puts into question whether human capital is the predominant mechanism that drives repeat welfare use among people with alcohol and drug problems...Due to fiscal pressures, state and local welfare administrations may begin to view recipients impaired by addiction as a liability. As administrative rules become more stringent, failure to effectively navigate the system may bring more untoward consequences for substance-dependent individuals. (Schmidt et al., 2002:234, 236)

The study reveals that welfare authorities ignore the social context of addiction, which leads to a shifting of blame from aid systems to individuals for their failure to integrate well into the labour economy (Schmidt et al, 2002). Schmidt et al. importantly illustrate the differences in social capital between men and women in relation to family-related welfare exits, child apprehensions, and violence against women.

Schmidt et al. raise questions about the relevance of human capital for explaining why many substance users remain dependent on welfare and call attention to the network of social practices involved in a set of governing strategies designed to reduce economic dependence on the state. I similarly examine human capital theory from a critical perspective. However, I situate my study more specifically at the site of employment-readiness training to explore how human capital discourse specifically impacts women on methadone, to understand how it contributes to the degendering of policies and represents them as undeserving of wider training supports. As the provincial government in B.C. continues to fund job-readiness programs designed to move welfare recipients into the labour force, research that focuses more closely on job training for its potential and limits within the distribution of government funded aid for women on methadone is of importance.

Several studies further challenge the logic of human capital narrative, pointing to labour market policies and other structural arrangements as playing a central role in contributing to or destroying the life chances of the socially disadvantaged. Literature addressing exclusions in employment and employment training (Albo, 1998; Brodie, 1995, 1997, 2002; Burke and Shields, 2000; McBride, 2000, 2001), concur with Schmidt et al.'s (2002) argument that particular groups face further exclusion through the discursive promotion of human capital. Burke and Shields (2000) argue that under-estimations of the depth of marginalization in Canada work to obscure the neoliberal promotion of human capital theory and flexible types of employment that contribute to the dramatic rise of unemployment and underemployment among women and young adults. McBride (2000) argues that individuals' gain of human capital holds less influence on employment than do social characteristics. McBride (2000; 2001) also argues that human capital explanations for employment failures are individualizing constructs that divert attention away from structural problems and onto the individual, prioritize market considerations, and ignore failures in the market itself. These explanations falsely assume that an individual's increase in skill and education levels is based solely on economic considerations. As well, human capital theory cannot explain why some skills are under-utilized, nor explain how skill supply remains affected by organizational issues and the influence of managerial trends (McBride, 2000). He views the use of human capital theory by federal and provincial authorities as a particularly calculated attempt to reduce the demand for social spending; he notes that the "redesign of social programs to limit social assistance and expose its low-skilled recipients to the rigor of labour-market imperatives" in the past decade coincided with the designed restructuring of job training policies and reductions in public spending for these areas (McBride, 2000:166-7).

Albo (1998) similarly points out that the state's intention to produce self-reliant citizens involves reducing social spending for training programs. This neoliberal strategy places the onus of the cost of training on those who are least likely to afford it, thus trapping them in a cycle of low skill/low wage jobs and prolonged periods of unemployment. As well, there are structural features of the labour market, for instance, wage rigidity and government interventions, such as, retractions of funding for training, "that negate the idealist neo-liberal view of purely autonomous self-interested agents" (Albo, 1998: 189). I utilize these critical studies to understand how the persistent narrative of human capital theory articulates with the specific site of life skills and other types of employment-readiness programs, and how this narrative helps to obscure the structural barriers women on methadone face. I next consider literature that furthers the discussion of human capital by examining its influence in the classroom

Marketing the 'Ideal-type' of Job Training for the Socially-Excluded

Several studies critically examine the effects of individualizing discourses in the classroom. As the following literature illustrates, broadly influencing discourses, such as OECD's skill deficit and human capital explanations can be specifically located in classroom practices (Hyslop-Margison, 2000; Butterwick, 2003). As well, blaming discourses serve to re-establish inequities at the site of job training for disadvantaged women (Broughton, 2003).

In analyzing market economy discourse for its broad effects in the secondary school setting, Hyslop-Margison argues for the need to counter a framing discourse that avoids recognition of the specific needs of disadvantaged groups. In his analysis of the curricula in secondary schools, Hyslop-Margison (2000) traces the origin of market economy discourse to structuring policies emerging from the Organisation for Economic Cooperation and Development (OECD), Industry Canada, and other large bodies. Increasingly in Canada, market economy discourse on education has displaced more equitable educational discourses "to convince individuals that certain social injustices such as child poverty, unemployment, worker exploitation, and homelessness are either inevitable, or they are not really injustices at all" (Hyslop-Margison 2000:206). Despite the persuasive nature of this discourse in the classroom, he demonstrates how it is possible to counter its effects by delivering curriculum regarding employability skills through a critical approach to learning. In this vein, Hyslop-Margison (2000) discusses possibilities for the further development of critical pedagogical practices in the classroom, instruction that provides the socio-historical context of market economy practices and that challenges hegemonic discourses that re-constitute inequities.

While Hyslop-Margison focuses on secondary school instruction, Broughton (2003) examines an employment-training program targeted to individuals on welfare. He conducted a case study of an employment readiness program for women in the U.S. Specifically, the program *Readywork* sought to culturally retrain the participants who were mandated to attend this 'ready to work' program under threat of welfare sanctions. The author discerned that a "blaming discourse, ...[defined] as the set of ideas and images that ascribe responsibility and blame for an individual's poverty and welfare status to personal and/or cultural deficits (e.g. laziness, moral laxity)", framed the program design and delivery (Broughton, 2003:36). The participants in the program displayed contradictory reasoning when confronted by a blaming discourse in believing that structural barriers rather than personal deficits explained their own individual welfare status. At the same time, participants used a blaming discourse to reason why others remained on

welfare, thus "exhibit[ing] a divided or contradictory consciousness, revealing both complicity in and resistance to the blaming discourse" which served in the end to mitigate the formation of a collective reasoning about their marginalized position within society (Broughton, 2003:49). The women's participation in a collective exchange of their experiences of oppression did not transform into an effective countering of harsh welfare reform measures and, thus, did not serve their interests in broader terms. Job-readiness programs that are framed by blaming discourses are especially harmful to women who remain reliant on welfare and who are the targets of recent welfare-restructuring policies.

The above studies are important for the purposes of my thesis, as they challenge pervasive individualizing and blaming discourses in publicly funded learning environments and welfare-based training programs. My study addresses the lack of attention in the literature to the effects of these discourses on marginalized women experiencing substance issues and explores how broadly influencing discourses, such as OECD's promotion of market economy and blaming discourse, are linked to classroom practices that women on methadone encounter. This thesis also draws on the following literature that examines the nature and intent, and the effects of life skills instruction on low-income women in B.C. to argue that life skills and other types of employment-readiness strategies involve the convergence of therapeutic and human capital discourses.

Butterwick (2003) explores the concept of life skills. In her study of the elements and effects of life skill training in B.C., she examined three federal-funded women's employment re-entry programs and one life-skills coaching program. She describes life skills programs in Canada as types of government-funded job training programs for the socially excluded and which are characterized by curriculum focusing on "communication and problem-solving skills, assertiveness training, parenting skills, stress and time management, and other topics that come under the rubric of 'personal development'" (2003:161). Life skills programs differ in quality and range of curriculum content and the quality of each program is often affected by funding issues, the availability of suitable instruction, and a commitment and understanding of the underlying founding philosophy which was set by the Saskatchewan NewStart Project in 1968 (Butterwick, 2003:161-2). Participants in Butterwick's study reported benefits from life skill classes that included increased communication skills, improved self-esteem, and feelings of empowerment through a consciousness-raising environment.

In drawing on Scheurich's (1994) analysis of policy archeology, Butterwick argues that life skills classes are a form of governmentality, where the subject of personal deficits is put on

display and remains the focus of discussion (2003:174-5). Butterwick (2003:175) further argues that life skills as a concept "has become a tool for a form of mandatory disclosure of one's personal and private struggles. Such demands are not made in other labour market programs that are open to those with greater socio-economic resources". In criticizing life skills programs for the skills-deficit and human capital discourses that shape their curricula, Butterwick argues that the notion of 'life skills' links individualism and independence to economic rationality, which tends to close off recognition of identities and capabilities. Further, she argues life skills programs may not fully address the needs and socio-cultural circumstances of Aboriginal women.

By outlining both the beneficial and problematic dimensions of the design and delivery of these types of programs, Butterwick provides an in-depth view of how such programs operate and how the effects of life skills instruction on participants might differ. In exploring how women methadone clients are both negatively and positively impacted by life skills instruction and other job training programs that possess similar characteristics, this thesis draws on Butterwick's arguments. As well, both Butterwick (2003) and Hyslop-Margison's (2000) discussion on the need for the development of practices based on experiential learning principles in the employment training setting call attention to the need for emancipatory policies and practices for specific socially excluded groups. Their work suggests that women methadone clients and professionals are likely to counter hegemonic discourses in the classroom. The career exploration program under case study in this thesis employed similar pedagogical techniques as described by Butterwick. However, as the program under examination in this study was targeted to addicted persons, the effects of addiction discourse overlap with life skills instruction. This allows for an exploration of the relationship between life skills training practices, addiction/therapeutic discourse, human capital, and the larger project of neoliberalism.

This review of the literature examines the intersecting issues of substance addiction, gender, poverty, employment training, and neoliberal discourses. I have chosen to review the following: critical studies that examine the issue of power between methadone clients and authorities as imbedded in therapeutic discourse (Bourgois, 2000; Friedman and Alicea, 2001); literature discussing the nature and limits of human capital discourse and its relation to neoliberalism (Albo, 1998; Burke and Shields, 2000; Butterwick, 2003; Hyslop-Margison, 2000; McBride, 2000; Schmidt et al, 2002); and research that examines the influence of discourses affecting employment training practices for marginalized women (Broughton, 2003; Butterwick, 2003). These bodies of literature are useful for exploring the links between discourses, policies, and practices affecting employment training for women on methadone. These authors provide

evidence that human capital narrative and therapeutic discourse influence the site of employment training for marginalized groups. This thesis draws on these major criticisms to examine what part discourses play in limiting state response to unemployment among women on methadone in B.C. In particular, I build on critical feminist literature (Butterwick, 2003; Friedman and Alicea, 2001) to specifically investigate how the neoliberal promotion of harm reduction, human capital and therapeutic interventions obscures the structural barriers these women face.

CHAPTER 3:
AN EXAMINATION OF HARM REDUCTION THEORY AND HUMAN CAPITAL THEORY

In this chapter, I critically examine harm reduction theory and human capital theory. As well, I discuss several key concepts imbedded in these theories in relation to neoliberalism and the discursive practices shaping the intersection of addiction and employment training. Ideas driving dominant understandings of the employment training needs of women on methadone include the individualistic concepts of therapeutic intervention and skills training. This chapter illustrates the need for theories that apply a critical lens to understanding how current employment training policies and practices impact women on methadone. While the development of harm reduction theory displays potential as a base on which to develop training and economic opportunities for these women, it fails to confront competing discourses such as those stemming from a neoliberal paradigm centered on market principles that define multi-barrier clients in terms of economic capabilities. This chapter reiterates the argument that both therapeutic discourse and human capital theory are powerful frameworks obscuring the structural barriers that women on methadone encounter.

I will also discuss methodological strategies, including practical considerations regarding the opening of boundaries to make space for women methadone clients in order to add to knowledge about their lives. Critical discourse analysis (CDA) is useful to this exploration of how ideological and material developments contribute to the continued social exclusion of women on methadone, as it highlights the importance of examining language use in the study of social inequities. In particular, CDA is useful in this thesis for studying the keywords that proliferate in dominant discourses that address the addicted client.

This chapter begins with a critique of harm reduction theory and therapeutic discourse (Bourgois, 2000; Bunton, 2001; Friedman and Alicea, 2001). With its focus on health concerns, I argue that harm reduction draws on the power of expert rationality (Bunton, 2001) and biomedical reasoning (Friedman and Alicea, 2001) to attach particular meanings to social

exclusion. I discuss the changing role of the state in relation to addiction discourse (Bourgois, 2000; Bunton, 2001; Nolan, 1998; Race, 2003; Rose, 1998). I also discuss human capital theory as implicated in neoliberal policy decisions (Fenwick, 2004; McBride, 2000, 2001; McLaren and Dyck, 2004) to theorize about its role in pre-employment training for women on methadone. I utilize feminist and critical theories to examine the individualizing and degendering influences of neoliberal discourses (Brodie, 1995, 1996, 2002; Butterwick, 2003; Fenwick, 2004; Kingfisher, 2002) to discuss changes in governing ideologies in relation to subjectivity and the citizenship rights of women.

Therapeutic Discourse

Addiction theories regard women with substance issues, including women on methadone, as deserving of and requiring treatment attention. Through clinical or service contact, as well as, categorization, addiction theories draw on expert knowledge about the nature and stresses of barriers that affect these clients[11] (Health Canada, 2001). The emergence of harm reduction in recent years reflects additional theoretical attention to the issues of health and risk[12]. However, dominant addiction theories, including harm reduction theory, overwhelmingly promote therapeutic intervention for social problems, neglect the issue of structural barriers, and fail to provide theoretical tools to examine the influential discourses and systems which contribute to the social exclusion of women on methadone.

Harm reduction theory claims to provide space for addiction program diversity and flexibility, as evidenced by the "differences between the structures, procedures, and practices of methadone treatment programs" existing between and within countries (Gossop, 2003:182). Across western countries, differing conceptions of harm reduction theory nonetheless rely on a generic and broad definition centred on efforts to "reduce drug-related harm without requiring the cessation of drug use" (Strang, 1993, as cited by CAMH, 2003:1). Strang's definition: "separates harm reduction clearly from zero tolerance [abstinence] approaches to drug use. Further, while urgency may have directed many programs thus far at drug users who are currently experiencing harm, harm reduction is applied at all levels and all stages of use"(CAMH, 2003:1).

---

[11] Health Canada (2001) produced a qualitative study regarding addicted women and treatment barriers, interviewing 40 key Canadian and U.S. experts in occupations ranging from clinicians and treatment staff to government program and policy managers.

[12] Authoritative bodies and legislation in Canada, such as the Canadian Centre on Substance Abuse (CCSA) and Canada's Drug Strategy, grant this theory a key role within legislative movement toward a more integrated public health perspective (CAMH, 2003).

The following critical studies illustrate how harm reduction co-exists with systems of governance and various strategies to move the marginalized and addicted into mainstream society. Critical studies examining the rise and influence of a 'therapeutic ethos' suggest that it influences various sites in society, including discourses and services encountered by the addicted. While harm reduction theory and therapeutic discourse are conceptualized broadly and are not mutually inclusive terms, they share many common features when applied to the system of methadone maintenance. Both prioritize the site of the 'clinic' and both are implicated in the "aim to produce individuals competent at self-examination, self-management, self-presentation, and self-realization" (Friedman and Alicea, 2001:162). Nolan defines therapeutic ethos as characterized by an increased "self-referencing" in western society, an "emphasis on emotions", the rise of the therapeutic professional, and a "pathologizing of human behavior" (Nolan, 1998:2-21). Rose (1998) regards the therapeutic as a key element in the promotion and production of the 'selves' as political subjects. He argues that therapeutic relationships involve both self-scrutiny and hierarchical relationships with authorities who pose the therapeutic as a "generosity of expertise" and who generate a "psychotherapeutic norm...of health and contentment" against which persons incessantly evaluate themselves (Rose, 1998: 89-93). Such literature argues that therapeutic discourse permeates various systems and sites in western society[13] (Nolan, 1998; Rose, 1998).

Friedman and Alicea (2001) confront the medical/therapeutic framework for its effects on women on methadone. From a critical perspective, the construction of women methadone clients through therapeutic discourse constitutes those who have little control over their representation, and who must rely on experts to transfer client concerns and needs into discourse with solutions. Friedman and Alicea argue that the therapeutic tie between women methadone clients and addiction professionals is a relationship based on differences in power and involves a process of normalization:

> It is, therefore, the normative standards and the accumulation of information about individuals that make it possible to exercise power over them. Here we see, then, a circulation of medical and scientific practices that function at once as both knowledge and power. (Freidman and Alicea, 2001:141)

[13] Nolan (1998) presents examples of therapeutic ethos ranging from its circulation in abstinence-based organizations, such as Alcoholics Anonymous, to its growth through psychological and pharmaceutical interventions, to developments leading to the rise of the "therapeutic state", all of which reinforce the discursive relationship between those in authority and the individual.

They call attention to the clinical regulation of women's behaviors, describing how methadone clinics "define what is normal and generate a mass of rules of time, space, body, sexuality, behaviours, actions, and speech aimed at adjusting women to traditional race, class, and gender expectations. For example, rules surrounding timeliness and respect of authority aim to readjust women to traditional work ethics and behaviour"[14] (Friedman and Alicea 2001:145). Thus, subjectivities are fashioned, not only through discursive representation, but also by the systems that daily reconstitute imbalances of power through social practices.

Bunton (2001), and Friedman and Alicea (2001) agree that expert knowledge and practices are key intermediary elements in the management of the relationship between addicted clients and systems of governance. As this thesis shows, addiction experts' tentative raising of the issue of structural barriers in addiction discourse is also evidence that developments in the relationship between the expert and client holds potential for disrupting the inequitable discourses that produce compliant clients. However, Rose (1998) also notes that the marginalized encounter multiple forms of therapeutic discourses, which suggests that an intensification and acceleration of the above-described processes limit the ability of the marginalized to confront inequities from their disadvantaged position. Such arguments are useful for examining recent changes in conceptualizations of the methadone client, and the role of the expert in the current systems that operate as resources for women on methadone. Theories that highlight the relationship between discourses, structures, social practices, and inequities align with the use of critical discourse analysis in this thesis. Arguments providing theoretical links between harm reduction theory, therapeutic discourse, and neoliberalism also bring to light the broad political forces shaping new employment training strategies targeting addicted individuals.

Harm Reduction and Neoliberalism

In contrasting past and present developments in conceptualizations of the substance user, Bunton (2001), posits that addiction policies before the latter part of the 20th century reflected the modern western state's perception that the addicted liberal subject needed to be reined in and brought into civilized society through legal and medical mechanisms. While the move away from criminological-based interventions is an important and long overdue development (Campbell, 2000), several arguments (Alexander, 2001; Bunton, 2001; Nolan; 1998; Rose, 1996, 1998)

[14] According to Friedman and Alicea (2001), clinical regulation of methadone clients includes the 'micro-penalties' associated with methadone prescription, dispensing and administration, and the overall apparatuses that women methadone clients experience.

question the nature of recent therapeutic interventions and examine their role in supporting a neoliberal paradigm. Bunton (2001:223) argues that new changes in drug policy are linked to neoliberalism and the use of 'behavioral-change technologies' associated with public health and considerations about risk. Similarly, Rose (1998:165-166) bridges broad discussions about therapeutic discourse to neoliberal governance, arguing that

> not all political subjects are embraced in the new regime of the self. Those 'on the margins', literally 'outside of society' are frequently excluded and marginalized, controlled by older, harsher ways, or maintained under particular regimes of environmental intervention and nonintervention known as 'community care'. Yet, even here, as we have seen in the case of programs for the unemployed, one may observe the utilization of very similar psychological vocabularies of diagnosis and techniques of intervention, in the logics of social skills training, in the new strategies of empowerment, in the emphasis upon the importance of self-esteem. Under very different auspices, in the activities not only of professionals but also in antiaddiction programs, self-help organizations, and special educational programs set up by leaders of disadvantaged groups and communities, one sees the operation of a very similar image of the subject we could and should be, and the use of the same psychological and therapeutic devices for reconstructing the will on the model of enterprise, self-esteem, and self-actualization.

Rose provides useful arguments for my study of the range of individualizing interventions which women on methadone encounter. Methadone maintenance increases clients' contact with professionals and systems; I take up Rose's argument that the marginalized encounter multiple forms of therapeutic discourse to suggest that the issue of employment training for addicted women contains some un-inspected dimensions.

Harm reduction theory and neoliberalism are two paradigms that connect in specific ways and share specific features. For example, harm reduction reproduces individualistic explanations for the social problems experienced by methadone clients, and is intent on producing a cost-effective solution to persistent drug problems (Bourgois, 2000; Friedman and Alicea, 2001). Like harm reduction, neoliberalism is an individualistic discourse. The paradigm of neoliberalism is rooted in economic theory and presumes that market forces and individual choices 'naturally' sort out the social. It delegates responsibility for social problems to the individual in order to reduce social spending (Brodie, 2002; Kingfisher, 2002; McBride, 2000). Both imply that the logic possessing and directing resources chiefly lie outside the reach of the individual while responsibility for addiction, unemployment, poverty, and marginalization in its many forms lie within the individual.

Race (2003) challenges the dominant framing of harm reduction as an unproblematic and pragmatic approach. He argues that the state situates the biomedical system as a social authority that allows for the positioning of harm reduction as a 'counter-discourse' to manage the symbolic messages of excess and deviance arising from persistent drug use. He posits,

> the character of drug control is an *exemplary* (rather than a disciplinary) form of power. It *exemplifies* the state's propensity to instate regimes of self-administration. It is haunted by the memory of a discipline at once paternalistic and protective, which it seeks to supplant by instating as its vision of control a medico-moral *regime of the personal*. (Race, 2003: 9-10)

Thus, the systems of medicine and harm reduction co-exist as a form of soft power that principally exercises authority on individual subjects. Similarly, in observing developments in addiction strategies, Bunton (2001:222) notes that harm reduction policies supplement existing strategies, to contribute to new types of governing practices and norms that co-exist and complement each other; he discusses these in relation to the rise of neoliberalism: "the changes can be discerned in three areas of drug policy discourse: the abandonment of the addict-problem focus, the broadening of intervention strategies, and the reconfiguration of expertise". Such strategies place the onus of risk on the addicted individual and, to some extent, on the expert who leads them through treatment. A discursive shift toward public health and risk results in the "construction of a more self-determining and risk-managing drug user identity" (Bunton, 2001: 225). Bunton (2001) argues that governments manages the risk of drug use by profiling users according to age, gender, social class, and other factors in order to manage the health of the population at large. According to Bunton, neoliberal discourse conceives the drug user identity as flexible, reflexive, and enterprising, and noticeably less tied to the state than to the expert and the new various technologies of governance, all in the name of economic efficiency.

Friedman and Alicea (2001) and Bourgois (2000) use similar arguments in arguing that the system of methadone maintenance is promoted primarily for its cost effectiveness and perceived link to employment. Both Bunton (2001) and Bourgois (2000) provide a larger political context to drug issues than Gossop (2003) for exploring in this thesis how harm reduction theory and neoliberalism are leading the discursive re-construction of the addicted 'multi-barrier client'. However, Bunton and Bourgois do not consider gender issues in their investigation of drug policy. This thesis further draws on Friedman and Alicea (2001), and Rose (1998) to argue that discursive developments affecting women methadone clients who seek employment training include the growth of neoliberalism, and individualizing influences of therapeutic discourse and

harm reduction. These authors illustrate how the changing forms of state intervention in the lives of the marginalized signal both a general dissolving of government commitments to improve their life chances on an economic level and an increased re-shaping of their will to participate in productive activities as deemed by the state. I argue that there remains a need to address the structural and discursive dimensions of employment training for women on methadone due to their extreme stigmatisation and poverty. This thesis uses Friedman and Alicea (2001) to argue that women on methadone are highly subject to calculable forces, yet through individualizing discourses, are kept at a distant margin in neoliberal society. Their extreme stigmatization and difficulty accessing supports to adequate education and training attests to this development. While Friedman and Alicea (2001) address the gendered effects of therapeutic discourse on women methadone clients and recognize that multiple discourses circulate through therapeutic relationships, the issue of employment training was not examined in depth. Several studies that discuss human capital and employment training for marginalized groups address the issue of human capital. I examine these to explore how human capital theory fits into current neoliberal strategies that contribute to the lack of employment training support for women on methadone.

Human Capital and Employment Training for Marginalized Groups

I utilize the work of Albo (1998), Brodie, (2002), Butterwick (2003), McBride, (2000, 2001), McLaren and Dyck (2004), and Schmidt et al. (2002) to explore the role of human capital theory in relation to employment training initiatives for the substance addicted. In defining the concept of human capital as referring to an individual's ownership of embodied knowledge, skills, and attributes, Becker's (1993) formula of human capital suggests that the higher the level of skill and knowledge, the higher the productivity and subsequent economic rewards (McBride 2000, 161). The unemployed possess skill-deficits and "labour 'mismatches' involve, therefore , an adjustment of skills and real wages in response to price signals, given the nature of labour market rigidities and individual choices" (Bosworth and Wilson, 1994, as cited in Albo, 1998). Neoliberalism presents human capital as an individualistic concept, claiming that increases in human capital 'naturally' leads one to employment. The state justifies the mandated streaming of those who are particularly disadvantaged in the labour market into employment-readiness programs as being a response to individuals' need to acquire skills to manage changing market conditions and labour market demands (see Albo, 1998).

Critical theorists argue that neoliberal governments pose human capital as a particularly powerful and corrective logic for unemployment and social exclusion in its many forms in order to reinforce the neoliberal state's promotion of restructuring and reduced social spending (Brodie, 2002; McBride, 2000). Broadly speaking, the 'cult of training' associated with human capital narratives continues to deepen divisions in society, and even if skills are viewed by labour market experts as a 'collective good', governments' focus on skills training obscures the social and political considerations that are imbedded in the issue of employment training (Albo, 1998:202-3).

Studies that criticize the neoliberal promotion of human capital from a feminist perspective point to specific gendered effects of neoliberal strategies that negatively impact women (Brodie, 2002; Fenwick, 2004; McLaren and Dyck, 2004). Human capital theory represents a continuation of the devaluing of women's unpaid work, and the mechanisms and systems that deny them access to gaining skills (Fenwick, 2004; McLaren and Dyck, 2004). For women on low income, human capital discourse perpetuates the inequities they face by circumscribing citizenship and social rights around the issues of work and skill acquisition as they are formally recognized in the labour market. Human capital theory has limited potential to explain the range and nature of barriers which women on methadone face, and limited application in employment programming for women with substance issues. The following studies provide further political, economic, and social context to the effects of neoliberal strategies on women, providing a distinct feminist frame to theorize these developments.

Subjectivity and Citizenship

Brodie (1995, 1997, 2002), Fenwick (2004), and Kingfisher (2002) call attention to the individualizing and degendering effects of neoliberalism. Kingfisher (2002) situates neoliberalism as a western system of governance centred on ethnocentric and androcentric understandings of personhood. She challenges the 'neutrality' of neoliberal culture that results in further inequities, and the discursive construction of the self-reliant individual; such strategies are "directed at the reformation of individuals rather than structures" (Kingfisher, 2002:27). Fenwick (2004) similarly criticizes neoliberal assumptions that lead to inadequate responses to the needs of women, particular within issues of unemployment and training. New prescriptions for employment training for women are sometimes cloaked in neoliberal language which presents employment concerns as issues of 'empowerment', a term used by both the OECD and in therapeutic networks.

Fenwick's argument is useful for exploring how the construction of the addicted multi-barrier client crosses both harm reduction systems and employment training. Her work more closely aligns with this thesis, as it points out that policies affecting adequate employment training for women are being dismantled or short-circuited by neoliberal conceptions of entitlement.

Feminists argue that neoliberal discourses attempt to close off political dialogue concerning women's disadvantaged place in the economy (Brodie, 1997, 1995; Fenwick, 2004; Ferguson, 2000; Kingfisher, 2002). Brodie (2002:91) argues that, as a result of the acceleration of neoliberalism since the mid-nineties, "gender and the equality agenda generally have been virtually erased from public discourse and public policy". In this vein, the neoliberal state is described as performative (Yeatman, 1994 in Brodie, 2002), as it

> places the market over the state and inside the state. This embrace of the logic of the market atrophies the public, closes political spaces, and further marginalizes the economically and socially marginalized who depend on the state to redress the most adverse consequences of the capitalist economy. (Brodie, 2002: 97)

Brodie (1995) draws attention to the feminized nature of paid labour and the systemic discrimination women continue to face across social, economic, and political fronts. She argues that the need to assert that the political interests of all women must also include consideration of various identities, differences of social class, and 'race', and the locations within a political climate where needs are 'globalized' and falsely posed as out of reach for political contestation. Thus, mobilizing women politically to confront the forces of neoliberalism includes the need to chart the constructions of neoliberalism across all levels of governance, and hold governments accountable for the harms done to disadvantaged groups. These focuses are preliminary steps toward "recovering the political" (Benhabib, 1993:111 as quoted in Brodie, 1995: 81). Brodie (1997: 226) states that advanced liberal discourses "produce their subjects and objects rather than police them...in the process, the power relations and self-interest embedded in these impositional claims become less visible and less open to political contestation".

As well, she notes,

> This false dichotomy between the ordinary and the special sends the clear message that good citizens don't require state assistance or protection from structural discrimination. They accept their lot. For another, it tells us that it is no longer legitimate to organize against systemic discrimination...legitimacy is granted to the disembodied market citizen. (Brodie, 1997:239)

Political mobilization requires a full understanding of the gendered dimensions of the effects of changes in economic policies and must include theoretical movement past nostalgic arguments bemoaning the loss of the welfare state (see Ferguson, 2001). This entails exploring the dimensions of new conceptualizations of the citizen in a market economy.

Feminist arguments, that highlight the political, economic and social effects of neoliberal strategies, (Brodie, 1995, 1997, 2002; Fenwick, 2004; Friedman and Alicea, 2001; Kingfisher, 2002), provide space for theorizing how broad developments impact women specifically, support the aim of this thesis to chart neoliberal developments impacting women on methadone, and fuel my intent to provide possibilities for resisting discourses at particular sites, in this case, the individualizing discourses which circulate in employment-readiness training. As seen thus far in this thesis, such discourses focus on the themes of therapeutic intervention, human capital, harm reduction, market economy, the self, and skills. These themes further operate through keywords such as 'life-skills', 'choice', 'individual', 'empowerment', 'employment', and 'self-reliance'. This study discusses this proliferation of keywords in neoliberal explanations of the addicted multi-barrier client and illustrates how human capital and therapeutic discourse stand out as particularly powerful discourses within this issue and how they attempt to shape the women on methadone into neoliberal subjects.

Considering Research Strategies that Serve Disadvantaged Women

Critical discourse analysis (CDA) serves as both a theory and method to examine the order of discourse, in this case, neoliberal discourse as a historically situated system implicated in recent changes in employment training approaches and the continuity of social inequities. To explore the intertextuality and interdiscursivity[15] of social practices and processes at the site of employment-readiness training is to expose an order of discourse that serves to perpetuate partial and incomplete responses to the poverty and subjugation experienced by women methadone clients.

[15] **Interdiscursivity** refers to a number of discourses and genres located within a text, e.g. the circulation of therapeutic discourse and human capital discourse within policy discussions about adult learning for the marginalized. According to Fairclough (2003) every **discursive event** involves text, discursive practice, and social practice. **Discursive practice** involves the linking of text and social practice. **Genre** is language use in particular activities.

Fairclough (2003) contends that discourses represent social processes, relations, and structures as well as the beliefs and meanings that seek to reconstitute such social 'realities'. Researchers using CDA focus on both structures and action and view all social life as produced. Understanding how both change and continuity are subjects of analysis is central to a critical discourse analysis approach. Critical discourse analysis suggests a method to explore closely the ways in which these ideologies and practices are given impetus through texts and serve neoliberal governance. Fairclough (2001, 2003) views discourses as operating through language and when a political project, such as new capitalism or neoliberalism, increasingly employs specific language to formulate and articulate new modes of governance, social effects become an important issue. This research takes up Fairclough's assertion that critical discourse analysis is valuable for examining the variable nature of discourses and for exploring the intent of hegemonic discourses and their projective characteristics through new articulations. In this thesis, I argue that discourses affecting the pre-employment setting operate through authoritative texts and establish the primacy of bio-medical, therapeutic, and human capital narratives. In turn, the re-enacting of these narratives through discursive practices re-affirms inadequate perspectives.

I employ a feminist understanding of critical discourse analysis with the intent to provide a less mediated space for the women's voices than what the current systems of care and forms of expert knowledge provide. I build on critical feminist research to draw attention to the institutional sources of gender and social inequities, and use critical discourse analysis (CDA) as it allows for a view of power relations as grounded in practice (Wodak, 2001). This study troubles texts in order to write women back into the debate and to shift attention back to the narratives of women who choose methadone as an avenue to improve their lives. Moreover, it serves as opposition to those texts and perspectives generated by privileged males that are kept in the forefront by institutionalizing forces (Smith, 1987).

Accessing Textual Evidence and Different Forms of Knowledge

In conducting a critical discourse analysis of international-sourced, federal-sourced, and addiction authority documents, I chose documents related to employment training for marginalized groups. I examine three texts that circulate in the broad system of policy and practices literature addressing current employment training prescriptions for low-income persons. The three texts consist of two policy reviews, rather than policies themselves, and one best practices addiction treatment/vocational guide. These provide information about the discursive

practices affecting the intersection of employment training and low-income and the intersection of employment training and addiction.

As well, I examined program curricula and a few program documents provided by the director of a career exploration program in B.C. I was only able to examine program documents made available to me by the director. Documents containing information regarding classroom lessons were difficult to access and my examination of them lasted only for an hour. This lesson material provided a general overview of the themes of instruction. I was given administrative data related to admittance decisions, categorical summaries of treatment concerns regarding students on methadone, and outcome data. Of these I chose text directly related to women students on methadone in order to gain information on addicted women's participation in the program. Data obtained from this recently closed career exploration program for the addicted, in the form of both interviews and program documents, provides some information about the type of instruction recently available to women on methadone.

In wishing to include the perspectives of women methadone clients who participate/d in various types of pre-employment training, I began by placing posters in methadone clinics and speaking with counselors and addiction service professionals across the Lower Mainland of B.C. Three women agreed to participate in a confidential interview which averaged one hour in length. Open-ended questions encouraged the women to speak about their experiences surrounding employment training programs that ranged from issues regarding their status as methadone clients to their specific participation in life skills and other employment-readiness programs. Their narratives provided information about the types of programs they had accessed, and the supports and barriers they encountered in their quest for employment.

Qualitative data from semi-structured interviews with three women methadone clients not only added richness to the research, but uncovers other perspectives than those that have historically been mediated through organizations and professionally-produced texts[16]. Open-ended questions were used to encourage the interviewees to speak about the major issues regarding employment-readiness training for the addicted. The collection of the three interviews is a central component in this research as it frames the inquiry to provide an understanding of strategies from the position of those who are most affected by them.

---

[16] Provincial and federal governments choose to compile information about women methadone clients through health authorities; thus, information about women methadone clients chiefly centers on health statistics and addiction recovery concerns.

Obligations and Levels of Involvement: Negotiating Access to Information

Information about the total experience of women methadone clients in employment readiness programming is limited. Methadone clients did not gain access to the career exploration program utilized in this study for the first 4 years of the program, 1996-2000. The data regarding employment outcomes provides information about methadone clients from the period 2000-2003. Even though the program tracked, by its own standards, how many women methadone clients achieved success during that time period, it documented little textual information about how these women participated in the program. Due to confidentiality issues, I had no access to client files, nor any mediated or unmediated reports from individual students or about them. I conducted an interview with the director of a career exploration program within a few weeks of its closure[17]. I gathered information over a few months by conducting an interview and examining some of the program documents and classroom curricula. The issue of reciprocity was discussed early in the research relationship. I was hired by the individual to complete a literature review and small survey for a community project led by the director in return for an interview. Our professional relationship aided my ability to gain access to information.

In speaking about ethical issues involved in the interview process, White (2002) argues that interviews are social interactions and the researcher's appropriate level of behavior is dependent on the time spent with the interview subject and the commitments that the researcher brings to the relationship. Guarantees of confidentiality and my choice of qualitative interviewing techniques gave the director the opportunity to reflect on broader issues and developments, as well as, the opportunity to express disappointment and frustration over the closing of the program under examination, a program in which this individual had invested a considerable amount of time and ability.

My use of open-ended questions made space for the director's concerns and observations. This especially encouraged discussions and reflections on the ministerial funding cuts that affected the director and students' lives. In choosing to confront what I view to be some concerns and the limitations of some various knowledge claims that emerged from the interview and program data, I recognize that to leave the field of inquiry harming the individuals or organizations who choose to share their experiences and knowledge is to be aware of "'spoiling

[17] My original plan was to conduct a case study of a career exploration program that I knew from my work in the addiction field to be operating in the Lower Mainland. My intent was to research the program during a six-week cycle of its operation and to interview the workers, students and program director. This plan did not materialize due to the program's impending closure in 2003.

the field' for others who also seek to improve the lives of others"(White, 2002: 37). My intent is to expose the different knowledge claims in texts and discourses framing perspectives about addiction and job training in order to illustrate their effects on the socially excluded. My previous position as a worker within the field does not give me special rights to do this; however, I bring some experience of the field into the study with the intent of producing knowledge that promotes equity and the recognition of women's struggles. The product of this inquiry cannot help but confront some of the perspectives that professionals hold as important to them. However, I would argue that this research might provide them with alternate knowledge from which they might draw.

Matters of Perspective

My position as a former support worker for women on methadone in a recovery house setting and as a shelter worker for women, many of them mothers who become homeless through addiction, influenced my interest in this research. Like the director who I interviewed, my work with methadone clients placed me in a subject position within the discourse of addiction as a mediator between policy and practice. In 2002, when I stepped away from my daily contact with women in need, I began to more closely compare the knowledge gained as a worker with the information that circulates in authoritative texts and documents on the subjects of substance use and job training. The movement from experience and informal interest to engagement with formal research and theory also reflects my desire to transgress the worker/researcher divide that has traditionally assumed a female/male orientation, a formation that continues to produce insufficient explanations for the addictions of defeated women (Freidman and Alicea, 2001). From a feminist stance, I see large gaps in knowledge about women in methadone maintenance programs, remain frustrated over the way that research examines the effects of science and economic policies on women on methadone, and addiction research's overwhelming focus on health, and its blindness to the daily lived experiences of women who choose methadone as an avenue to improve their lives. Inadequate explanations and developments portend deeper divisions between the worker and the client, between the visible substance user and the 'citizen'. While my position as researcher provides me with an opportunity to closely examine these issues and to speak for others, I also consider the implications of this fact.

Large Veins/Thin Skin: Confronting the Issue of Positionality

What are the effects of locating and scrutinizing lives that are deeply scarred by social disadvantage in order to reflect on the larger powers that keep them there? In considering this question, I offer the following expression of some thoughts that erupted in the writing of this chapter section:

> Despite hearing that I have no illicit substance issues, a woman heroin addict insisted that I was lucky, lucky for having large prominent veins and thin skin. I hold on to that image as a metaphorical tool to launch into explaining my attraction to work and research in the addiction field. Large veins make it easier for heroin addicted women to feel better, faster, however such benefits might be construed by a wider society / thin skin suggests transparency and a sensitivity that pushes me both to feel deeply and withdraw quickly. Together these characteristics might suggest that my intentions are intrinsically worthy–maybe they just 'are'–however painful and difficult these characteristics have contributed to the process of writing this thesis. This treatise also suggests that I want to be a source of help to them, that I myself have deep issues around salvation from poverty, about the misuse of power, about feeling good, about drawing on the power of being a "Norm", about being white, about being a woman and about not being in the way, about walking away, about being capable and willing to speak for other women. I am a mother–I can do this. (May 2004)

These reflections draw attention to the way in which I struggle intellectually and emotionally to validate my right to speak about injustice. However, this process of researching and writing seeks to place greater importance on the injustices that women on methadone live with daily than on the frustrations of a graduate student who is privileged to navigate the university setting.

To speak for other women must include the recognition that the contexts from which educated women produce perspectives differ sharply from the worlds that many addicted women inhabit (Friedman and Alicea, 2001). I am given authority to speak for others through my knowledge as a support worker and graduate student, but this position also reflects my ability to draw on my status as a white, working class woman of European background. My choice of methods seeks to record the voices of the woman on methadone in a manner that truthfully and respectfully captures both the literal and nuanced meanings that emerged from the interviews, as well as to uncover the gender, class, 'race', and cultural constructions that are deeply imbedded in the research issues. However, no matter how skilful or awkward the manipulation of text, the voices that I so desperately seek to hear within the documents that litter the field are in danger of being silenced through my appropriation of their voices. Text itself mediates their experiences,

the chapters constitute my selection of text and tools, and, most importantly, my final argument remains an/other interpretation of their worlds. In the end, I gain from the knowledge that these women share with others and they can only hope that their perspectives are heard.

I have chosen to foreground an analysis of government and professionally produced genres before concluding with the narratives of the interviewed women. In the next chapter I explore the influence of human capital narrative and therapeutic discourses in policies and practices surrounding employment-readiness programs and provide some measure of how government policy and professional practices directly impact women on methadone.

CHAPTER 4:
POLICY AND PRACTICES:
EXPLORING THE TERRAIN OF
TEXTS, DISCOURSES, MEANINGS

As indicated in the previous chapter, I argue in this thesis that policies and practices focusing on addiction include therapeutic discourses that emphasize the individual's characteristics and human capital discourses that stress the individual's skills. Neither of these discourses is able to account for the complex struggles and the structural context of the barriers that women on methadone face. In this chapter, I illustrate the presence of these two discourses in two sites: several texts concerned with adult learning in relation to employment-readiness programs; and an interview with a director of a training program for the addicted. The analysis of these two sites provides evidence of how therapeutic and human capital discourses help to shape employment training policies and practices that are available to women on methadone in B.C. I argue that while these intersecting discourses in practice produce limited possibilities for such marginalized groups as women on methadone, they also provide spaces for their resistance.

Each of the three texts that I examine are influential in their respective fields and they all have a bearing on adult training programs for the marginalized, including the addicted. They are also diverse. While a number of texts produced by OECD, HRDC and the B.C. government influence the field of adult learning, including texts addressing skill gaps, skills training, life long learning, and employability, I chose texts which provided comprehensive information about training policy and practices for marginalized groups. *Beyond Rhetoric: Adult Learning Policies and Practices* (OECD, 2003) outlines international adult learning policies and practices, *Reconnecting Social Assistance Recipients to the Labour Market* (Human Resources Development Canada HRDC, 2000) discusses federal strategies concerning labour market attachment for social assistance recipients. *Integrating Substance Abuse Treatment and Vocational Services* (2000) considers best practices and makes recommendations for experts delivering vocational training to those with substance issues. By analyzing the OECD (2003) text, I chart the effects of neoliberal policy language that, in the end, serves to limit funding, program development, and resources for women methadone clients. The document produced by Human

Resources Development Canada (HRDC), which is part of its *Lesson Learned* Series, raises the issue of employment barriers as primarily the concern of the degendered individual who lacks human capital. The detailed addiction research text, which focuses largely on the issue of vocational training, takes up health, as well as, psychological and therapeutic perspectives and advocates for their use in career counseling and job training for substance users.

These policy and best practices discussions produced by international, federal, and regulatory governing bodies reveal various strategies to re-integrate socially excluded groups into a changing labour market and neoliberal policy climate. In particular, these texts work with a set of assumptions about: a flexible labour market that requires workers to compete for jobs on the basis of their credentials and skills; and individuals who need to become more responsible for their welfare than they have in the past, whose responsibility rests primarily on having a job, and who must be employed to enjoy social inclusion as proper member of society (Burke and Shields, 2000; Brodie, 1995; Brodie, 1997; Kingfisher, 2002; McBride, 2000). I argue that these texts underscore such neoliberal assumptions by drawing on therapeutic and human capital discourses. As a result, they constrain the possibilities of addressing the training needs and concerns of women on methadone.

Training Texts: Producing the 'Unskilled' Adult

The recent OECD (2003) text provides a review of policy options to summarize the basic adult training policies and practices across nine western countries, among them, Canada. The text is within the genre of policy reviews and international training guides that powerfully frame the network of discursive practices informing training professionals. The report estimates that between 30 and 40% of Canadians participate in adult learning of some form, one of the lowest participation rates among nine western countries (OECD, 2003: 7). Taking up Hyslop-Margison's (2000) argument that such governing bodies as the OECD increasingly draw on neoliberal, market-based arguments, and especially on human capital theory, I examine the text for evidence of this ideological approach in its labour market training policy. In particular, I highlight the themes of 'the hostile client', 'skills deficits', and 'life-long learning'.

While the title of the OECD review, *Beyond Rhetoric: Adult Learning Policies and Practices*, suggests that information within the text consists of basic facts and 'straight talk', the text contains both rhetorical and plainly spoken messages about the role of the individual and the

primacy of a human capital narrative in job training approaches. The text reiterates OECD's market-based stance on the issues of human capital and lifelong learning:

> High unemployment rates, the increased and recognised importance of human capital for economic growth and social development, and changing economic contexts–together with public interest in improving social and personal development–spurred an increase in learning opportunities for adults within the context of lifelong learning. There are broad learning opportunities...but there are also strong inequities in terms of access and provision. (OECD, 2003:15)

The authors claim that the review contains comprehensive information about adult learning policies and practices and inequities in labour market training. Yet much of the text relies on OECD-sponsored studies, background reports generated by officials or commissioned authors in nine countries, and observations from an OECD appointed review team and the OECD Secretariat. These sources reinforce very particular views about the inadequacies of individuals who lack skills (i.e. human capital) and who do not avail themselves of the adult training opportunities that are supposedly available to them.

This document fluctuates in tone, between outlining a general need for improvements in training delivery across a number of dimensions and resorting to unfounded denigrating characterizations of the neediest of adult learners. Consistency and inconsistency of vocabulary use is an important element in the discursive arranging of the social; texts that draw on the authority of previous texts and introduce through authoritative sentence structure "new rules about the way people are to function, [also represent] the way in which policies are written so as to produce cohesion" (Woodside-Jiron, 2004:179).

Introducing the 'Hostile' Client

In what constitutes the largest chapter in this text, the authors address the issue of motivating adults to learn. The following passage illustrates the report's particularly harsh characterization of the less-educated, its construction of the lack of motivation of those with low literacy and/or low skills as a major problem, and its conflicting messages:

> First, it should be pointed out that *the distinction between adults who are convinced of the importance of learning --'converts'--and those who are not* is no doubt one of the most pertinent distinctions in the study of adult learning. It is essential to cover *related costs (childcare, transport, etc.) for less motivated learners, since everything is much more complicated to organise for individuals who will quit a training programme at the first opportunity*...These adults who

> are not convinced of the benefits of learning, must also quickly be made to recognize the *usefulness* of what they are doing if they are not to *complain or disappear*. Therefore the *issues of usefulness, financing, motivation, consistency of policy and return on training are much more relevant for the populations initially hostile to learning. And "hostile" is not too strong a word*, as *is borne out by stories of certain encounters in learning centres. School dropouts* have at times *shown hostility towards the act of learning, towards the education system in general, and towards the traditional teaching format that gives centre stage to someone who possesses and transmits knowledge* while others form an all too often *passive* audience assumed to know little or nothing". (OECD, 2003:112, italics added for emphasis)

The negative characterization of 'less motivated learners' is striking; they will quit a training program at first opportunity, they complain or disappear, and they are 'hostile' to learning. Such a portrayal gives little credence to the structural barriers, such as poor housing, and the lack of transportation and childcare support, that the 'unskilled' face in enrolling in training programs. The insertion of the word 'hostile' in what the report claims to be an honest examination of past and present employment training policies in several countries displays the extent of power that the OECD wields in constructing the identities of those who do not access training programs for various reasons, most of which remain structural (Albo, 1998; Burke and Shields, 2000; McBride, 2000; 2001). Through regulative discourse, as a type of "moral discourse that creates order, relations, and identity and ultimately controls the instructional discourse" (Woodside-Jiron, 2004:176), the OECD inserts vocabulary in the policy arena by imbedding it in seemingly equitable discussions about training opportunities. By posing those who 'complain or disappear' as resistant, the OECD text inserts into human capital discourse the idea that many unskilled adults are evading personal responsibility by not accessing existing training. This governing body presents as fact a sweeping generalization concerning the motivations of socially excluded individuals by concluding that hostility exists among those resistant to traditional learning environments based on evidence derived from 'stories of certain encounters in learning centres'. This unsupported statement leaves little room for negotiation between those who require training and the system of job training as it stands, as it shifts attention from the voices of the participants to their actions as understood by those in authority positions. It ignores the fact that clients may be expressing an ill fit between their needs and program design by finding ways to resist dominant understandings of skill acquisition.

In addition, the OECD (2003) views the highly skilled worker and the unemployed social assistance recipient as equally receiving adequate training opportunities at the present time, despite evidence from HRDC (2001) in this country which states that those on social assistance

often require more in-depth job training. The above passage regards current training programs as 'useful' despite evidence in the text that clients need incentives such as transportation and childcare to remain in programs. Indeed, the report later remarks on the fact that transportation and childcare are often not available to those on low income. This acknowledgment speaks to the absence of general resources for those labelled as unskilled. More specifically, in failing to account for the structural constraints and complexity of barriers that produce 'unskilled' adult, this report levels difference among disadvantaged groups.

The text briefly discusses equity issues only in relation to recognizing that the worker's employment sector, age, and geographical location determine the likelihood of participating in adult learning. The report indicates that "no substantial gender imbalances" exist in the participation of adult learning, even as it notes that men are more likely to be funded for adult learning through company funds than women who more often pay for learning themselves or rely on family funds (2003:41). In addressing the issue of the 'working poor', the text suggests that companies and authorities need to address the training needs of this 'fringe group' (167-8), who the study deems, is largely unaware of their training needs or especially resistant to systems of learning. The absence of explanation as to who occupies this category exposes the report's erasure of concern for the disadvantaged position that women occupy in society across various dimensions (Brodie, 1995; Fenwick, 2004; Kingfisher, 2002). This stance obscures the gendered social relations that perpetuate social divisions and prevents the development of new training initiatives for extremely marginalized women, such as women methadone clients, many of whom struggle to participate in the labour market or in training on any level. Whether couched in language that advocates for the development of training services or inserted into cursory discussions about structural barriers and incentives, OECD's message promoting compliance and continuous learning for the economy's sake is clear. Thus, in this example of regulative discourse, the report does not adequately recognize gender, or differences in capacities or goals, in the promotion of skill acquisition and lifelong learning.

The Promotion of Lifelong Learning

The OECD text's emphasis on lifelong education links social and economic marginalization to the lack of personal development among individuals. The following passage poses lifelong learning as a benefit for the 'hard to motivate' individual:

> It is also necessary to acquaint the learner with the idea of lifelong learning as soon as they embark upon education and initial training. This process often consists of proposing training with attractive content; encouraging the individual to regard learning as an opportunity to improve their *personal, social, and/or professional situation* and lastly, making them aware *that any competency can be improved.* This involves explaining that *the opportunity to improve knowledge and skills is open to everybody at all times.* (OECD, 2003:173, italics added for emphasis)

The phrase, 'the opportunity to improve knowledge and skills is open to everybody at all times' poses lifelong education in vague democratic terms. This statement glosses over the fact that opportunities for severely disadvantaged groups are currently inadequate to raise them out of their marginalized position in the labour market, and contradicts OECD's own statement that many marginalized individuals face structural barriers in accessing training (2003:15). In arguing for training program improvements for designated equity groups, Butterwick and Ndunda (1996:23) note "each of these groups as a whole faces significant systemic and structural barriers, many of which cannot be addressed through training programs".

The OECD's current promotion of lifelong learning reinserts the neoliberal primacy of economic considerations and advocates for the individual's active pursuit of skills training, but active only in the sense of aligning personal goals and *competency* with market-based objectives laid out by institutions and authorities. The OECD seeks to expand "the capacity of the individual to adapt to the demands of employment. This requires skills enhancement and continuous learning" (Garsten and Jacobsson, 2004). The concept of lifelong learning has changed in meaning since in the 1960s and 1970s when it was first introduced and promoted by the OECD as one avenue to self-fulfilment–"the concept of lifelong learning now denotes the socio-economic need for mobilizing and adapting human resources in the struggle for economic growth, productivity, and competition" (Rubenson, in Garston and Jacobson, 2004:6). Less clear in OECD's message is how severely disadvantaged groups, such as women on methadone, might be able to 'learn' their way out of social exclusion, especially in considering that the OECD advocates not just lifelong learning, but lifelong learning as structured by a particular labour market system, as dictated and governed by governments, and mandated for every adult, regardless of social circumstances or characteristics.

In considering how regulative discourse may circulate among international and federal policy makers, I next analyze a document produced by Human Resources Development Canada which echoes some of the same themes in addressing training and administrative strategies for

reintegrating those on social assistance into the labour market at the national level. The text endorses the idea that marginalized individuals need to continuously train, work, and remain flexible in order to participate meaningfully in society.

Social Assistance Reform: Welfare = Work

As part of the *Lessons Learned* series of documents, *Reconnecting Social Assistance Recipients to the Labour Market* (HRDC, 2000; 2003) discusses the subject of social assistance reform in the 1990s, using primarily American and Canadian studies to compare short-term and long-term strategies. Situated in the genre of federal policy review, the ten 'lessons' outlined in this discussion range from the argument that welfare reform is a result of the public's demand for reductions in public spending, to the bid to expand and re-think employability definitions, as well as, to argue for changes in administrative structure. Further, the discussion speaks briefly to the issue of job training for single mothers by framing it in terms of alleviating child poverty. Overall, the HRDC report represents the "hard to serve" in neutral terms with respect to gender, class, and race composition, dwelling on employment capacities. In raising the issue of employment barriers, this report focuses on the degendered individual who lacks human capital. The report also represents the persistently unemployed as workers rather than aid recipients, which displays a neoliberal focus on producing 'citizen-workers'.

In its report, HRDC argues that employability assessments make it difficult for administrators or staff to distinguish individuals with multiple barriers from those who are "*job ready*" and "*training ready*". Job-ready clients are those who have skills training/education and recent labour market attachment. The training ready refers to those who are less skilled but who are able to participate in training. Specifically, clients with multiple barriers are currently defined by HRDC as those facing a "range of barriers, including poor education, inadequate work history, and family or personal problems" (HRDC, 2000:20). According to HRDC, the multi-barrier client is 'poor' in terms of human capital and has weak personal supports, for which training might not always provide a solution (HRDC, 2000: 17). The passage below illustrates how federal authorities advocate a welfare/work relationship for those with multiple barriers to employment:

> Social assistance clients, with poor education and weak job experience, present more complex and difficult problems, [and] *alternatives to work-based welfare reform may need to become a larger part of the reform process.* An important and often understated view is that *citizens, according to their ability, should have the opportunity to be involved in rewarding activity both socially and personally.*

> For those social assistance recipients who are unable to maintain full-time paid employment they may combine part-time *work,* community service *work*, or volunteer *work*, with *some form of assistance* as options that could support their participation in society. (HRDC, 2000:6-7, italics added for emphasis)

In this document, HRDC advocates for the development of 'alternatives to work-based welfare reform' in order to serve the client with few employability skills.

The above passage implies that labour performed on some level and in some capacity is better than not working at all. The issue of income is absent in the discussion about work. As well, 'some form of assistance' alludes to alternatives to income assistance. Instead, all 'work' is cast as meaningful and rewarding activity and as the primary means to personal fulfilment. In qualitative terms, it levels differences between low-paid service work and better-paid, less-demanding employment. It especially does not address the fact that community service work and volunteer work are examples of *unpaid labour*. Thus, my analysis calls attention to what critics of welfare reform regard as the feminization of labour and the devaluing of women's unpaid work, which are negative features of the labour market that are exacerbated through neoliberal discourse and federal and provincial governing decisions (Brodie, 1995, 2002; Fenwick, 2004; Kingfisher, 2002). Furthermore, the text poses the multi-barrier client as a worker rather than a recipient of public funds, illustrating the emerging neoliberal concept of the citizen-worker (Brodie, 1997, 2002; Kingfisher, 2002).

This passage provides insight into the discursive arranging of client priorities as determined by federal labour market authorities, which have recently materialized in the creation of new types of welfare provision and employment training strategies for welfare clients in B.C. In B.C., training provided under the direction of the Community Assistance Program (CAP) is characterized by many of these recommendations listed above. The B.C. government (B.C. Ministry of Human Resources, 2002:2) describes CAP programs as "aimed at increasing self-reliance by developing life skills, volunteering, supported pre-employment opportunities, and advocacy for individuals, including referrals to services which support self-reliance". Butterwick (2003:162) argues that "life skills have been positioned within a skills hierarchy. Individuals with limited resources, who already face significant barriers, can only gain access to life skills classes; they cannot gain access to other kinds of industry specific training for jobs that pay a living wage". Later in this chapter, I illustrate how women on methadone face a number of barriers in accessing training and further education.

As both the previous and the following texts illustrate, labour market training experts continue to present the withdrawal of commitments to the disadvantaged as a positive development and use both policy and administrative/expert decisions to convince clients to view these developments in the same light. Disengaging those with substance issues from forms of government assistance includes drawing on the established therapeutic relationship between the addicted client and systems of care/counseling to transmit neoliberal discourse. Therapeutic discourse 'softens' the message that the individual must now care for himself or herself. The following guide illustrates how therapeutic and human capital discourses converge in discussions concerning vocational training for the addicted.

Tracing Therapeutic Discourse in a Vocational Training Text

The U.S. Centre for Substance Abuse Treatment, Protocol series (TIP), published a best practices guide *Integrating Substance Abuse Treatment and Vocational Services* (2000), for designing and administering vocational services for substance abuse clients. This is a key text for my analysis as it includes in the guide extensive information about assessing clients' vocational needs using as many as 25 tests, indexes, scales, and inventories (17-27). As part of the preliminary phase in vocational counseling, the text recommends these instruments to Vocational Rehabilitation (VR) counselors, Certified Rehabilitation Counselors (CRC), and Certified Vocational Evaluators (CVE), as well as substance treatment personnel, to guide them in helping clients to create individualized plans for employment.

Best practices guides are a type of text or genre that works to reconstitute the prioritizing of expert knowledge in a systematic manner, often using professional language, previous literature, and ideological assumptions to advise the professional. They are also part of two genre chains--professional addiction manuals and labour market training guides. The voices of clients are rarely found within either genre chain. This guide was located in a Vancouver resource library for addiction researchers and professionals. It cannot be fully known how its messages are precisely taken up in professional practice, or how the messages are encountered and understood by women methadone clients. However, as this resource guide discusses the intersection of addiction services and labour market training and is readily available to addiction and vocational training professionals in Canada, its potential for influencing the field cannot be overstated. Given the extent that therapeutic discourses increase professional interventions in the lives of those on low income (Rose, 1998), I highlight the role of the genre of best practice guides in

reconstituting power relations between the state, the professional and the client within the issue of employment training for the addicted.

The keywords 'employment' and 'empowerment' appear frequently within the text. Particularly insightful to this research is the way the text, in a discussion about job loss, presents the role of the professional:

> Today the "contract" between employer and employee is *"short-term and performance-based"* and "the company's commitment to the employee extends only to the current need for that person's *skills and performance*" (Hall and Mirvis, 1996, p.17). Because of this philosophy, the clinician should help prepare clients for the need to change and grow throughout their work life. Either directly or through referral, the clinician should help clients envision the next steps they might take after leaving their present job. This kind of preparation can make each job, regardless of its duration, a learning experience rather than a failure. Some job counselors envision an *employment 'web" in which the client can move laterally, up, or down to accomplish strategic objectives.* Clients should be prepared to show *resilience and exercise choice* in their work lives. (Centre for Substance Abuse Treatment 2000: 61, italics added for emphasis)

This passage poses employment as a 'short-term' situation and a contractual agreement focused solely on utilizing a 'person's skills and performance'. The authors attempt to place a positive spin on recent labour market conditions and the limits of current employment training initiatives in the U.S. in helping clients to gain and hold employment. Overall, the guide views the professional as central to this need to convince clients that current changes and conditions are positive and do not represent failures for either employment systems or the individual. As well, the citing of literature adds an authoritative stamp to what the authors pose as a non-arguable conclusion about the nature of current labour market conditions. This form of argumentation is an example of "manifest intertextuality" (Jorgensen and Phillips, 2002:73) or, more simply put, the utilizing and citing of other texts to support assumptions and gain credibility. The adverb "should" is a directive demanding that the professional lower clients' expectations about labour market training and employment. According to the authors, the addicted individual's embodied skills are central to gaining and keeping employment, but it is the professional who transfers this message to the client. The authors advocate a stance that does little to challenge neoliberal perspectives about labour market issues, but instead, they encourage professionals to work with the client to help them to embrace 'change', 'resilience' and 'choice'. The term, 'employment web' is suggestive of both constraints and strategic positioning within the labour market that clients

must always consider in light of recent developments in the labour market. How one might benefit from strategically moving 'down' a web is not further explained in this guide.

The authors specifically raise the issue of 'empowerment' in a discussion about the general guiding philosophies informing vocational training counseling for substance users:

> From a rehabilitation perspective, disabilities that disempower individuals are created by attitudes, beliefs, stereotypes, and actual physical barriers in the social, vocational, or personal environment of the individual and are not intrinsic to the person. *Truly empowered individuals are as independent as possible* across physical, psychological, intellectual, social, and economic dimensions. From a recovery perspective these individuals might be conceptualized as having learned strong recovery skills around *impulse control and delayed gratification, self-advocacy, and assertiveness.* Empowered individuals are capable of going *beyond manipulation of systems and people* to an open, honest style aimed at *securing and enjoying basic entitled rights.* (Centre for Substance Abuse Treatment, 2000:28, italics added for emphasis)

The above passage and emphasized phrases draw attention to various issues that are raised in this study: the range of constraints faced by substance users; the subject of voice; and the right to material and social benefits that are thought to incur from one's rights as a citizen. Yet, the phrase 'impulse control and delayed gratification' reveals that this is a disempowering text for women as its recovery perspective on empowerment links this fuzzy concept to individual gains through self-restraint. The authors begin to distance themselves from previous conceptions of empowerment by linking the empowerment of addicted clients to the promotion of a client's navigation of policies and constraints by means of personal negotiation alone. Furthermore, as suggested by this passage, empowered clients require skills to manage 'life' in a morally responsible manner–to move from a 'manipulation of systems' and toward 'honest' communication' in order to secure basic rights. What constitutes these basic rights is not discussed, nor are the political exigencies of the addicted given further context.

In addition, the view that political concerns can be addressed through individualistic actions does not serve women well. For example, the continuous gender inequities women experience in the workplace and society despite their high rate of participation in the Canadian labour force speak directly to this issue (Brodie, 1995; Fenwick, 2004; Ferguson, 2000). The above text speaks on behalf of clients, by inserting perspectives about the 'proper' method of seeking entitled services and it implies that the relationship between the client, the service provider, and the neoliberal State has changed and demands new citizenship rules. Brodie

(1997:239) states that neoliberal discourse seeks to re-organize the boundaries of citizenship in order to conceive a "new citizenship based on disembodied individualism". This development poses problems for women's groups who seek to mobilize against gender inequities and advocate for services for women. Vocational counselors are mediators between clients and employment training opportunities and counselors who view the need for employment training programs as merely an empowerment issue are reluctant to recognize the structural constraints that these women face. It remains questionable how such a term might be mobilized to improve the lives of women on methadone, especially when considering that the term empowerment has become a keyword used in therapeutic discourses within treatment intervention to reshape the will of particularly excluded subjects (Rose, 1997). In what follows I explore the connection between such texts and practices by examining language use within a career exploration program. As this analysis reveals, organizations that are contracted to deliver pre-employment training are in a position to disseminate and negotiate the influence of therapeutic and human capital discourses embedded in neoliberal contexts.

A Career Exploration Program: Exploring the Convergence of Policy and Practices

In examining therapeutic discourse and human capital narrative in the documents and transcripts arising from my interviews with the director of a specific career exploration program for the addicted, I highlight a location where policy becomes practice. While this process re-establishes inequitable structural arrangements, it also provides a space with emancipatory potential for addicted women. This program was unique in that it targeted a particular group of unemployed individuals all sharing addiction issues as a specific barrier. Many of the students were also experiencing a number of additional barriers to employment that included lack of housing, mental illness, and lack of training and education. The director identified the need for structural supports, such as access to longer training and education, counselling, affordable housing, and income supports for the most disadvantaged students in the program, in this case, women with heroin addiction issues[18] These professional concerns regarding the distinct challenges faced by women methadone clients advocate for the expansion of more equitable services that might help these students move toward adequate employment or further

[18] While the program served both men and women who had addiction issues involving various substances, I utilize the program's comparisons between two specific groups of women–both groups self-declared that heroin was their primary drug of choice. This comparison highlights the differences and similarities between some of the experiences of women on methadone and of women not on methadone.

training/educational opportunities. I illustrate how developments in both addiction discourse and labour market training policies were factors influencing program decisions regarding women on methadone.

This program, designed and delivered by a private contractor, was funded by HRDC under the Employee Assistance Program (EAP); therefore, it straddled two systems–the addiction service community and labour market training (director, interview). Both therapeutic discourse and human capital narratives were dominant influences at this site. The therapeutic tools used to determine eligibility, to manage the program, and to chart outcomes utilized both addiction treatment categories and measures and mandates introduced by HRDC. I explore the tensions arising from the influences of these discourses.

Techniques used in this career exploration program included one-to-one case management sessions, vocational counseling, as well as, teaching recovery skills and what the program described as "core employability skills"–communication skills, anger management, and conflict resolution (director, interview). Overall, the service provider's negotiation of keywords and categories represents some resistance to the ideologies governing assumptions about women methadone clients, the barriers they face, and their suitability for employment-readiness training designed to quickly move students into the workforce.

Constructing Access to Align with Federal Labour Market Training Mandates

Among the hundreds of women and men clients attending this program between 1996 and 2003, 43 women methadone clients were granted entrance, and only within the last three years of the program. Thus, the program's outcome measures for methadone clients cover the period 2000-2003. The program required all applicants, including those on methadone, to undergo telephone and personal interviews to determine eligibility. An evaluation of the applicant by the director and/or staff included determining the stage of addiction and the stage of treatment in which the applicants were deemed to be situated, the supports available to them, as well as their past treatment experiences, education, and work experience. Applicants who stated that they were using illicit substances, such as heroin or cocaine, were considered ineligible for the program (director, interview). Given that the addiction treatment community recommends employment training for those on methadone maintenance, it might be expected that women on methadone would have gained entry in the first four years of the program. However, the program did not accept methadone clients in the early years due to the belief that methadone maintenance

clients were not abstinent because of their daily ingestion of methadone and despite the fact that methadone is a legal, prescribed substance.

The program's rejection of applicants on methadone before 2000 also reveals a judgment that such individuals were considered to be ill-suited to participate in a career exploration program designed to move individuals into employment or further job training with a few months of course completion. The eventual acceptance of methadone clients into the program in 2000 reveals that the director and staff attempted to keep pace with changes in addiction treatment concerns around harm reduction. The director recounted a scenario:

> There was a discussion on the telephone which was around 'are you currently using substances?', because people currently using substances were not eligible for entry into the program. And that included methadone to begin with until we got an education about methadone...What we were trying to determine at that point, is whether or not this was the right program for the individual...we also had to look at, had to be aware of our obligation to the funder, you know that we had to have a certain number of people succeed. And so our criteria could fluctuate based on that, like if we were doing good, then we could let a few people in that were kind of marginal because we knew on a personal level the program was going to be helpful, even if they didn't succeed in what the Ministry would consider success. (director, interview)

The above quote speaks to vocational trainers' continuous balancing of ministerial demands, which included weighing their contracted obligation to produce successful outcomes by HRDC's measures, with practical considerations about how best to respond to diversity among applicants. As well, changes in staff's beliefs about the capabilities and needs of methadone clients served to create some space and opportunity for the most socially marginalized applicants. The director believed that the program might serve as an entrance into more suitable training for this group (director, interview). At the same time, eligibility assessments determining who was 'training ready' categorized clients according to addiction severity and stage of recovery and found that those on methadone were the least suitable among students for this programming due to their long histories of addiction and the structural barriers they faced (director, interview).

Formal addiction assessments, such as addiction severity tests and standardized intake procedures, determined the applicants/students' level of function and capacity for participating in this employment-readiness program. The program categorized all applicants, whatever the choice of substance, as falling into three groups: severely impacted; moderately impacted; or mildly impacted by substance use; and in recovery from substance addiction, specifically: in first stage;

second stage; or third stage of recovery. The program recognized the presence of structural issues, such as housing, access to social supports, and access to addiction treatment and counselling, as being central in determining the impact of addiction on students. Further categorization drew on individualistic and therapeutic themes.

The program determined that each applicant was either in first stage, second stage, or third stage of recovery in terms of stage of progress in addiction treatment and personal development[19]. In considering where applicants and students were in their recovery from substance use, the program noted differences between individuals and their capacity to succeed by the program's measures.

> And what we were looking for was whether or not the individual was really stable enough in their recovery that they were able, that they stood a good chance of succeeding at moving into training or employment, you know, within a few months of completing. We also recognized that there were a lot of people who needed a much longer program. (director, interview)

Most methadone clients applying to and/or who were eventually accepted into the program were reported as falling into the categories of *severely impacted by substance use and in first stage recovery* due to long term drug use, health issues, and many barriers to employment (director, interview). The director noted that methadone clients reported experiences of many of the following employment barriers: addiction, significant mental illness diagnosis, delayed emotional development, trauma and harmful or neglectful parenting in their youth, few or no supportive relationships through family or other informal networks, lack of safe or stable housing, criminal records, limited or no marketable job skills, inadequate education, and/or major health concerns, such as HIV and HEP C, among others. Extensive addiction assessments revealed that, due to the existence of many structural and personal barriers, these participants required longer programming and structural support than the program was able to provide. While this extensive categorization displays formal recognition that methadone clients suffered from the severest of barriers which prevented them from finding and/or keeping employment, it also represents a construction of eligibility requirements that served the mandates and limits of the program as controlled by HRDC.

---

[19] The first stage of recovery refers to a period in which the client is undergoing detox and addiction treatment, learning recovery skills, and developing a support network. The second stage of recovery refers to continued development of recovery skills, when "clients begin taking on life responsibilities such as parenting, school, and employment" (program documents). In the third stage of recovery , "individuals have integrated their recovery skills into daily living and are stable both emotionally and physically" (program documents).

HRDC policy and funding requirements established the length of the instruction, the cost, and the criteria by which outcomes were measured, and influenced some of the curricula content. These determinations were re-negotiated each year in meetings between the director and HRDC officials, changing somewhat over the program's seven-year history. In 1997, one year after the program opened, HRDC reduced the program length from 15 weeks to 6 weeks and omitted the work experience component:

> Ottawa deemed that none of the program that they, that HRDC was funding could be longer than 6 weeks...and what we realized when we went back to the drawing board and looked at how the *objectives had to change* was that we would be bringing in people who were at a *higher level of function*, because there wasn't going to be work experience etc. (director, interview, italics added for emphasis)

The program prioritized employment training support for those individuals HRDC viewed to be the most employable–namely those whose addiction issues did not prevent them from pursuing employment or furthering their training or education in some form following six weeks of instruction. The director reasoned that ongoing case management and counseling delivered by the program staff, even after the student left the program, somewhat mitigated the instructional constraints arising from HRDC's insistence on a shorter program and provided students with extra help in navigating the labour market. The program introduced personalized plans to help students confront and manage barriers as they strove toward recovery and employment. The director reported that case management and counseling during job re-entry helped some of students in the categories of 'mildly impacted' and 'moderately impacted' to overcome the "relapse employment barrier", which was described by the director as the risk of relapsing into substance use when faced with the stress of entry-level employment:

> Part of that plan involved entry-level employment, initially, before they could move on to education and whatever, and they'd go out and they'd find a job and then because of the challenges of low-paying jobs and untrained management etc., and [their] limited interpersonal skills, the job wouldn't work out and then they'd come, and we'd just work with them again. And it's not uncommon that people would come back three, four, five times and have to rework that. (director, interview)

This quote underscores the argument that neoliberal governments place blame on individuals for their labour market failures, referring to them as unskilled individuals as part of the human capital argument (McBride, 2000). Entry-level employment rarely provides adequate

pay or work experience to support entry-level workers' transition to higher paying jobs (McBride, 2000; McBride and Wong, 2003). While the addition of counseling to the program provided a resource for students with addiction issues, constraints associated with entry-level employment and changes in federal employment training policy, which shortened the length of program, continued to be substantial barriers for many students, even those considered to be the most employable. Moreover, adapting the program design to stricter demands from employment training authorities did not prevent the program's closure in 2003 due to its loss of government funding. As argued in earlier chapters, federal and provincial authorities have also recently re-defined the term 'multi-barrier client' to be less synonymous with the identity of 'drug user'. HRDC's narrow construction of the 'multi-barrier client' now tends to conflate addiction and gender issues. Policies that level all difference in subjectivity, experiences, and training needs places particular demand on service providers to deliver neutral curricula and produce a "generic worker" (Butterwick, 2003:175).

Contrasting this fact, addiction discourse conceptualizes the multi-barrier client in relation to addiction treatment and sometimes more broadly to include personal, interpersonal, societal, and program/structural barriers that include gender dimensions (Health Canada, 2001). As the program served clients with addiction issues--many facing multiple barriers--the director adapted the assessment, classification, and counseling of unemployed clients to include addiction treatment principles. The presence of two streams of understanding at this site regarding what constitutes multiple barriers, and how they should be addressed, reflects tensions arising from the intersection of addiction/therapeutic and human capital discourses. The program was under obligation to HRDC to deliver short-term training, 'one size fits all' skill instruction, and quickly return or move students to 'employment' status. However, the use of addiction severity assessments to measure students' outcomes revealed that persistent structural barriers prevented women with heroin issues, especially women on methadone, from finding employment or furthering their education.

Determining Success in Training

Outcomes of success are instruments that policy-makers use to make decisions about how programs work and if they should continue. Each year the director negotiated measurements of success, based on employment and training outcomes, into the contract with HRDC (director, interview). Determinations regarding impact of addiction and stage of recovery were used as well

in mapping success and uncovered why women on methadone were the least likely among the program's most marginalized students to finish the program or move onto employment or further education. Of the 504 men and women accessing the program since 1996, 43 were women methadone clients[20]. 26 of these women, or 60% of them, completed the six-week program over a three-year period–2000 to 2003.

Table 1: Participation Outcomes for Women with Heroin Addiction Issues - 2000-2003

Category	Applied to the Program	Accepted into Program	Completed Program	Percentage Completed
Women not on Methadone	63	59	54	91%
Women Methadone Clients	55	43	26	60%

Program documents measured 'successful' training/employment outcomes of women students with heroin issues from the years 2000-2003 according to different degrees of addiction severity, and between women on methadone and women not on methadone, at 3 month and 6 month intervals. I also employ the program's categories and the variables–*'stage of recovery'* and *'degree of impacts'*[21] to illustrate that the program viewed both treatment intervention and barriers as central issues in program completion and education/employment outcomes. As the tables suggest, women not on methadone who were moderately impacted by drug use and in second stage of recovery were more likely to complete the program and obtain employment. Women on methadone were the least likely to finish the program or move into employment or further education.

[20] 22 of these women were single mothers, 20 of who had at least one child in the care of the province. 10 held minority status. There is no information on the distribution of women in terms of 'race' categories, ethnicity, or aboriginal status among the 10.

[21] The program defined 'severely impacted individuals' as those who experience a number of barriers, such as abuse trauma, homelessness, poverty, mental illness, and who had few or no family supports.

Table 2: Outcomes for Women with Heroin Issues not on Methadone Severely or Moderately impacted by Heroin Addiction, in the Second Stage of Recovery - 2000-2003

Category	Assessed	Accepted	Completed Program	Attending School @ 3 months	Working@ 3 Months	Attending School @ 6 months	Working@ 6 Months
Severe Impact Second Stage Recovery	38	36	35	11	14	5	19
Moderate Impact Second Stage Recovery	6	6	6	4	2	4	2

Adapted with permission by Director (2003)

As the above chart indicates, 30, or 71% of the women who were in the *second* stage of recovery and not on methadone were working or in school six months after completing the program.

Table 3: Outcomes for Women on Methadone Severely or Moderately Impacted by Substance Use, in Second Stage of Recovery - 2000-2003

Category	Assessed	Accepted	Completed Program	Attending School @ 3 months	Working@ 3 Months	Attending School @ 6 months	Working@ 6 Months
Severe Impact Second Stage Recovery	7	7	7	4	2	2	1
Moderate Impact Second Stage Recovery	3	3	2	2	1	2	1

Adapted with permission by Director (2003)

According to the above table, among the methadone clients in *second* stage of recovery, 6, or 60% of them were in school or employed after program completion. Of the 3 *moderately impacted* methadone clients in second stage of recovery, all were in school or employment six months following program completion. While the chart displays small numbers, it also suggests that moderate, rather than severe, addiction impact, along with second stages of recovery, is correlated with greater success in completing the program and obtaining employment. The director pointed out the characteristics of the most successful of students:

> they tended to be people...mildly to moderately impacted by substance, who had some positive experiences around work or education in the past, ...[they] were back at the level of employment they'd left when they started to slide down to addiction, within a year. (interview)

According to the program, less socially excluded students achieve greater success due to recent engagement with positive life experiences and a history of employment and/or education that is both positive and consistent.

The next table outlines employment/education outcomes concerning the most severely impacted of women with heroin issues. Women who are *severely impacted* by heroin addiction and in the *first stage of recovery* are far less likely than those in second stage of recovery to be working or attending school three and six months after participating in the program.

Table 4: Outcomes for Women on Methadone and Women Not on Methadone who are Severely Impacted by Heroin Addiction and in the First Stage of Recovery - 2000-2003

Category	Assessed	Accepted	Completed Program	Attending School @ 3 months	Working@ 3 Months	Attending School @ 6 months	Working@ 6 Months
Severe Impact Heroin Addiction Women not on Methadone First Stage Recovery	19	17	13	5	2	3	1
Severe Impact Women on Methadone First Stage Recovery	45	33	17	0	2	0	0

Adapted with permission by Director (2003)

This table illustrates that in this group, 4 of the 17 women who were not on methadone were working or in school six months after the program. *None* of the 33 methadone clients were working or attending school six months after their program participation. The program director assessed almost all women methadone clients in the program as being severely impacted by addiction. They were suffering from more than eight years of severe addiction to heroin and most were living in recovery houses. According to the director, women severely impacted by heroin

use, including methadone clients, needed a range of services and interventions that this employment-readiness program could not adequately address. The director noted that the ill-fit between the needs of methadone clients and the program design and length which contributed to their poor outcomes of success:

> The program was not, didn't give people on methadone program what they really needed, particularly women on methadone ...it wasn't designed for them, and I do think they do need, in the main, something different than some of the other clients...Most of the women on the methadone program has very, very long histories of heroin addiction, had very, very long histories of being socially oppressed, of abuse, often right, right from childhood...the programming was too short, the program was too intense, the programming did not have enough time or enough in it around self-esteem building, like i.e. bridging programs. (director, interview)

The fact that 16 of the 33 most marginalized women on methadone walked away from the program before completion also suggests that they may have found the instruction ill-suited to their needs. In reasoning why methadone clients in the first stages of recovery would be more likely to apply to the program than those who had gained second stage recovery skills and the tools and supports required to pursue training, the director noted that treatment recovery houses often referred clients before they were prepared or able to absorb employment training. The director notes,

> Women on the methadone program were being sent for assessment by the [treatment recovery] house way before they were ready and I don't blame the house for that, it's lack of funding, lack of other services... methadone clients are often under-served...what these women need is long term rehabilitation and we don't have that, but we have short term band aids for addictions and short term band aids for employment services, and these people get caught in a revolving door and never get enough of what they need to move on. They just get cycled back to another program. (director, interview)

This professional advocates for longer and more relevant programming for these women across both addiction treatment and employment training services, as well as, supportive housing, further counselling supports, and more equitable policy attention in relation to class and gender[22] (interview). Adequate income supports and stable housing are basic needs for addicted women who also need a considerable amount of time to pursue treatment and to move toward

[22] My research did not reveal how the subjects of 'race', ethnicity, and aboriginal status were discussed in the classroom, if at all. Program documents given to me reveal only the number of women placed in these different categorizations.

participation in the labour market (Kaiser Foundation, 2003). Addiction treatment literature, as well, calls for the further development of in-depth addiction treatment services and adjunctive services, such as vocational training, to help women battle severe addictions and repair lives scarred by abuse and trauma, homelessness, and other barriers (Health Canada, 2001; Kaiser Foundation, 2004).

Addiction service providers call attention to the need to identify and address the gaps in services for addicted women in Canada (Health Canada, 2001). The career exploration program placed importance on understanding the variables that correlated to measurements of success among women with heroin issues and contributed to knowledge applicable to addiction health and labour market training systems about the range of social and structural factors, such as homelessness, poverty, abuse, and gender inequities that contribute to poor training outcomes and unemployment. Professional recognition of the multiple barriers experienced by women on methadone is an important development. However, addiction/harm reduction discourse does not go far enough in helping them to gain the resources they require or deserve to repair their lives, as it confronts these issues as primarily addiction system concerns.

The likelihood that a variety of resources, among them extensive housing, income, and training/educational supports, will be directed in the future towards a specific group of persons with severe substance issues is slight given the strong governing ideological link between addiction and health. The government's emphasis on the health concerns of methadone clients supports a circular and faulty argument at the heart of the debate regarding the suitability of methadone clients for employment training. In B.C. the Ministry of Health, whose foremost aim is to direct resources toward health concerns, is directing the ideology and practices surrounding methadone maintenance. When methadone clients fail to find employment or to succeed in employment training, authorities urge them to continue treatment. With the underdevelopment of a range of treatment and employment training options, authorities and professionals prioritize the health concerns of methadone clients over all over social factors. Thus, the lack of resources and choices for women methadone clients both inside and outside of treatment remains a non-issue for provincial authorities who continue to establish health and risk issues as overarching concerns. As a result, women on methadone are likely to encounter a cyclical arrangement of harm reduction systems, residential treatment, and pre-employment training where they meet influential therapeutic and human capital discourses.

Service providers who balance the fiscal demands of ministries and the spectre of unemployment in a competitive professional job market may be reluctant to strongly advocate for more innovative and costlier models of treatment and services that might support women on methadone through various stages of treatment and capabilities. Further, it cannot be guaranteed that governments driven by neoliberal objectives will take up new proposals to expand lengthier and more supportive services and employment training for women on methadone. The recent reduction in funding for bridging programs and other types of comprehensive employment training for women and particular groups in B.C. (Butterwick et al, 2003) reveals that policy makers still have the upper hand in determining who gets job training and addiction assistance, as well as, how much and for how long. One employment training professional states,

> despite our best efforts, we have not been successful in getting MHR [Ministry of Human Resources] to recognize that their new programming will not meet the needs of many communities, both rural and urban, nor the needs of multibarriered clients...Meanwhile, HRDC does not appear able or willing to respond to the growing crisis in communities or fill the gaps. Employment training agencies are getting caught in a stand off between the federal and provincial governments. HRDC continues to scrutinize contracts beyond reason, and several areas report micro-management to the point of refusing to contract with HRDC. (Strachan, 2002:1)

The meanings attached to the term multi-barrier, in both a historical and practical context, may be negotiated at the level of practice, but governments hold the power to shape the dominant discourses, policies, and practices that limit training funding and access for these clients.

This thesis critically examined texts produced by the OECD, HRDC, addiction treatment authorities, and training professionals to explore how texts discussing the training needs of the marginalized employ human capital narratives and therapeutic discourse. Authoritative texts highlight the role of the individual and her/his need for flexibility, lifelong learning, and work for the economy's sake. These assumptions conflict with evidence presented in this chapter that women on methadone face many structural barriers and require extensive publicly funded programming and supportive practices and instruction. The following analysis of interviews with women on methadone restates that short-term programming and therapeutic alliances do not constitute an adequate or equitable response to their employment training needs.

CHAPTER 5:
TRACING THE EFFECTS OF DISCOURSES THROUGH CLIENT NARRATIVES

As the previous chapter revealed, therapeutic discourse and human capital discourse promote individualistic and gender-neutral themes, and do not lead to equitable policies or practices which adequately prepare women on methadone for stable employment or higher education. Three women on methadone shared their perspectives on their experiences of employment-readiness training. Their narratives provide some real measure of the effects of human capital discourse and therapeutic discourse in their lives. This thesis reveals that interventions, which focused primarily on individualistic solutions have done little to improve their position in society, except to contribute to a cyclical pattern of the women's participation in addiction treatment and employment-readiness programs. Their narratives also substantiate professional concerns about their need for structural supports across a number of dimensions.

In this chapter, I discuss interviews that I conducted with three women methadone clients over a three-month period. The women ranged in age from the mid-twenties to the late forties, and differed in many respects in terms of education levels, and cultural and social class backgrounds. One client self-identified as aboriginal and another as French-Canadian. All were given pseudonyms to protect their identity. The total length of time that each of the three participants had been on methadone maintenance ranged from three to fifteen years. Each had accessed at least two of either career exploration programs, pre-employment programs, or life skills programs designed for marginalized and/or 'hard to employ' individuals and were on social assistance. Similarities exist among the experiences of the interviewees and other women on methadone, in terms of cycling in and out of income assistance and participating in a number of addiction treatment and life skills programming (director, interview).

During each confidential interview, the women spoke of their experiences within employment-readiness programs. Their narratives include discussions about personal and structural barriers related to their lack of participation in the labour market over the past several years. The three women viewed career exploration programs, pre-employment training, and life

skill instruction as supplements to addiction services and as means to participate in society on some level. The woman approached life skills and employment-readiness programs with the hope of feeling like 'normal' members of society. They raised the issues of stigmatization, health, and skills in relation to their marginalized status as women methadone clients. The women reported that their experiences in employment-readiness training primarily involved the issue of personal development, which contrasted to their expressions of need for more marketable training and evidence of the many structural barriers in their lives.

Barriers that Perpetuate the Divide

All interviewees reported having experienced a number of similar structural constraints in their lives. Common barriers included poverty, lack of transportation, and problems in accessing training opportunities that would support their desire to move out of their marginalized and stigmatized position in society. These and other experiences correspond with a number of reports from other women with heroin issues who outline the high degree of stigma, poverty, and despair in their lives (Boyd 1996; Friedman and Alicea, 2001; Rosenbaum, 1981). Such accounts and the following narratives help us to understand that the current narrowing of the discussion around employment training service needs obscures the broader questions of survival and discrimination that women on methadone live with daily.

Two of the women became homeless in recent years; Laura explained,

> I was living in the gazebo in the park...then it got cold and had to find a better place. It took us a few months to find something we could afford on welfare. (interview)

Susan identified major barriers in her life preventing a move to safer, more supportive housing:

> There's these three guys who live in the same house and they pretty well verbally abuse me every day about being on methadone...I hate it in the house but I can't afford to move anywhere cheaper...and that's part of the reason that I need to find job training, so that I can find work and move somewhere where I don't have to put up with that stuff.(interview)

Social assistance funds did not provide the women with enough money for adequate food, or transportation to medical appointments, addiction recovery meetings, or job interviews.

Inadequate income assistance, low employment wages, and an under-funded system of methadone support place immediate stress on those choosing methadone as a route to improve their lives (Freidman and Alicea, 2001).

In B.C., there remains a dire need for stable and affordable housing for addicted women, and for supports that increase their safety, their income, and their health (Kaiser Foundation, 2003). Women-centred services are identified as one component in a range of professional services needed to help women with substance issues improve their lives and increase their connections to the community (Sorell et al, 2003). The recent retraction of government funding for women's centres in B.C. represents a distinct loss for severely marginalized women (Kaiser Foundation, 2004). Women's centres have provided needed services to help women with the knowledge, support and referrals that are necessary for their movement to gain a more equitable position in society. These resources "can provide a non-threatening and supportive entry into the addiction services system" and the closure of many of these centres represents an acceleration of discriminatory policies against women, an attack so drastic that it has received international attention (Kaiser Foundation 2004, 2).

The interviewed women reported that they face further constraints through the stigmatisation they experience as unemployed methadone clients. One woman identified this as a major barrier to employment and her participation in what she referred to as "normal" activities.

> If it's not okay to be on meth, you know, how am I going to get where I'm going?..., like to get out and be like normal people, so I can feel like I 'm doing what I need to do, normal stuff...to stay clean, like go to school and work and build up something on that. (Tia, interview).

The interviewed women spoke of feeling disengaged as methadone clients from the wider community and family and reported that they approached life skills and other types of employment-readiness programming with the hope of presenting themselves as 'normal' members of society. Laura, a methadone client for three years, described how, despite her "feeling more normal and aware" through continued stabilization on methadone, friends and family often question her choice to remain on methadone maintenance:

> People look at methadone and say to me, "you haven't really quit doing drugs because methadone is a synthetic drug, you've quit using but you're still wired"...to me I see it that I'm trying to make money and I'm not sticking a needle in my arm anymore. (interview)

In speaking of her reluctance to inform potential employers that she is on methadone, Tia explained:

> [methadone] saved my life–no doubt in my mind whatsoever, and bought me time to get my life together, but it's a catch 22 because it buys you time to do all of this and so you can work–but how can you find work if you're being judged for being on methadone? (interview)

Two of the women also reported difficulties with doctors and methadone services. One called attention to the medical apparatuses that contribute to methadone clients' continual stigmatisation, and posed her concerns in relation to privacy issues around dispensing:

> One thing I don't like is they have these big windows, you know you walk into the pharmacy and there's this big window where you can look out and you see people look in, they see you drink [methadone], and right outside the window is a bus stop...Many times I drink my juice and turn around and go outside and see people watching us and some of the older people, I don't know if it's ignorance or whatever, but they don't care to see, you know for them, it's methadone and methadone means drugs. People don't think of it as helping. (Laura, interview)

The tension between feeling different as methadone clients and wanting to be accepted as productive members of the community reveals that they struggle daily as methadone clients to embody feelings of normalcy through a number of avenues. None of the women interviewed encountered discussions of methadone in the various career explorations, pre-employment or life skills training classrooms. However, they were eager to raise the issue of methadone in relation to employment, thus, linking the concept of normalcy to health and issues of training. The following suggests that the women sought validation for their compliance to methadone maintenance and participation in employment-readiness programming.

Health Issues Remain Central Concerns

These women raised the issue of health concerns as central to the examination of employment training for women on methadone. The women explained how methadone helped them in physical terms to regain their health and maintain sobriety, which they reported were necessary precursors to employment. The women integrated health concerns with employment training issues to draw on what they considered to be some positive developments in the conceptualizing of the drug user in B.C. Compared to the more overt and punitive provincial economic policies that have decreased financial support in dramatic ways, the women may

perceive the medical community as somewhat of an ally in their search for employment training support.

Due to changes in both federal and provincial policies throughout the 1990s, professionals increasingly link the issue of addiction to health needs. Health Canada (2003) and other federal and provincial health organizations continue to advocate methadone maintenance for severe substance use as a harm reduction strategy. In reporting that methadone has helped them continue their recovery work and contributed to their desire to participate in the labour force, the women substantiate a few of the findings concerning the benefits of methadone maintenance (Kaiser Foundation, 2004). However, they also raised particular issues that have not been examined to any appreciable extent in past research.

In sharing information about why health concerns remain a priority in their lives, the women also pointed to areas of concern surrounding support for women with HIV and HEP C, and access to comprehensive medical services. One woman described how methadone clinic fees are a major concern:

> The clinic here is $60 a month, and I pay $20 of that. When I get a cheque for $40 for living allowance, and $20 goes to methadone fees, I've got $20 a month left to live on. *When I go back to work, I can't just work part-time, because how am I going to pay for it? I've worked off and on a bit, but I didn't know where I was going to get the money each day for methadone.* Even when I was on EI, methadone costs me $375 a month, plus $60 a month for clinic fees. It was just awful. *I felt like I was using again, thinking where was I going to get the money today*? (Susan, interview, italics added for emphasis)

By identifying barriers at the health care service level, particularly in terms of regulations and fees at the level of methadone clinic service, Susan pointed to the need for service improvements for low-income methadone clients that would support stable employment and more extensive job training. The above account points to structural arrangements that contradict the therapeutic system of methadone maintenance which claims to improve clients' lives across a number of dimensions, including the movement into stable employment. The daily management of life as a methadone client consumes much of their energies, from establishing essential links to various health services through methadone clinics and professionals, to struggling for some measure of economic and public support (Friedman and Alicea, 2001). Susan's reflection illustrates that policies directly off-loading responsibilities to the individual include those that force low-income clients to absorb some of the costs of methadone maintenance, and to bear the

burden of and blame for structural problems. Freidman and Alicea (2001:179) found that "despite the difficulties of leaving welfare, finding work that can sustain them and their families, and dealing with multiple forms of oppression, these women are still blamed for failing to do more". I next explore the benefits and problems with curriculum that emphasizes personal and interpersonal development to show how this focus obscures the structural barriers that women on methadone face.

Linking the Personal to Skill Building

In referring to personal deficits as contributing to their unemployment, the women displayed evidence that they had, to varying degrees, internalized blame through their exposure to therapeutic discourse and human capital explanations. Tia, who holds a college diploma, stated that her experiences cycling on and off social assistance, her estrangement from family, and her inability to gain further training were due to her addiction behaviors, her choices, and her lack of knowledge about how to properly look for training opportunities:

> I chose to use [heroin]...then there's this slide into using every day... I've left too many doors closed, you know, with my family, and going back on welfare... Would be good if I was out there in school again...but I just don't get it, how I'm supposed to find it and all. (Tia, interview)

In discussing efforts to reform poor women through job-readiness programming in the U.S., Broughton (2003:40) argues the instruction is

> often intensely individualizing, assessing most of the blame for its clients' predicament on their attitude, expectations, language, appearance and behavior. Consequently, though some of the workshop is spent on practical skills such as building resumes, working on job interviews and filling out applications, much of the workshop is devoted to addressing the presumed cultural deficiencies of welfare-reliant women. In this sense, [the] program is characteristic of the current welfare reform regime in intention, rhetoric and practice. (40)

Broughton notes that the participants both agreed with and resisted the blaming discourses that circulated in the classroom setting. Similarly, the women interviewed for this study internalized blame to some degree when they speak of their failure to reach expectations placed on them:

> If I don't figure out how I need to change more and what I need to learn in classes it's not going to get better for me the longer I'm unemployed (Tia, interview)

The women's narratives also correlate with observations that life skills curricula extract a high degree of disclosure of personal deficits and feelings (Ainley and Corbett, 1994; Broughton, 2003; Butterwick, 2003), and that life skills instruction has both beneficial elements for some and severe limits for others (Butterwick, 2003). One woman spoke of her participation in a women-centered life skills program as positive and active engagement with personal development:

> It was optional if I wanted to take a life skills thing...and I asked if I could take it because I saw a poster for it and I wanted to take anything I could get, any kind of education, any kind of training I could get...I really enjoyed it...I took it in [city] at the probation office, there was like six women. There was a lot of different things, is was like working on yourself, like self-esteem, self-confidence, and the same thing, and relapse prevention, just like bettering yourself to get back out there, like conflict resolution. I found it really helpful, like, lots of the stuff like I still use in everyday situations. (Susan, interview)

In the above passage, the concept of 'self-esteem', 'self-confidence', relapse prevention and conflict resolution were linked to the issues–'working on yourself' and 'bettering yourself'. Her participation in another women's life skills program continued this theme. Susan also participated in a six-week life skills program offered in a women's recovery home which focused on relapse prevention and addiction behaviors, resume writing and job interview skills, communication skills, role-playing, self-defence instruction, and a women empowerment workshop where the subject of women in the media and in society was discussed. Among these, she found communication skills and role-playing to be most helpful in increasing her self-esteem:

> It felt great like having some structure and feeling like you're part of society, part of normal people doing something, right?, it gives you hope thinking that if there's a teacher, somebody there that's telling you, basically that this isn't the end of it and that there's still stuff you can do out there, and how to better yourself, and how to move forward. (interview)

Helping students to raise communication skill levels to engage the substance user into believing that they are not failures is a positive use of experiential pedagogy. However, Susan's description of her participation in women-based life skills programs highlights its variable but persistent message that 'moving forward' as women included 'bettering oneself' through effectively interacting with others and adjusting attitudes to new situations. In considering how role-playing was incorporated in life skills curriculum in the program she attended, Susan viewed it as helpful for sharing experiences with others and problem solving in everyday situations.

> In the life skills program, you actually got involved...we'd have like a check-in first and usually something would come out of that ...and then you work through

> it and then there's be a topic we were doing for the day and they gave us different roles to play and stuff, ...like one person would be the parent and one person would be the kid...and how the parents should approach the problem, how different people would handle it and what the appropriate way to handle it is. (Susan, interview)

The allusion to power relations in the above passages–between the teacher and student, and between the fictive 'parent' and 'child'–suggests that life skills programs often employ a conservative conception of empowerment for women, which involves working with the status quo to improve relations with others. However, from this client's perspective, these programs were helpful as they encouraged her to continue her search for further and higher training, especially as she noted the difficulty in finding funded programs (Susan, interview).

In general, the subject of skill-building through employment training was understood by these women as related to communication and recovery work skills, such as preventing relapse, changing attitudes in working and interacting well with others, making "healthy choices", and "doing things that 'normal' people do" (Susan, interview). Occasionally, the women spoke of barriers in relation to skills that would improve their likelihood of becoming employed. Susan explained that she remained eligible for drug and alcohol education, but was refused permission by her employment assistance worker to take upgrading programs. Her worker reportedly claimed that due to this client's past education as a residential care attendant for the disabled and elderly, she did not need government support for retraining, but instead, as a methadone client, should focus solely on remaining clean and sober. Susan felt that her worker did not understand her capabilities or the dimensions of living as a woman on methadone. She expressed interest in gaining further skills to help build her resume, such as updating first aid training and sign language instruction to augment her current college-level education in residential care. Tia felt that basic skills in pre-employment programs might include updated computer instruction and other marketable skills. At the same time, she expressed concern that, due to her long-term addiction, she may have limited her ability to learn such skills and worried that such instruction would be beyond her intellectual capabilities. Laura stated that she hoped to find training that includes a practicum or job placements, and more advanced computer instruction, as she hopes to pursue post-secondary education to become an addiction counsellor.

These expressions of employment training needs suggest that the women need instruction that provides more marketable skills, and programs that provide more equitable access and intent. In terms of raising human capital, skill acquisition is currently narrowly defined for this high needs group, a development that is likely to stall further funding investment in creating more

relevant and useful programs to address the multiple structural barriers that women on methadone face. Curriculum that might better serve as a bridge to higher paying employment for women on methadone might include basic math and language literacy skills for the less educated, an introduction to skills linked to specific higher paying employment opportunities for those seeking work, and curriculum that critically instructs them about their rights in the broader systems that affect them. Indeed, the "fluidity of life skills and the different way this notion has been interpreted and practised" suggest that instruction which builds on students' capacities rather than focuses on skill deficits promises a point of departure from the influences of individualizing and degendering policies currently directing training for excluded groups (Butterwick, 2003; 162-163).

The women used rhetoric regarding communication skills in ways that appear to initially counter its original use and explained how, in the management of their marginalization and needs, they have used techniques learned in the classroom to assert their needs to some degree in accessing services. Butterwick (2003:162) notes, "communication and problem-solving skills are often immediately transportable across participants' personal, community, and paid work contexts". However, programs promoting communication skills for the purposes of employment often utilize the issue of empowerment in narrow ways that do not serve the needs of these women requiring extensive structural support.

Managing/Coping: Communicating Needs When Few are Listening

The subject of managing one's negative experiences was a common theme in the interviews and the women expressed the belief that barriers, such as stigmatisation, poverty, and joblessness, could be managed more effectively by communicating their needs. In considering how the management of structural barriers by women on methadone might be undertaken in a meaningful way through improving self-esteem and more effective communication skills, one methadone client related how she continues to communicate her needs to others in the community despite her feelings of vulnerability and isolation that remain constant features in her life. Another explained that she has learned to assert herself in order to access help from various formal and informal services, which included social assistance and addiction services, and found that life skills instruction as part of a women's transitional housing program gave her some tools to do this.

> they teach you about abusive patterns and communicating with others, because some of the women coming in the house are so scared and they're so isolated that

> they don't know how to communicate with others because of abuse. They try to teach us how to talk to people and come out of ourselves more, to speak. (Laura, interview)

Laura also stated that her ability to communicate well was due to her background as an adopted child of European parents, and not due to life skill instruction. She suggested that programming designed for native women is useful as it encourages them to re-connect with others in their community and share their experiences of subjugation. Although the interviewees reported feeling more empowered through communication and other skills, they could not explain why they could not find employment training or instruction that would lead them into steady and full-time employment. Life skills curricula continue to promote neutral coping skills that ignore the context of gender, class and other subjectivities (Ainley and Corbett, 1994; Butterwick 2003). I further suggest that women on methadone view communication skills as types of coping skills related to legitimation, with which they seek to empower themselves in limited ways in managing their contact with systems and authorities.

The women encountered an overwhelming focus on communication skills in the various programs they access, both in and outside of the recovery house setting, which suggests that life skills curricula remains a heavy influence in the programming they encounter. Teaching communication skills and problem-solving to the socially excluded has potential if these curricula lead to positive change and equitable lives for participants; however, "these tools can become part of a curriculum that trains a generic worker who is flexible and adaptable to many work situations and who accepts the insecurity that characterizes postindustrial forms of capitalism" (Butterwick, 2003:175). The prioritizing of communication skill instruction over more marketable education does little to mitigate their subordinate position, a position that forces them to continuously and individually negotiate their entitlement to basic services and advocate for themselves as methadone clients.

As this chapter illustrates, pre-employment, career exploration programs and life skill instruction did not improve the economic position of the interviewed women or help launch them into more extensive job training or education. Overall, their experiences of employment-readiness programs reveal a re-circulation of therapeutic and skill deficit themes. Life skills programs that prioritize communication skills over more marketable adult education do not prepare them for a competitive labour market, as they serve only to provide them with minimal tools to manage their growing poverty and social exclusion. The narratives also reflect that the women internalized some of the individualizing and normalizing messages, using the term "normal" in relation to

their training experiences, responsibilities, and goals. In considering how this might relate to the 'normalizing' effects of medical/therapeutic discourses (Rose, 1998; Freidman and Alicea, 2001) in concert with employment-readiness programs, therapeutic and human capital discourses that work to reduce expectations about the state's role in their lives are powerful disciplining forces. They also set standards that many women substance users may find difficult to reach given the current retraction of economic support for those marginalized by addiction and the retraction of support for women.

CHAPTER 6:
CONCLUSION

The study provided preliminary evidence that the discourses, policies, and practices influencing the site of employment-readiness training in B.C. involve the articulation of therapeutic and human capital discourses. These discourses serve to obscure the structural barriers impacting women on methadone. Recent changes to employment training policies in B.C. are part of several developments that negatively impact the lives of women on methadone and strain their ability to navigate a neoliberal society. These changes include the collapsing of federal equity legislation concerning labour market training, the drastic reduction of provincial funding that limits the development of a range of programming options, and the reduction of economic support for social assistance recipients.

In B.C., legislation and techniques designed to reintegrate the persistently unemployed and underemployed into the labour market include the re-targeting and re-classifying of particular groups, as well as, the creation of job training programs designed to meet their 'needs' as determined by federal and provincial authorities. The analysis of discourses surrounding labour market training reveals that neoliberal governing strategies have resulted in the loss of funding for a variety of training programs designed for those with substance issues in the province and a number of supports targeted to low-income women.

Health policy and harm reduction systems in western countries are ill positioned and are certainly not yet willing to cure what are basically neoliberal policy-induced ills (Bourgois, 2000; Race, 2001). In deciding about how best to respond to the needs of women on methadone, addiction/employment training services face difficult pressures to produce outcomes that align with neoliberal imperatives. I have argued that harm reduction discourse often represents women methadone clients as deserving of government assistance across a number of services. However, harm reduction discourse also takes up neoliberal language in advocating for methadone as a means to lead addicted individuals into employment and to make them more accountable to authorities through therapeutic relationships.

Most women methadone clients continue to be socially constructed through therapeutic/addiction discourse, and discursively produced as subjects bearing multiple meanings of marginalization through their addictive behaviors and social experiences. By entering a methadone maintenance program such women begin a particular career of categorization that does little to ameliorate their position as socially excluded citizens. The women's narratives provide further evidence that their continued exclusion in society is not limited to economic spheres and the underdevelopment of training options, but encompasses issues of health and subjectivity as well. The women's narratives reflect that they turn to systems of health and attempt to draw on specific skill sets obtained in life skills instruction to help them navigate harsh welfare administration regulations and to seek legitimization. My intent is not to discredit the entire system of harm reduction and methadone maintenance, which, according to the women's narratives, provides them with some measurable health benefits. However, this study illustrates that therapeutic discourse complements neoliberal objectives in several ways.

According to sociological perspectives that challenge dominant health and addiction paradigms (Bunton, 2001; Rose, 1998; Friedman and Alicea, 2001; Nolan, 1998), neoliberal policies portend change and signify that responses to addiction and marginalized statuses are increasingly tied to issues concerning the individual, the therapeutic role in the construction of the self, and the articulation of powerful discourses across systems. The articulation of therapeutic discourse and human capital discourse at the site of employment-readiness programming represents a new form of intervention that both builds on existing ideologies and creates more narrow conceptualizations of the most neediest of citizens.

Such a re-configuration maintains current hegemonic power formations, especially in considering harm reduction's growing influence within neoliberal society (Bunton, 2001; Alexander, 1998; 2001) and its positioning as a kinder, 'counter-discourse' (Race, 2003) in western society. To be sure, the system of methadone maintenance fits well within a neoliberal paradigm intent on 'shaping the will' (Rose, 1998) of those who the state currently perceives to be 'needy' and/or undisciplined in relation to employment. Governments pose new types of intervention addressing social exclusion, such as life skills and other types of pre-employment training, as yet another neoliberal logic (Butterwick, 2003), one designed to justify the decrease in government contributions to adequate employment training for those severely marginalized in society, such as women methadone clients. Using the framework of neoliberalism, federal and provincial powers reduce economic support for the different disadvantaged groups in B.C. and

reinforce the neoliberal focus on human capital narrative and its attendant preoccupation with individuals, skills, and self-reliance.

Present neoliberal strategies obscure the fact that many women methadone clients, especially those in the early stages of recovery, need increased government assistance in order to participate in society on any level, whether this entails support before, during, and after employment or more basically by first providing structural support to truly reduce the level of harm in their lives. Women with substance use issues are becoming increasingly invisible with regards to redistribution policies, such as evidenced in the loss of government funded training opportunities. They are also members of a larger group--the extremely marginalized, who have increasingly become the focus of discourses directing shifts in employment training policy. Neoliberal strategies, which increasingly draw on human capital theory and therapeutic discourse, employ individualizing and degendering themes to place responsibility for training and employment on the individual. The discursive promotion of self-reliance, lifelong learning, and self-restraint are elements of specific job training prescriptions for groups that are targeted for their disengagement from the 'public'.

As the analysis of various texts confirms, human capital narrative is one of a number of individualizing discourses circulating in employment training discussions. By posing the individual as capable of employment regardless of circumstances or need, human capital narratives re-establish the primacy of neoliberal discourse and provide ideological support for agendas seeking to integrate addicts into the labour market. Strategies using human capital arguments obscure the experiences of disadvantaged groups facing structural barriers and erase gender and addiction issues in these discursive arrangements. To some degree, this study charted the erasure of gender and other subjectivities through texts in order to expose the 'degendering' (Brodie, 1995, Kingfisher, 2002) and levelling effects of neoliberal policies. Those who are the least skilled by market measures and/or who are incapable of employment due to excessive structural barriers, such as the homeless, or women fleeing abuse, are unlikely to achieve the 'normal' embodied capacities as defined by human capital theory.

As the examination of a specific career exploration program shows, methadone clients are ill-equipped to move into the labour force or further education or training within six weeks of career exploration training and employability skills training as defined by HRDC. The director identified methadone clients who applied to the program as unique among the program participants, as they most often suffered from extreme barriers, among them, lack of housing and

social supports, extreme poverty, as well as ongoing addiction and health problems, which the length and design of the program could only begin to help them address. Furthermore, the analysis shows that the women methadone clients interviewed in this study used individualizing discourses to describe their labour market failures, which displays some of the negative effects of strict neoliberal ideologies which seek to limit training for the excluded and to attach blame for unemployment onto the unemployed individual.

The aim of this study is to illuminate the problems associated with the discursive dimensions of employment training for women on methadone in B.C. and the rise of neoliberalism. Through present arrangements, these women remain invisible both in policy and public discourse. In facing difficulties in negotiating access to job training information about women on methadone, research threatens to re-constitute the invisibility of this group in discourse. At the same time, research that focuses on marginalized groups on the basis of their problems is in danger of representing them as deficient and as incapable of speaking for themselves. Women on methadone continue to rely on professionals to help write them back into policy literature in order to move them toward a more equitable position in society. However, they also require a less mediated and more negotiated forum, including studies with methods that allow for a foregrounding of their knowledge within texts and that provide space for their suggested solutions. Nonetheless, research that improves the visibility and showcases the knowledge of marginalized groups also courts the danger of exposing them further to powerful discourses and practices that may take up their experiences against their interests.

As this thesis shows, formal recognition of women's specific needs is a preliminary step in the development of adequate training policies and the confronting of degendering and individualizing discourses that articulate through neoliberalism. The re-establishing of training programs and specific services for marginalized women must include new training initiatives that build on women-centred principles to increase access for women with addiction issues. I pose several recommendations. The development of specific training programs for women with addiction issues might first entail building further alliances between women on methadone, addiction professionals, and women's advocates. The capacity of women's centres to provide information might be expanded to include the provision of a range of information services, educational services, and training programs at no cost to low-income women, such as, high school-equivalency instruction and other courses to help women qualify for post-secondary education.

Women's centres are also positioned to lend expertise to develop programs that provide affordable housing, transportation, and childcare in tandem with 'high-road' training or education. These more advanced programs are envisioned as both second-stage housing arrangements and ongoing 'post-treatment' resources for low-income addicted women living independently within the community. Women on methadone also require access to a variety of training programs and educational opportunities, including job re-entry programs that address treatment issues and those that do not. Long-term programming, as well as, mentoring and apprenticeships may provide these students with support across structural and personal contexts. This study further recommends the development of pedagogies that encourage the women to explore their rights and to effectively navigate change within the labour market, in order to expand their access to its rewards.

BIBLIOGRAPHY

Ainley, Pat and Jenny Corbett. (1994) From Vocationalism to Enterprise: social and life skills become personal and transferable. *British Journal of Sociology of Education*. 15(3), 365-374.

Albo, Gregory. (1998) "The Cult of Training": Unemployment and Capitalist Employment Policy. *Work and Idleness: The Political Economy of Full Employment.* Ed. Jane Wheelock and John Vail. Boston: Kluwer. 183-203.

Alexander, Bruce K. (2001) *The Roots of Addiction in Free Market Society*. Vancouver: Canadian Center for Policy Alternatives.

Alexander, Bruce K. (1998) *Reframing Canada's "Drug Problem"*. Toronto: Policy Options.

Appel, P.W., R. Smith, J.B. Shmeidler, and J. Randell. (2000) Impact of a vocational counselor on employment-related outcomes among methadone patients. *Evaluation and Program Planning*. 23, 437-448.

BC Ministry of Human Resources (2003) http://www.gov.bc.ca/mhr Retrieved September 2004.

Bourgois, Phillipe. (2000) Disciplining Addictions: The Biopolitics of Methadone and Heroin in the United States. *Culture Medicine, and Psychiatry*. 24, 165-95.

Boyd, Susan C. (1996) *Mothers and Illicit Drugs.* Dissertation. Burnaby: Simon Fraser University.

Brands, Bruna and David C. Marsh. (1997) Methadone Maintenance Treatment: A Canadian Perspective. *CMAJ* 157(4).

Brodie, Janine (1995) *Politics on the Margins*. Halifax: Fernwood.

Brodie, Janine. (1997) Meso-Discourses, State Forms and the Gendering of Liberal Democratic Citizenship. *Citizenship Studies*. 1(2), 223-242.

Brodie, Janine. (1996) *Women and Canadian Public Policy*. Toronto: Harcourt Brace.

Brodie, Janine. (2002) The Great Undoing: State Formation, Gender Politics, and Social Policy in Canada. *Western Welfare in Decline: Globalization and Women's Poverty.* Ed. Catherine Kingfisher. Philadelphia: University of Pennsylvania Press. 90-110.

Brodsky, Anne E. (2002) Swimming Against the Tide: Connecting Low-Income Women to Living Wage Jobs. *Journal of Poverty*. 6(3), 63-87.

Broughton, Chad. (2003) Reforming Poor Women: The Cultural Politics and Practices of Welfare Reform. *Qualitative Sociology*. 26(1), 35-51.

Buchanan, Julian and Lee Young. (2000) Examining the Relationship Between Material Conditions, Long-Term Problematic Drug Misuse and Social Exclusion: A New Strategy for Social Inclusion. *Experiencing Poverty*. Eds. Jonathan Bradshaw and Roy Sainsbury. Burlington, Vermont: Ashgate. 120-143.

Bunton, Robin. (2001). Knowledge, Embodiment and Neo-liberal Drug Policy. *Contemporary Drug Problems*. 28, 221-243.

Burke, Mike and John Shields. (2000) Tracking Inequality in the New Canadian Job Market. *Restructuring and Resistance: Canadian Public Policy in an Age of Global Capitalism.* Eds. Mike Burke, Colin Mooers, and John Shields. Halifax: Fernwood. 98-123.

Butterwick, Shauna. (2003) Life Skills Training: "Open for Discussion". *Training the Excluded for Work: Access and Equity for Women, Immigrants, First Nations, Youth, and People with Low Income*. Ed. Marjorie Griffin Cohen. University of British Columbia Press. 161-177.

Butterwick, Shauna, Wendy Frisby, and Yulia Kolpakova. (2003) Closing the Doors to Education and Training for Women on Low Income. *Friends of Women and Children in B.C. Report Card*. March 2003, 2(3).

Butterwick, Shauna, Anita Bonson, and Pamela Rogers. (1998) *Identifying Keys to Successful Transition from Social Assistance to Paid Work: Lessons Learned from Canada, the United States, Australia, and Europe*. Ottawa: HRDC: B.C and Yukon Region.

Butterwick, Shauna and Mutindi Ndunda. (1996) *What Works and What Doesn't Work in Training: Lessons Learned From a Review of Selected Studies of Labour Market Training Programs*. British Columbia Labour Force Development Board. www.edst.educ.ubc.ca/faculty/butterwick/Training Retrieved September 29, 2004.

CAMH (2003) *CAMH and Harm Reduction: A Background Paper on its Meaning and Application for Substance Use Issues.* http://www.camh.net/public_policy/harmreductionbackground.html Retrieved August 12, 2004

Campbell, Nancy. (2000) *Using Women: Gender, Drug Policy and Social Justice*. New York: Routledge.

Canadian CCENDU (2003) *Vancouver Drug Use Epidemiology Report.* http://www.vch.ca/newslinks/articles/2003-07_CCENDU%20July%202003.pdf Retrieved Jan. 22, 2004.

Centre for Substance Abuse Treatment. (2000) *Integrating Substance Abuse Treatment and Vocational Services*. Rockville MD: U.S. Department of Health and Human Services.

Critoph, Ursule. (2003) Who Wins, Who Loses: The Real Story of the Transfer of Training to the Provinces and Its Impact on Women. *Training the Excluded for Work: Access and*

Equity for Women, Immigrants, First Nations, Youth, and People with Low Income. Ed. Marjorie Griffin Cohen. Vancouver: UBC Press. 14-33.

Dennis, Michael. L., Karuntzos, Georgia T, Gail L. MacDougal, Michael T. French, and Robert L. Hubbard. (1993) Developing Training and Employment Programs to Meet the Needs of Methadone Treatment Clients. *Evaluation and Program Planning.* 16, 73-86.

Fairclough, Norman. (2001) *Language and Power.* 2nd Edition. Harlow, England: Pearson Education.

Fairclough, Norman. (2003) *Analysing Discourse: Textual Analysis for Social Science.* London: Routledge.

Fenwick, Tara. (2004) Gender and the New Economy—Enterprise Discourses in Canada: Implications for Workplace Learning and Education. *Globalizing Education for Work: Comparative Perspectives on Gender and the New Economy* Ed. R. Lakes and P. Carter. Mahwah, N.J.: Lawrence Erlbaum Associates. 131-152.

Ferguson, Susan. (2000) Beyond the Welfare State: Left Feminism and Global Capitalist Restructuring. *Restructuring and Resistance: Canadian Public Policy in an Age of Global Capitalism.* Eds. Mike Burke, Colin Mooers, and John Shields. Halifax: Fernwood. 276-285.

Fischer B, AT Chin, I. Kuo, M. Kirst, and D. Vlahov. (2002) Canadian illicit opiate users' views on methadone and other opiate prescription treatment: an exploratory qualitative study". *Substance Use and Misuse.* 37(4), 495-522.

Friedman, Jennifer and Marixsa Alicea. (2001) *Surviving Heroin: Interviews with Women in Methadone Clinics.* Gainesville: University of Florida.

French, Michael T., Michael T. Dennis, Gail L. McDougal, Georgia T. Karuntzos, and Robert L Hubbard. (1992) Training and Employment Programs in Methadone Treatment. *Journal of Substance Abuse Treatment.* 9, 293-303.

Gee, James Paul (2004) Discourse Analysis: What makes it Critical?. *An Introduction to Critical Discourse in Education.* Ed. Rebecca Rogers. Mahwah, N.J.: Lawrence Erlbaum Associates. 19-50.

Garsten, Christina and Kerstin Jacobsson. (2004) Learning to be Employable: An Introduction. *Learning to be Employable.* Eds. C. Garsten and K. Jacobsson. New York: Palgrave MacMillan. 1-22.

Gossop, Michael. (2003) *Drug Addiction and Its Treatment.* London: Oxford University Press.

Government of British Columbia, Ministry of Human Resources (2002) *Fact Sheet: Persons with Persistent Multiple Barriers (PPMB).* http://www.mhr.gov.bc.ca/factsheets/2004/ppmb.htm Retrieved July 23, 2004.

Health Canada (2001) Reducing the Harm Associated with Injection Drug Use in Canada. http://www.hc-sc.gc.ca/hecs-sesc/cds/publications/injection_drug/toc.htm Retrieved May 3, 2004.

Health Canada. (2001) *Best Practices: Treatment and Rehabilitation for Women with Substance Use Problems.* Ottawa: Health Canada

Health Canada. (2002) *Methadone Maintenance Treatment.* Ottawa: Health Canada.

Health Canada (2003) Best Practices: Methadone Maintenance Treatment. http://www.hc-sc.gc.ca/hecs-sesc/cds/publications/methadone_treatment Retrieved Feb. 25, 2004.

Human Resources Development Canada (1996) A Review of Programs For Integrating Social Assistance Recipients into the Workforce. http://www11.hrdc-drhc.gc.ca/pls/edd/SARW_111005.htm Retrieved Sept 2, 2004.

Human Resources Development Canada/Statistics Canada. (2002). *Knowledge Matters: Skills and Learning for Canadians.* Ottawa: Human Resources Development Canada.

Human Resources Development Canada. (2000) *Reconnecting Social Assistance Recipients to the Labour Market.* http://www11.hrdc-drhc.gc.ca/pls/edd/SARLM.shtml Retrieved March 3, 2004

Human Resources Development Canada. (2002) "Highlights of Results of Studies Reviewed". Table 2.
http://www11.hrdc-drhc.gc.ca/pls/edd.SARW.lhtml Retrieved March 15, 2004

Human Resources Development Canada. (2003) A National Study of Welfare to Work Programs. http://publish.uwo.ca/~pomfret/wtw/index.html Retrieved Dec 2, 2003.

Hyslop-Margison, Emery J. (2000) The Market Economy Discourse on Education: Interpretation, Impact, and Resistance. *The Alberta Journal of Educational Research.* 46(3), 203-213.

Jorgensen, Marianne W. and Louise Phillips. (2002) *Discourse Analysis as Theory and Method.* Thousand Oaks: Sage.

Kaiser Foundation (2004) *Services for Women in British Columbia.* http://www.kaiserfoundation.ca/modules. Retrieved Feb. 11/04.

Kingfisher, Catherine. (2002) Discourses of Personhood and Welfare Reform. *Western Welfare in Decline: Globalization and Women's Poverty.* Ed. Catherine Kingfisher. Philadelphia: University of Pennsylvania Press. 13-31.

Klein, Ross A. (1996) Training for What? : A Critical Analysis of Provincial Initiatives to Foster Labour Force Attachment Among Recipients of Social Assistance. *The Training Trap: Ideology, Training, and the Labour Market.* Eds. Thomas Dunk, Stephen McBride, Randle W. Nelsen. Winnipeg/Halifax: Fernwood. 125-143.

Klein, Seth and Andrea Long (2003) *A Bad Time to Be Poor: An Analysis of British Columbia's New Welfare Policies.* Vancouver: Canadian Centre for Policy Alternatives and Social Planning and Research Council of B.C.

Lior, Karen and Susan Wismer. (2003) Still Shopping for Training: Women, Training, and Livelihoods. *Training the Excluded for Work: Access and Equity for Women, Immigrants,*

First Nations, Youth, and People with Low Income. Ed. Marjorie Griffin Cohen. Vancouver: UBC Press. 214-229.

McBride, Stephen. (2000). Policy From What? Neoliberal and Human-Capital Theoretical Foundations of Recent Canadian Labour Market Policy. *Restructuring and Resistance: Canadian Public Policy in an Age of Global Capitalism*. Eds. Mike Burke, Colin Mooers, and John Shields. Halifax: Fernwood. 159-177.

McBride, Stephen and John Shields. (1997) *Dismantling a Nation: The Transition to Corporate Rule in Canada*. Halifax: Fernwood.

McBride, Stephen. (2001) *Paradigm Shift: Globalization and the Canadian State*. Halifax: Fernwood.

McLaren, Arlene Tigar and Isabel Dyck. (2004) Mothering, human capital, and the ideal Immigrant. *Women Studies International Forum*. 27(1), 41-53.

Morgenstern, Jon, Barbara S. McCrady, Kimberly A. Blanchard, Katharine H. McVeigh, Annette Riordan, and Thomas W. Irwin. (2003) Barriers to Employability Among Substance Dependent and Nonsubstance-Affected Women on Federal Welfare: Implications for Program Design. *Journal of Studies on Alcohol*. March, 239-246.

Nolan, James.L. (1998) *The Therapeutic State*. New York: New York University Press.

Organisation for Economic Co-operation and Development. (2003) *Beyond Rhetoric: Adult Learning Policies and Practices*. Paris:OECD.

Race, Kane. (2003) Prescribing the Self. Paper presented at *Vital Politics: Health Medicine and Bioeconomics into the Twenty First Century*. http://www.lse.ac.uk/collections/BIOS/docs/KaneRace.pdf. Retrieved May 2, 2004.

Rose, Nikolas. (1996) Governing 'Advanced' Liberal Democracies. *Foucault and Political Reason: Liberalism, Neoliberalism and Rationalities of Government*. Eds. Andrew Barry, Thomas Osborne, Nikolas Rose. London: UCL Press. 37-64.

Rose, Nikolas. (1998) *Inventing Ourselves: Psychology, Power, and Personhood*. New York: Cambridge University Press.

Rosenbaum, Marsha. (1981) *Women on Heroin*. New Brunswick, N.J.: Rutgers University Press.

Schmidt, Laura, Daniel Dohan, James Wiley, and Denise Zabkiewicz. (2002) Addiction and Welfare Dependency: Interpreting the Connection". *Social Problems*. 49(2), 221-241.

Saul B. Sells, and D. Dwayne Simpson. (1990) *National Drug Abuse Reporting Program and Follow-up Outcomes*. National Institute of Mental Health/National Institute on Drug Abuse (NIDA).

Smith, Dorothy (1987). *The Everyday World as Problematic*. Toronto: University of Toronto Press.

Sorell, Susan, Melissa Eror, Deborah L. Butler, Helen Novak Lauscher, and Betsy Alkenbrack. (2003) *Community Women Speak About Educational Opportunities in Vancouver's Downtown Eastside.* Vancouver: Faculty of Education, U.B.C.

Strachan, Norma. (2002) Executive Director's Report. *Aspectives.* http://www.aspect.bc.ca Retrieved Aug. 29, 2004.

van Beusekom, I. and M.Y. Iguchi. (2001) *A review of recent advances in knowledge about methadone maintenance treatment.* Santa Monica, CA: Rand.

White, Patrick. (2002) They told me I couldn't do that: ethical issues of intervention in careers education and guidance research. *Ethical Dilemmas in Qualitative Research.* Burlington VT: Ashgate. 32-41.

Wodak, Ruth and Michael Meyer. (2001) What CDA is about – a summary of its history, important concepts and its developments. *Critical Discourse Analysis.* Eds. Ruth Wodak and Michael Meyer. Thousand Oaks: Sage.

Wong, Linda and Stephen McBride. (2003) "Youth Employment Training Programs in British Columbia: Taking the High Road or the Low Road?" *Training the Excluded for Work: Access and Equity for Women, Immigrants, First Nations, Youth, and People with Low Income.* Ed. Marjorie Griffin Cohen. Vancouver: UBC Press. 230-244.

Woodside-Jiron, Haley. (2004) Language, Power, and Participation: Using Critical Discourse Analysis to Make Sense of Public Policy. *An Introduction to Critical Discourse Analysis in Education.* Ed. Rebecca Rogers. Mahwah, N.J: Lawrence Erlbaum Associates.

Yates, Simeon. (2004) *Doing Social Science Research.* Thousand Oaks: Sage.