From the Dark Side of Drug Use to Ordinary Citizens

By

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Abstract

For some, Vancouver’s Downtown Eastside is notorious for its mental illness, homelessness, and most importantly, its drug scene. Drug use and addiction plagues numerous lives and it does not distinguish between age, gender or socio-economic status. To better understand the motivators behind drug use, desistance and sobriety, qualitative, semi-structured interviews were conducted with 12 participants who previously used drugs, participated in that the drug scene, and sought treatment from a Downtown Eastside treatment organization. Using the principles of the developmental and life-course theories, this study uncovers that there are numerous factors that lead an individual into drug dependency, such as the lack of parental bonding resulting from early childhood trauma and the lack of pro-social skills; thus treatment is effective if it addresses those shortcomings. In essence, treatment is a time of self-transformation, where an individual is given tools to develop responsibility and accountability. With significance placed on those tasks, and the fear of loosing that responsibility, motivation for achieving and maintaining sobriety is achieved.

Keywords: drug use; addiction; substance abuse; illicit substance; treatment; qualitative interviews; life-course
Dedication

To mom and dad,

for always being my inspiration...
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List of Acronyms

DLC  Developmental and Life-Course
DTES  Downtown Eastside
PO  Parole Officer
OD  Over Dose
RCMP  Royal Canadian Mounted Police
REB  Research Ethics Board
UCLA  University of California Los Angeles
UNODC  United Nations Office of Drugs and Crime
Chapter 1.

Introduction

1.1. Defining Drug use

Definitions of illegal drugs vary. Within the Canadian context, the RCMP has classified drugs into four types: legal, prescription, illegal, and illegal synthetic. The legal and illegal connotations are attached based on governmental regulation. According to the RCMP, legal drugs comprise of alcohol, tobacco, cigarettes, and caffeine. Although these drugs can produce undesirable effects on the body, they are consumed within the limits of the regulation. Prescription and over the counter drugs, which are often recommended by a physician to relieve pain and can include a variety of substances such as “anabolic steroids, painkillers, stimulants, and tranquilizers” (RCMP, 2015, para.8). Illegal and illegal synthetics include drugs such as cocaine, heroin, marijuana, and ecstasy that are produced for sale on the streets. These chemically compounded substances are consumed for their hallucinatory and mind altering effects. This thesis will use the term “illicit drug” and “substances” to describe illegal and illegal synthetic drugs.

1.2. The Global Drug Problem

The illicit drug market continues to fuel organized crime, gang violence, and of course illicit drug addiction. It is a global estimation that 162-324 million people have used illegal drugs in the past year (United Nations Office of Drugs and Crime (UNODC), 2014). However, the extent of individuals who use drugs on a regular dependence has remained stable within the range of 16-39 million individuals (UNODC, 2014). The illicit drug trade is the most lucrative criminal sector that is responsible for “one fifth of the estimated $1.5 trillion U.S.
generated by all global crime” (Rolles, McKay, Murkin, 2011, p.6). This global cost tends to increase every year.

The global war on drugs has been fought for over 50 years, and as of yet the promise of achieving a drug free world has not been achieved. Despite the increasing cost of policing and incarceration, with “an effort to suppress the illicit drug trade, supply has more than kept the pace with the rising global demand” (Rolles, McKay, Murkin, 2011, p.1). The costs of illicit drugs are readily available with an increased premium. The failure of the war on drugs does have its consequences. The Executive Director of the United Nations Office of Drugs and Crime states:

The first unintended consequences [of the drug control system] is a huge criminal black market that now thrives in order to get prohibited substance from producers to consumers. Whether driven by a ‘supply push’ or a ‘demand pull’, the financial incentives to enter this market is enormous. There is no shortage of criminals competing to claw out their share of a market in which hundreds fold increases in price from production to retail. (Rolles et al., 2011, p.1)

The global illicit drug trade operates on a criminogenic ladder where the top consists of organized crime (Lien, 2014). The ladder “represents the difference in routine, status, and consumption” (Lien, 2014, p.53). Those in the lowest tiers hope to work their way up to obtain respect and prestige, while those at the top fear losing their authority (Lien, 2014). Low-level criminals with less status in the hierarchy, are “caught and more likely to be successfully convicted, leading the market for the most ruthless, efficient, and powerful criminals” (Rolles et al., 2011, p.4) creating the Darwinian survival of the fittest effect. This generates violence, as gangs try fight for control over a specified drug market.

Violence is a mechanism of communication in the illicit drug trade that is used not only to maintain and protect the boundaries of an organization, but also to ensure the flow of money and goods (Lein, 2014). The sale and the distribution of narcotics is a transaction where violence can be substituted for trust and loyalty (Lein, 2014). The illicit drug trade has no geographical boundaries and it drives towards a “global economy, coupled with advanced communication technologies and increasingly sophisticated forms of transport and marketing, has contributed to an escalating substance misuse problem worldwide” (MacPherson, 2001, p.6). In an effort to address the global war on drugs, current
enforcement strategies do not appear to address the root causes of illicit drug use, but creates an illusion of addressing the issue.

1.3. Canada’s Drug Issue

1.3.1. The Current Legislation

Following its predecessors the Opium Act of 1908, and the repealed Narcotic’s Act of 1961, the current legislation to govern illicit substances is the Controlled Drug and Substance Act. This legislation has eight categories of illicit substances and sets out any offences and punishment pertaining to each Controlled Drug and Substance. This federal legislation is an attempt to govern the possession, distribution, sale, and many other activities related to illicit substances in Canada.

With the Harper government’s 2007 “Get Tough on Crime Bill” and the introduction of mandatory minimum sentences for schedule I and schedule II drugs, this has led to overcrowding of Canadian prisons pertaining to drug offences. Resulting in “poor data collection, we don’t know the full effects of some these offences, nor do we have the full picture in the cost of enforcing Canada’s drug laws” to date (Carter, and MacPherson, 2013, p.7).

1.3.2. The Issue

The war on drugs is no stranger to Canada. Regardless of the increased police efforts, drugs in Canada are extensively available. According to a 2009 Royal Canadian Mounted Police (RCMP) report, 26 million Canadians had used illegal drugs in that year (RCMP, 2009, p.13). The costs associated with illegal drugs continue to grow each year. An estimate by the Canadian Centre on Substance Abuse illustrates that “it costs the Canadian economy $2 billion dollars annually” (Dauvergne, 2009, para.2). These estimates include policing, corrections and the courts related costs. However, it does not account for social and other health related costs. Although drug related offences have been increasing since 1993, the overall crime rate is in decline (Statistics Canada, 2007). Dauvergne (2009) accounts for the contradictory trend as being related to police polices, charging practices and available
resources (para.6). The enactment of the Controlled Drug and Substance Act in 1997 may provide a possible explanation in the contradicting crime rates because it criminalized certain behaviours involving controlled drug and substances that were not previously a crime.

Due to the lucrative nature of the drug trade, the industry continues to grow in spite of any enforcement. Therefore, “the annual illicit drug sales in Canada are estimated to be $7 to $18 billion dollars” (Office of the Auditor General, 2001, para.10), with the “BC marijuana market bringing in $6 billion per year alone” (Dhillon, 2012, para.15). Over the past 30 years, Canada’s drug economy is driven by marijuana related offences (Statistics Canada, 2007). Although, the rate of cannabis offences has “generally been declining since 2002, these types of offences continue to account for the majority of drug crimes” (Dauvergne, 2009, para.11). Furthermore, in 2011, marijuana possession charges were recorded at “61,406 individuals, a rate of 178 per 100,000 people in Canada” (Carter and MacPherson, 2013, p.7).

In an effort to combat the illicit drug operations that are intertwined with organized crime and the youth, the Government of Canada in 2007 has launched the National Anti-Drug Strategy (the strategy). This strategy is managed by 12 federal agencies. The aim of the strategy is to “contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs” (Department of Justice, 2015, para.1). The Canadian government has allotted “$527.8 million for 2012-2017, for enforcement related activities” (Carter and MacPherson, 2013, p.6). Rather than curbing these drug markets, enforcement often escalate drug trade violence. With the greater efforts to combat the illicit drug trade, some individuals are going to protect their drug markets. Therefore, “if there are substantial barriers to market entry, and suppliers are required to possess large amounts of money or technology to sell drugs, it pushes up the cost and entrenches the market power of larger profiteering gangs” (McEachern, 2014, p.18). As a result, organized crime networks have been expanded across the country and their rivalry continues to be the source of violence associated with the illicit trade.
1.4. Vancouver’s Drug Issue

Vancouver, British Columbia (B.C.), with a population of 603,502, is Canada’s third largest city (Statistics Canada, 2012), and labelled as the world’s second most expensive city to live in (Solinsky, 2015, para.1). Nevertheless, it is considered home to Canada’s poorest neighbourhood, the Downtown Eastside. Vancouver is a warm, bustling seaport city, which attracts many drug-addicted individuals from other provinces (Dooling and Rachlis, 2010). Furthermore, Vancouver is a “major Pacific port, through which substantial quantities of illicit drugs pass” through everyday (Dooling and Rachlis, 2010, p.1440).

1.4.1. History of the Downtown Eastside

The Downtown Eastside was formerly considered as seasonal residential areas that serviced a wide array of industry workers in the mid-19th century (Kerr, MacPherson and Wood, 2008). The area contains a high concentration of low-income single room occupancy hotels and bars that use to service these workers from the resource sectors such as fishing and logging (Kerr et al., 2008). Hastings Street was known for “loggers skidding logs down the greased corduroy log roads to the sea” (Footprints Community Art Project 2003; Newham, 2005, p.3). As time evolved, those who could move away from the area did, resulting in the Downtown Eastside remaining a working class neighbourhood. Accumulation of other factors such as the Great Depression in the 1930s, a steady decrease of visitors and the gradual marginalization of the area in the 1950s, along with relocation of a new downtown core in the 1960’s, all played critical role in creating the epicenter of Vancouver’s controlled drug and substance economy (Newham, 2005; Kerr et al., 2008).

1.4.2. The Current Problem

For some, Vancouver’s Downtown Eastside has become the face for the detrimental effects of mental illness, poverty, drug addiction, and crime. Some individual’s living in the area may suffer from drug and alcohol addiction, mental illness, and in some occasions both (VPD, 2009). With the inability to find employment as these individual continue to live below the poverty line, thus, making the area Canada’s poorest neighbourhood. As means to make some quick cash, some of these individuals participate in criminal activity to support their
addictions and in some instance, survive. Furthermore, with the lack of affordable decent affordable housing, most resident have become homeless. The housing that is available is often run “by unscrupulous landlords, surrounded by criminals, and simply rundown”, thereby, making a significant amount of individuals homeless (VPD, 2009, p.6).

Furthermore, the Downtown Eastside is home to Vancouver’s “open air drug market” (VPD, 2009, p.15), where any illicit substance can be found as little as 10 minutes (BC Center of Excellence in HIV/ aids, 2012, para.1). Vancouver has the highest “cost per capita for illicit drugs and although, the health cost related to tobacco and alcohol are higher, illicit drugs represent a large portion of illness related costs” (Millar 1998, p.10). The closure of Woodward’s in 1993 has led a spiraling effect of the closure of legitimate businesses in the area and a rise in illegitimate business practices (VPD, 2009). According to the Vancouver Police Department:

Beginning in the late 1980’s, the use of crack cocaine impacted the level of crime and illegitimate business. Users often turned to theft to support their addiction, selling stolen products to second hand stores and pawnshops (VPD 2009, Project Lockstep Report, p. 21)

These illegal pop-up markets can spring up anywhere in the Downtown Eastside, such as the corner of Main and East Hastings. According to Weichel (2009), “patrons could bring a "shopping list" of items to be stolen, and later purchased for cash or drugs" (para.2). Consequently, based on the activities of the area, the region has been given a negative reputation.

1.4.3. The City’s Plan of Approach

In an effort to combat the city’s growing drug epidemic, the City of Vancouver has adopted the 4 pillars harm reduction model. The 4 pillars model was initially applied in Europe in the 1990's and is based on 4 tenants: prevention, harm reduction, treatment, and enforcement (City of Vancouver, 2012, para.2). The 4 pillars model tries to balance public order and public health in order to create safe and drug free communities (City of Vancouver, 2012). By looking at other cities across the world that implemented the harm reduction strategy, the City of Vancouver hopes to accomplish the same objectives. These objectives include the reduction of drug consumption and sales in the streets of Vancouver, the
decrease in overdose deaths, and finally the reductions in the spread of infections such as HIV (City of Vancouver, 2012). Although the City of Vancouver has adopted the 4 pillars strategy, it nevertheless acknowledges that both the provincial and federal governments must play their part in addressing addiction related issues that fall in their jurisdictions.

The Vancouver Agreement was signed in 2000, and its primary objective is to bring together regional municipalities and departments, and the provincial and federal governments together to address the drug use collectively. The “five year agreement, acknowledges that the comprehensive drug strategy must linked to housing employment, and social and economic development” (MacPherson, 2001, p.13) in order to be effective. The Agreement specifically aims to address:

- Establishment of a Downtown Eastside Treatment Centre with new and expanded services to close gaps in care systems and improve their effectiveness. The Center will provide a range of detox, sobering services, stabilization services, and outreach.

- Expansion of treatment services (sobering and detox services) throughout the city.

- Creation of an indoor Health Connection program to provide frontline health and substance misuse referral services, life skills, training, and social support programs for street involved drug and alcohol users. (MacPherson, 2001, p.78)

The total cost of the 3 initiatives was estimated at $2.1 million (MacPherson, 2001). The Agreement also addresses various aspects of policing enforcement that is targeted to reduce the illicit drug trade in Vancouver. In total, the cost of implementation of the Vancouver Agreement is $13.9 million (MacPherson, 2001, p.78).

Although the City and various levels of government have made efforts to address the issue of drug use in Vancouver’s streets, the issue still continues to grow. It is important to address micro-level factors that not only entice individuals into drug use in the first place, but how such factors serve as opportunities for regular misuse of controlled drugs and substances when protective factors are missing or inconsistent.
1.5. Chapter outline

To both policy makers and researchers alike, the most pressing questions when it comes to drug use is the question of “why?” The purpose of this thesis is to explore micro-level factors that motivate an individual into drug use and the associated scene. It is also hoped that this thesis can address factors that motivates an individual to exit that lifestyle and maintain sobriety.

This thesis has 6 chapters:

- Chapter 1: is an introductory chapter that frames drug use epidemic at the global, national, and municipal levels.

- Chapter 2 discusses the current literature that exists in understanding drug use, the associated risk and preventive factors, and the effects of treatment.

- Chapter 3 address the theoretical conceptualizations that will be used to in the analysis of the findings.

- Chapter 4 is a detailed description of this study’s research methods.

- Chapter 5 contains analysis of the research findings.

- Chapter 6 is a concluding chapter. It combines the research findings with the literature; provides strengths and limitations of this study; directives for future research; and finally a reflection of the research process.
Chapter 2.

The Literature

The literature review begins by identifying pathways and risk factors associated with illicit drug addiction. The next section attempts to identify and examine the relationship between illicit drugs and crime. Next, the role of treatment is examined and its function in identity transformations. The literature review concludes with a comparison of both qualitative and quantitative research that has examined illicit drug dependency.

2.1. Addiction: Defining Pathways

Numerous individuals have come to experiment with addictive substances throughout the course of their lifetime. In fact, “about 60% of Americans sampled an illicit drug at least once in their life, and even after excluding marijuana, the lifetime prevalence is about 32%” (Johnson, 2001; Robinson and Berridge, 2003, p.26). When alcohol is accounted for in the sample, the percentage of the exposure to addictive substances rises to 90%; even then, relatively a small number of individuals become addicted (Robinson and Berridge, 2003, p.26). As a result, one of the key questions that arise is, why do some individuals become addicted while others do not? Perhaps, the most common explanations is the view that “drugs are taken in the first place because they are pleasant, but repeated drug use becomes homeostatic which leads to tolerance and dependence, and unpleasant withdrawal symptoms pursue upon cessation of use” (Robinson and Berridge, 2003, p.27). Therefore, illicit substances are continually taken to achieve the pleasantness associated with the drugs, and after to escape the retreat from the lows (Robinson and Berridge, 2003).

According to Kandel and Yamaguchi (1992), “the model of progression includes three conditions: 1) either alcohol or cigarettes precedes marijuana, 2) alcohol and marijuana precedes cocaine, and 3) alcohol, cigarettes, and marijuana precede heroin” (p.71). Through
their progression model, Kandel and Yamaguchi (1992), illustrate that individuals are “unlikely to experiment with marijuana without prior exposure to alcohol or cigarettes; very limited number try cocaine without prior use of marijuana and an even smaller number of individuals use heroin directly after marijuana” (p.72). One of the most consistent markers for the progression of illicit substances is the early onset of a lower staged drug.

On the contrary, evidence suggests relatively few individuals follow the progression of the Gateway Hypothesis. In a study of inner city drug users in New York City conducted by Mackesy-Amiti, Fendrich, and Goldstien, 1997), it was revealed that “one third of all participants followed a typical pattern described in previous studies, where alcohol precedes marijuana, and marijuana precedes other illicit drugs” (p.189). According to Mackesy-Amiti et al. (1997), the progression from alcohol, to marijuana, and other illicit drugs is relatively rare when accounting for heavy drug dependency. Furthermore, Mackesy-Amiti et al. (1997), suggest that early initiation of illicit drugs and greater the involvement of the illicit substances may lead to an atypical progression model. This unconventional model suggests that “[individuals] were more likely to use marijuana before using alcohol, and more likely to have used illicit substances before using marijuana” (Mackesy-Amiti et al., 1997, p.193). Peele and Brodsky (1997), illustrate the need consider different individual factors in substance use history to determine possible pathways.

Previous literature illustrates that the cessation of drug use for many individuals occurs prior to entering adult roles (Labouvie and White, 2002). Mackesy-Amiti et al. (1997), reveal “subjects who used illicit drugs prior to marijuana use begin of these drugs at an earlier age than those who used marijuana before other illicit drugs” (p.190). Because the age of onset fails to distinguish between adolescent limited patterns of drug use and those that persist into adulthood, Labouvie and White (2002), suggest “individual differences in the age of onset and sequencing of drug use must be considered in conjunction with individual changes in use intensity and individual differences in those changes” (p. 23).

2.1.1. Risk Factors

No single factor can determine whether an individual will be addicted to drugs. Even within the individual “there are likely multiple process rather than one unitary cause”
Having one single risk factor is unlikely to cause an addiction problem; but a combination of factors developed over the life course may intensify the vulnerability (Glantz, 1992). The overall risk for addiction is linked to three very important factors: psychological biological, and social environments.

**Psychological Factors:**

Edward Khantzian’s (1985) self-medicating hypothesis asserts the possible connection between illicit drug use psychopathology. Khantzian (1985) illustrates those individuals who become addicted to illicit drugs are attempting to “medicate themselves for a range of psychiatric problems and painful emotional states, rather than seeking an escape, euphoria or self-destruction” (p.438). Furthermore, Khantzian (1985) illustrates that a person’s preferable drug is not a random occurrence, but rather, the effects of the drug interact with the individual’s psychiatric condition making them more compelling. According to Khantzian (1985), an individual’s early life histories often entail exposure to violence; therefore, the use of illicit drugs is a way to feel normal and relaxed. Khantzian further illustrates that these violent experiences include “exposure to physical abuse, brutality, violent fights, and sadism” (p.435).

According to Richard Hammersley (2011), complications correlated to drug use and crime can be severe enough to cause the individual psychological trauma. Hammersley (2011) indicates that major sources of trauma can be from “emotional, physical, and sexual abuse; bullying, as well as neglect; and familial dysfunction including parental drug and alcohol abuse” (p. 270). For some individuals who become addicted to drugs, these sources of trauma are commonly present (Hammersley, 2011). Furthermore, Young, Klosko, and Weishaar (2003), illustrate that adult dysfunction can occur from childhood experience that the individual found traumatic as a child. Hammersley (2011), calls upon the insight of Schema Therapy which has a two part proposal about the pathway’s correlating to drugs and crime: “a) some forms of trauma is what commonly causes a period of intense drug use and offending in a person who is initially only delinquent, and b) persisting trauma, including trauma partially causes by drug use and crime themselves, converts intense drug use and crime into drug dependence” (p.270). The effectiveness of rehabilitation can be done if it addresses the trauma as a source of the addiction.
Issues such as neglect and abuse may lay the foundation for greater psychological issues. Through the use of initial drugs, the individual is trying to regain their happiness that was lost. The individual continues to obtain and use drugs more frequently to regain that euphoric state. According to Jurich, Polson, and Bates (1985), in most cases, the individual seeks to cope with their problems such as a tense, unhappy, undirected familial relationship through the use of drugs by avoiding personal responsibility. They employ a “psychological crutch, defined as any behaviour, such as drug taking, psychosomatic and illness, or manufactured psychological disturbances, which allow exoneration of responsibility for the situation, and relief from the pressures created without dealing with the situation itself” (Jurich, et al., 1985, p.149). In essence, “the drugs are used to numb the person’s feelings about trauma and difficulties experienced, whether it is a deliberate tactic, or a side effect of chronic intoxication (Hammersley, 2011, p.271). The correlation between trauma and drug use “has been attributed to intervening variables such as the need to self-medicate to relieve depression, or to increase self-esteem (McClellan, Farabee, and Crouch, 1997, p.456). Once and individual feels that a particular drug is ineffective, they progress to a harder drug in efforts regain a false sense of happiness. Therefore addiction itself was originally initiated with a loss of self worth. Through the use of narcotics, an individual is given an instant gratification or comfort; thus, the continuation of drug use is to seek and recover that comfort (Jurich, Polson, and Bates, 1985).

On the contrary, critiques of the self-medicating hypothesis assert the perspective should be abandoned because it re-directs the attention away from drug addiction. Lembke (2012) emphasizes that other factors such as family dysfunction, poverty, homelessness, and chronic pain play factors in substance abuse and to simply rely on the use of psychiatric condition is unwarranted because it does not assist the individual to overcome their shortfalls. Lembke (2012) further illustrates that the “hypothesis promotes a wrong intervention strategy because it encourages clinicians to address the psychiatric condition while ignoring elements of dependency and withdrawal” (p.526). Hall and Queener (2007) assessed certain emotions such as anxiety, depression and hostility in 70 methadone maintenance treatment patients and concluded that the affective measures did not have positive relationship with drug use severity. Hall and Queener (2007) also assert that the self-medicating theory “uses a single or at best a dual (painful and ambiguous) affect dimensional perspective on substance abuse and needs to incorporate a multidimensional perspective”
Drug addiction is multidimensional and complex; therefore, theories hypothesizing that substance abuse are a product of seeking a positive emotional state may not adequately address the addiction process.

**Social Factors:**

Among the factors most constantly correlated with illicit substances, is the use of drugs within one’s peer groups. The peer group may be a group of individuals who share common characteristics such as familial background, neighbourhood, academic failure and lack of pro-social skills. However, the lack of pro-social skills is not always an accurate predictor for drug abuse because those with excellent pro-social may turn to drug use as well and use and tweak those skills for illegitimate activities. Novacek, Raskin, and Hogan (1991), indicate, “the act of using an illicit substance is a symbolic gesture by which that person tells others how they want to be regarded” (p.489); thus drug use is an act in where a person aims to find their personal identity (Novacek, Raskin, and Hogan, 1991, p.489). Therefore, the adolescent may assume a deviant-drug using identity to “strive for status and social attention within their social groups” (Hogan, 1983; Novacek et al., 1991, p.489). Through recognition and status received by the individual, they are a given a sense of accomplishment, pride and belonging, that was lacking in their lives. As a result, “the drug user identity is anchored in experiences that produce pleasure: both the sensational and psychological pleasures produced by the drug, but also the social pleasures derived from membership in a group” (Novacek, et al., 1991, p.489).

According to Becker (1953), having friends who use drugs is the main prerequisite for trying drugs for the first time. Becker theorizes that motivations for drug use is learned and influenced by a social process (Becker, 1953; Hallstone, 2002). Becker (1953) established a three stage social interactive process in which all marijuana users must pass through to enjoyably use the drug. The three stage social interactive process illustrates that “marijuana users must learn: 1) the technique to smoke the drug properly, 2) recognizing they are intoxicated from the drug, and 3) define the state of intoxication as a pleasurable event” (Becker, 1953, p.236-238). Furthermore, Becker contends that individuals will not be motivated to smoke marijuana or use drugs unless they learned to do in a pleasurable manner. In order to make the event more pleasurable, Becker asserts that more seasoned
users teach the novices to find pleasure in the experience, while reassuring them that the unpleasant aspects of the drug are temporary (p. 240). Therefore, seeking euphoria can be a social occurrence where euphoric properties of the drug can be a common bond shared amongst users. These individual’s “congregate to get high, they talk about getting high, they experiment together the different combination of drugs to get high, they talk about their early experiences with drugs and how the first high was always the best, and they fondly reminisce about times they were high together” (Woody, Urshel, & Alterman, 2009 p.499). Ong (1989) performed a study with adolescents who were in treatment for substance dependence and concluded that, “peer group influence is a strong motivator to trigger drug taking behavior (p.636). Therefore, friends who tolerate the use of drugs are a very powerful inducement for drug use. The level of connection with friends who “tolerate the use of drugs is a powerful stimulus for drug use in adolescents” (Johnson, Marco, and Bahr, 1987, p.333).

Biological:

The diathesis stress model, attempts to explain behaviour as a pre-dispositional vulnerability together from the stressors of life experiences (Fishbien, 2002). This model illustrates that individuals will choose certain criminal activities when personal dispositions and certain situations interacts with an illegal acts, such as selling and using drugs (Fishbein, 2002). Individuals who are in vulnerable positions and responsive to propositions during the time prior to the initial drug use due to familial stressors in their lives find drugs a coping mechanism. These familial stressors combined with personal attitudes regarding drug use and the justice system, made drug use and the associated lifestyle more attractive.

Personality characteristics may underlie and co-occur with illicit drug use behaviour ranging from initial use to developing dependency. In a study examining the co-occurrence of personality disorders and alcohol and drug use, Grant and colleagues illustrates the associations between the two are overwhelmingly positive with anti-social, dependent, and histrionic personalities (Grant, Stinson, Dawson, Chou, Raun, & Pickering, 2004). Using the diagnostic criteria of the DSM-III, Grant et al. (2004) reveal that antisocial personality tendencies are quite similar to those with histrionic dispositions. Although those with histrionic personality do not “characteristically exhibit anti-social traits, those with anti-social personalities share traits including impulsiveness, seductiveness, superficiality, excitement
seeking, recklessness, and manipulative” (Grant et al., 2004, p.126). Therefore, regardless of the disorder, these characteristics serve an explanatory tool in understanding personality traits of those suffering from addiction.

Furthermore, several studies have revealed the risks associated with behavioural problems increases with “progression from drug use to drug dependence suggesting that an etiological link between antisociality and drug addiction” (Glantz, Conway, and Colliver, 2005, p. 21). White and colleagues (2001) discovered “higher levels of attention deficit-hyperactivity disorder and conduct disorder in adolescents aged 13-18 years with higher uses of marijuana” (White, Xie, Thompson, and Loeber, & Stouthamer-Loeber, 2001, p.214). Armstrong and Costello (2002) also reveal that behavioural disorders are usually correlated with substance abuse.

Familial history of drug and alcohol abuse may also play a substantial risk factor for the individual to become addicted to illicit substances. In a study examining the correlation of parental substance abuse and the child’s psychopathology, Moss, Lynch, Hardie, and Baron (2002) reveal "adolescent offspring of fathers with substance dependence (with or without anti-social personality disorder) faired worse than those without substance dependence on several measures such as affection, communication, and task accomplishment” (p.610). Moss and colleagues (2002) further illustrates that children of fathers with "substance abuse and antisocial personality disorder demonstrated the highest levels of externalizing and internalizing psychopathology as well as greater affiliation with deviant peers” (p.612). There appears to be a deepened connection between anti-social peers that further promotes deviancy while placing the individual on developmental route towards and unfavourable outcome for drug use and the associated lifestyle. This affiliation with deviant peers "is thought to be developmentally preceded by family dysfunction in the form of harsh and inconsistent discipline, little positive parental involvement with the child, and poor monitoring and supervision of the child” (Moss et al., 2002, p.612). The lack of closeness and limited support for its members produced a family with little cohesion and very few messages of value (Polson, Jurich, Bates, 1985). The poor inter-parental “relationship adversely impacts the child’s psychological development, which can later be correlated with risky behaviour, including addictive substance consumption” (Zimic and Jukic, 2012, p.174). The individual’s desire for recognition, love, and trust are unfilled; thereby, creating a black hole in the
individuals life. The individual then seeks fulfillment from friends and becomes increasingly peer-orientated (Jurich, Polson, and Bates, 1985).

2.2. Addiction and the Streets

The connection between drugs and a number of illegal activities has become the topic of discussion for both researchers and policy makers alike. In recent years, the rise of illegal substance has “led to a growing number of drug related arrests, and convictions, with greater punitive consequences for drug related charges” (Sinha, & Easton, 1999, p.513). The drug crime nexus does not have a direct causal link, but is thought to be related based on a number of mutual triggers (Gottfredson, Kearly, and Bushway, 2008). Some of these common causes include psychological factors such as temperament, anti-social personality disorder, poor parental relationships, and biological factors such as genetics (White, Brick, and Hansell, 1993). According to Gorman and White (1995), the subcultural norms, which promote street behaviours, may also be reinforcing the drug-crime relationship.

There are numerous studies that provide sustenance for the drug-crime causal correlation. Anglin and Perrochet (1998), in the summation of 25 of research conducted at UCLA’s Drug Abuse Research Center, concluded that “crime was an inherent part of illicit drug use and the commission of property crimes almost always increase to support dependence levels use of heroin, cocaine, crack, amphetamine, and even marijuana” (Gottfredson et al., 2008, p.603). Similarly, Nurco (1998) indicates that during periods of addiction, and individual’s likelihood to commit crime was six times higher than during periods of cessation. Nevertheless, findings in the literature have suggested that the “associations between substance use and crime varies widely over time, place and substance used” (Martin, Maxwell, White, and Zhang, 2004, p. 350). While the “reality of the drug crime nexus is indisputable” (Brownstien and Crossland, 2002, p.1), the path into drug use and crime are numerous (White and Gorman, 2000).

Goldstein (1985) identifies three possibilities in which drugs and crime occur: psycho-pharmacological, economically compulsive, and systemic. The psycho-pharmacological model suggests, that the consumption of specific substances such as alcohol can lead to impulsive, illogical, and vicious behaviour. Secondly, the economic compulsive model
indicates that some users participate in crimes economically motivated crimes because of the lucratively it provides. The revenue generated is then used to support the drug habit. Goldstien (1985) indicates that the primary motivation for users in this category is simply to obtain money to support their addiction. While support exist for the rationale that crimes committed by most drug users are non violent such as shoplifting, prostitution, and dealing drugs, Goldstien (1985) suggests that “there is little data that indicates what proportion of violent-economic crimes are committed for drug-related reasons (p.147). The final model, the systemic model, indicates that the system of drug distribution and consumption is fundamentally linked with violent crime. Therefore, activities such as “turf wars, homicide committed within dealing hierarchies, failing to pay one’s debt, and robberies of drug dealers” (Goldstien, 1985, p.148) are all forms of systemic violence one may endure during their drug-using careers. Becker (1953) illustrated that the motivation “for drug use do not precede the deviant acts that follow it; they are learned, formed, and influenced via social processes of engaging in drug use” (p.235).

A layered hierarchy that mirrors the legitimate labour market is also observable within the drug dealing market (Maher, Dunlap, and Johnson, 2002). Drug dependent individuals find themselves in the lowest and most exploitable ranks. These individuals are seduced into these positions with the promise of moving up the hierarchy with increasing pay-offs. Since these individuals often have poor education attainment, previous criminal records, and their addiction, legitimate means of support were either unavailable or inaccessible. Therefore, the illegitimate street economy seems more lucrative and attractive because they are able to obtain status symbols that were otherwise unattainable. Because these "criminal entrepreneurs operate outside the law in their drug transactions, they are not bound by business etiquettes in their competition with each other, in their collection of debts, or in their non drug investment” (Glaser, 1974, p.53). These individuals resort to terror, extortion, and violence as the code of the streets in order to enforce their demands (Glaser, 1974). Uggen and Thompson (2003), reveal, “drug use is an independent cause of illegal earnings rather than epiphenomenon” (p.174). Uggen and Thompson also assert chronic use of heroin and cocaine generates a need for money comparable to food: a biological, psychological, and social imperative (p.174). While incarceration appears to suppress illegal earnings, drug use may tend to increase illegitimate behaviour (Uggen and Thompson, 2003).
To understand the characteristics of drugs use in an individual’s criminalization process, it is imperative to address rationales, motivations, and the underlying context of participation. In many occasions, non-drug related offences are still interconnected to the drug-associated environment. Prostitution, for instance can be linked to drug associated activities in numerous ways. Prostitution may provide funds for addiction, but it may also be a mechanism for a direct exchange of drugs (e.g. a women providing sexual services to a dealer in exchange for crack). With a severe enough addiction, an individual may resort to any mechanism to secure their next high. As a result, certain offences such as prostitution are relegated to a gendered role within the informal street economy. Other property and economical crimes such as theft, robbery, and fraud are also related. Denton and O’Malley (1999) argue that while some individuals are driven to crimes such as theft, robbery, and fraud to support their addictions, others find it to complimentary and while providing them with lucrative incomes and a sense of accomplishment.

2.3. Escaping Addiction: The Role of Treatment

Treatment is a multi-faceted program that “addresses distinctive needs of each individual” (McClelln, Farabee, and Crouch, 1997, p.473) suffering from addiction. Rehabilitation provides individuals with “the opportunity to enhance assertiveness and communication skills, in a group setting where [they] explore common influences and problems that affect each of their lives” (McClelln et al., 1997, p.473). The program allows the individual to develop a plan for sobriety and ways to achieve that plan. Treatment, has become a mechanism to “acquire new skills and knowledge [that] can heighten self-efficacy and magnify self-worth, which can enhance empowerment and encourage continued treatment” (Wald, Harvey, Hibbard, 1995, p. 884). According to Green, Polen, Dickinson, Lynch, and Bennett (2002), reasons for entering treatment tend to differ between men and women. Green et al., (2002) assert men tend to seek treatment for work related purposes, while women seek treatment regain control of their lives. Green and colleagues findings further suggest that individuals with mental illness and low incomes are less likely to retain treatment (2002, p. 293).

The war on drugs paradigm emphasizes compulsory treatment and abstinence in an attempt to eliminate the cycle of drugs and crime (Buchanan, 2004). According to Buchanan
and Young (2000) current policy may legitimately hinder reintegration because it may portray those suffering with addiction as a possible threat to families and communities. Buchanan’s (2004) study emphasizes the importance of acknowledging the social dimensions of drug use and incorporating them into rehabilitation and reintegration policy. Buchanan (2004) asserts that individuals who suffer from addiction have become “stigmatized, marginalized, and socially excluded” (p.117). Like many other “discriminated groups, some [individuals] have internalized the negative and harsh stereotypes imposed on them, leaving them with poor confidence, low self esteem, and little self worth” (Buchanan and Young, 2000, p.410) which may prevent recovery by hindering reintegration into wider society. Some individual’s suffering from addiction who seek recovery and social reintegration are unable to achieve it because the “wall of exclusion has ghettoized the drug problem” (Buchanan, 2004, p.126). The wall of exclusion may play a role in preventing those recovering from addiction to fully reintegrate into main stream society because it tends to separate and isolate (Buchanan and Young, 2000). According to Buchanan and Young (2000) the social exclusion may lead to the individual to internalizing their identity as a drug user. Once the identity has been internalized “through the continual marginalization, stigmatization, and exclusion, it is difficult to get beyond the wall of exclusion” (p.420).

Identity transformations are an essential part of recovering from addiction. Mackintosh and McKegany’s (2000) study with 70 recovering addicts’ reveal that there are three key areas in which an individual’s narratives of recovery assisted the person in developing a new persona. Mackintosh and McKegany (2000) indicate the three important factors crucial to developing a new identity include: “a reinterpretation of their drug using lifestyle, a reconstruction in their sense of self, and a convincing explanation for their recovery (p.1501). Biernacki (1986) have “describe the process of recovery from dependant drug use in terms of the management of a spoiled identity” (p.5). According to Biernacki, the decision to “stop taking drugs comes when the users addict identity creates problems for the individuals other identities that are unrelated to drug use” (p.5). For Biernacki (1986), the promise of recovery lies with accepting that the individual’s sense of self must be reconditioned by re-establishing a new self-identity (p.5). On the contrary, Mackintosh and McKegany (2000) reveal that identities created and labelled by the individual are a product of social constructs that are learned and developed by interaction with treatment agencies.
2.3.1. User Stages of Treatment

Buchanan (2004) adopts the stage-orientated model, developed by Prochask and DiClemente (1982) to help quit cigarettes, as an effective model to understand distinctive stages of dependency (Buchanan, 2004). The model is an attempt to “conceptualize the experiences of the [individual], while seeking to integrate the psychological and the structural elements” (Buchanan, 2004, p.131).

The reintegration model consists of six steps: chaotic, ambivalent, action, control, reorientation, and reintegration. Each of the six phases of the reintegration model is isolated from mainstream society, where the individuals will work their way up the six steps. According to Buchanan (2004), although it is possible for “leaps to be made upwards or downward, the latter are more common” (p.132). Buchanan (2004) asserts that recognizing where a particular individual is on the steps is a crucial factor in tailoring treatment. Furthermore, Buchanan (2004), states that the model offers a substitute justification in the reverting of progress made by many individuals. Instead “of relapse being a product of psychological dependence, cravings or physical addiction, the steps to reintegration model suggest it is the social exclusion and discrimination that are the major factors leading to relapse” (Buchanan, 2004, p.132).

The Stages:

The chaotic phase is the first of the six steps in the reintegration model. In this phase the individual is unable to realize they have a substance abuse problem and they are unresponsive to guidance and support (Buchanan, 2004). The ambivalent stage is where the individual begins to identify they have a drug problem but they are also aware of positive psychological effects the drug brings them (Buchanan and Young, 2000). The next stage comprises of the action phase, where the individual the individual seeks treatment and is working with the counsellors to re-gain control of their lives (Buchanan and Young, 2000). Buchanan (2004) stresses the importance of matching the appropriate assistance to the needs of the individual. Buchanan (2004) also asserts that many individuals will have a difficulty in re-gaining control of their lives, therefore, the journey must not be rushed by agency worker or individuals themselves. The control stage appears to be the most difficult stage because the individual is attempting to follow a plan they developed for sobriety
(Buchanan, 2004). Buchanan and Young (2000) assert that this is a crucial phase where the individual needs continuous support and encouragement.

The final two stages consist of reorientation and reintegration. Based on the model, these two stages are where the social exclusion has slightly lifted and the user is on a newfound path to sobriety (Buchanan 2004). The reorientation stage is similar to the control stage where the individual is in control of their addiction and trying to vigorously position themselves with a new patterned lifestyle, one that is different from their previous lifestyle. According to Buchanan and Young (2000), sheltered programs may be essential for the individual because it tends to build up self-confidence and self esteem, while providing regular support and inspiration. Finally, the reintegration stage is where the individual begins to join and participate in conventional everyday activities. Everyday activities such “further education, voluntary work, vocational adult education courses, or even joining the gym can be very intimidating for the individual” (Buchanan, 2004, p.135) because they begin to feel distrust from society. Acceptance and interaction with conventional mainstream activities will enable the individual to maintain sobriety; but if the individual feels isolated and distrust, the risk of relapse may materializes (Buchanan and Young 2000).

On the contrary, Green and colleagues (2002) assert that a successful treatment program consist of three phases. According to Green et al., the phases consist of treatment access, initiation, and completion. The first phase, acknowledges that individuals must have access to treatment services when they contact the treatment agency (Green et al., 2002). Secondly, after appropriate treatment measures have been determined, individuals must attend and continue to attend treatment services that are rendered (Green et al., 2002). The final stage illustrates that individuals must successfully complete the program and the appropriate after-care. Green and colleagues (2002) indicate factors that negatively impact any of the three stages may reduce the effectiveness of treatment (p.285).

Effectiveness of Treatment:

Drug treatment is a common strategy for reducing addiction; yet, empirically little is known “about the contributions of treatment interventions, what works, for whom and under what circumstances” (Mackintosh and McKeagney, 2000, p.1502). Although, it is probable that many individuals recover on the basis of lengthy contact with treatment agencies, research
has revealed that some individuals may recover from their drug addictions without any treatment (Klingemann, 2003). Although there appears to be numerous factors that correlate with drug use and treatment, “we know relatively very little about the cognitive process through which the decision to stop drug use occurs” (Mackintosh and McKeagany, 2001, p.5). Recovering from drug addiction is a transformational process where the individuals seek to develop and maintain a new identity for themselves.

2.4. Previous Studies: Qualitative vs. Quantitative

The majority of studies that addressed drug dependency have often followed a quantitative approach. Gottfredson, Kearly, and Bushway (2008), have examined the associated between drug use and crime. This study also illustrates the correlation between drug use and income generating crime; therefore, the reduction in drug use as a result of drug treatment, also reduces income-generating crimes. The study conducted by Gottfredson and colleagues “was the first study to examine the variability overtime in all three components of drug treatment, drug use, and crime, while controlling for individual level propensity variables” (Gottfredson, Kearly, and Bushway, 2008, p.601). Ford and Beveridge (2006), analyzes the relationship between drug use, drug sales, and neighbourhood characteristics for victimization rates for assault, burglary, and theft (p.396). Their study reveals that the association between race and crime “appears to be more of a function of neighbourhood disadvantage and the presence of a visible drug market in the area” (Ford and Beveridge, 2006, p.407). Novacek, Raskin, and Hogan (1990), attempts to uncover the relationship between the reasons for drug use, age, gender, and the substances used. Their findings suggest that youth use drugs for various reasons including “belonging, coping, pleasure, creativity, and aggression (Novacek, Raskin, and Hogan 1990, p.487). Although these quantitative studies provide a sufficient outlook in the areas of drug use and dependency, they often lack the rich personal descriptions only found in qualitative studies.

The few who followed a qualitative research paradigm, often failed to address the gaps that exist in the current literature through in-depth personal accounts. Through the use of self-administered questionnaire, Yu and Williford (1994) attempts to examine the relationship amongst “drug use sequence, initiation, and crime” (p.375). Yu and Williford (1994) claim that up until their research, no significant attempts were made to study the
relationship amongst the selected variables. Their study reveals that the early onset of alcohol use provokes the onset of early drug use. Furthermore, Yu and Williford (1994), reveal that crime is related to alcohol and cocaine use. Given the nature of the data, descriptive and in-depth content could have been obtained had the researchers conducted interviews.

Additionally, face-to-face interviews appear to be rare in the area of drug use and dependency. Those that have conducted a face-to-face interview are done in a mixed method approach in efforts to address the gaps that exist in the literature. Nurco, O’ Grady, and Kinlock (1997), conducted a two and half hour face to face interview in efforts to address factors related to drug use vulnerability in adolescents and their life as adults. These factors included “family experiences, including interrelationships, structure, deviance and home atmosphere; peer characteristics; early deviant behaviour; and attitude (Nurco, O’ Grady, and Kinlock, 1997, p.526). Furthermore, statistical analysis such as multiple regression and ANOVA was used to determine overall relationship and significance between the adolescent factors. Results reveal that some individuals differ on risk factor that makes them more susceptible to drug use in early adolescent (Nurco, O’ Grady, and Kinlock, 1997). Although there are limitations in categorizing individuals according to “their pre-addiction risk factors, these typologies are also implications for effective prevention and treatment strategies” (Nurco, O’ Grady, and Kinlock, 1997, p.539). Similarly, Hanlon, Nurco, and Kinlock, and Duszynski (1990), examined the trends of criminal activity and drug use over a person’s addiction careers through the use of structured interviews and statistical analysis. Finally, Micheli and Formigoni (2001) conducted a study attempting to examine factors that may lead to the initiation of drug use. According to the author’s these factors include economic situation, familial history of drug and alcohol use, and school truancy (Micheli and Formigoni, 2001). By conducting a questionnaire, followed by statistical analysis such as Chi-square test, Kruskal-Wallis nonparametric analysis of variance, the researchers were able to obtain findings indicating that “school delay and troubled family relationships were important predictors of drug dependence, and pleasure seeking was the prominent reason for initial drug use” (Micheli and Formigoni, 2001, p.87). Although, the mixed method approach provides content and understanding in areas relating to drug use and addiction, interviews would have provided a rich and thick description about substance abuse from participants themselves.
2.5. Where we are today?

Despite the annual gathering of information on drug abuse (National Institute on Drug Use), little is known about personal motivations and decisions about those who become involved in a drug induced lifestyle. These personal experiences provide critical insight in understanding the context in which drug addiction occurs and the associated criminal lifestyle. Some of the prevalent issues with drug abuse literature are that it is collected at a macro level. The scarce information that is gathered at the micro level often place emphasis on external factors that leads to drug use, while ignoring the internal factors. As conveyed by Hughes and Short (2005) “the study of [drug use] has long been characterized by macro-level attempts to explain their existence, or by studies attempting to map out their prevalence, composition, and distribution; the nature of their relationships with communities; or the social and legal responses to [drug use]. However, comparatively little attention has been paid to micro-level issues [associated with drug use].” By addressing the micro-level factors that motivate individuals into drug use entry, the addiction careers, and exits, it is hoped this research will assist in understanding and addressing the issues of addiction that plagues some individuals.

The next chapter addresses the role of life course and developmental theories in explaining drug use progression, escalation, and desistance.
Chapter 3.

Criminological Theory and Drug Use/ Scene

This chapter addresses the theoretical conceptualizations that will be used to in the analysis of the findings. Theories provide a contextual lens to view the world. A theoretical framework “can shape research question and choices, in efforts to contribute to a large, long term, conceptual and contextual understanding of how the world works” (Scott and Garner, 2013, p.386). In criminological efforts to search for and understand a particular phenomenon, theoretical links can be established for the appropriate context in order to interpret the data. Because the current study is exploratory in nature, it adopts a grounded theory approach in analyzing the data. In doing so, the theory was allowed to naturally emerge from the data, while accounting for all participant experiences. Life course and developmental theories materialized to be the best appropriate fit for the interview data.

3.1. Life Course and Developmental Theories

Traditional sociological theories focus on strain, weak bonds, or deviant peers; fail to provide a comprehensive explanation for drug use (Mazerolle, 2000). These sociological theories fail to provide explanations as to why drug use progress, escalate, or persist (Mazerolle, 2000). After a thorough analysis of the participant’s recollection of events, and the emerging themes from the data, it is evident that the precepts of a number of criminological theories are applicable; however, life course and developmental theories appear to be the best fit.

Life course and developmental perspectives offer valuable insight in understanding antisocial and deviant behaviour from childhood into adulthood. The life course perspective has been defined as “pathways through the age differentiated lifespan where the manifestation in expectations and options impinge on decision processes and the course of
events that give shape to life stages, transitions, and turning points” (Edler, 1985, p.17). Life course analyses “are often characterized by a focus on the duration, timing, and ordering of major life events and their consequences for a later social development” (Sampson and Laub, 1992, p.66). Developmental criminology “is the study of the development and dynamics of problem behaviour and offending with age” (Loeber and Le Blanc, 1990, p.377). Loeber and Le Blanc (1990), indicate that developmental perspective is “the identification of explanatory and causal factors that predate, or co-occur with behavioural development” (p.377). These two perspectives may reveal the causes of individual commencement of offending, the frequency over time, and desistance (Loeber and Le Blanc, 1990).

3.1.1. Farrington’s Age-Crime Curve

Farrington's (1986) age-crime curve illustrates the significant relationship between age, onset, and termination of deviancy. The age-crime curve reveals that offending is not limited to adolescents as previously thought (Farrington, 1986). The “average age of offenders is twenty five to thirty, and only a quarter are aged in the teenaged years” (Farrington, 1986, p.235). According to Farrington (1986) the familiar age crime curve is an aggregate curve that “reveals a disparity in the occurrence of offending rather than in incidence” (p.235). The aggregate age-crime curve “peaks at about sixteen to seventeen, with peak ages of acceleration at fourteen to fifteen, and deceleration at eighteen to nineteen” (p.235). Farrington (1986) further illustrates that the “peaks ages of acceleration and deceleration, probably coincide with peak ages of onset and termination, likely to identify ages in which important developmental changes are occurring” (p.236).

According to Farrington (1986) different offences peak at different phases of an individual’s life, which can be explained by physical, social, and economic factors. Farrington (1986) further illustrates that physical characteristics may be important in the commission of certain crimes. Farrington (1986) asserts that “certain offences, such as car theft, depend on skill and knowledge acquired during the period from childhood to adulthood” (p.230), whereas others such as “burglary may peak in the teenage years” (p.230). As proficiency and experience expand, so is the likelihood of offending (Farrington, 1986). According to Farrington (1986), “explanations that link that the age-crime curve to changes in social environment are more popular and probably more important than those stressing only
individual factors” (p.231). During childhood, some individuals are conditioned and socialized by their parents to discourage crime (Farrington, 1986). In adolescence, individuals may “break away from the control of their parents and become influenced by their peers, who [may] encourage offending” (Farrington, 1986, p.231). Farrington (1986) illustrates that after age twenty-five, peer influences are replaced by spousal influential factors. As individuals mature, “they tend to desist from offending because employment, income, spouse, and children eliminate major sources of criminogenic frustration, while at the same time supplying [elements] of informal social control” (Farrington, 1986, p.232).

Farrington (1986) illustrates that the influences of the criminal justice system may impact the age-crime curve. Farrington (1986) illustrates that although the age of criminal responsibility is present and defined by the criminal justice system, some individuals under the age of responsibility participate in offences like vandalism and theft. According to Farrington (1986) “the earliest offenders tends to be the most persistent and serious later in life” (p.233) and therefore more attention should be given to offending before the age of responsibility to establish adult criminal careers. Additionally, Farrington (1986) asserts that increased penalties in the adult criminal justice system may deter some adolescents to offend.

3.1.2. Sampson and Laub’s Informal Social Control Theory

Sampson and Laub’s (1990) theory of informal social control suggests that strong social relationships such as marital attachments and job stability explain disparities in deviancy over an individual’s life. By reconstructing and analyzing the Glueck and Glueck (1968) longitudinal data on 500 delinquents and a control sample, Sampson and Laub attempts to address the long-term affiliation between childhood delinquency, anti-social behaviour, and adult offending (Sampson and Laub, 1990). Results indicate that childhood delinquency is a noteworthy association to adult criminality. According to Sampson and Laub (1990), “boys with high rates of reported delinquency are five times more likely to have been arrested at ages 17-25 than boys with low reported rates of juvenile misbehaviour, and almost seven times more likely to be later arrested in adulthood (ages 25-32)” (p.616). Sampson and Laub (1990) further assert “childhood temper tantrums also reveal a strong
correlation with adult criminality” (p.616), thereby indicating the substantial connection between childhood delinquency and adult criminality.

Furthermore, Sampson and Laub (1990) illustrate those strong social bonds to “adult institutions of work, education, and the family exert a powerful influence on adult crime and deviance” (p.618). Steady employment in adulthood can significantly transform pathways to crime and deviancy despite childhood antisocial behaviour (Sampson and Laub, 1990). According to Sampson and Laub (1990), “individuals with high aspirations and efforts to advance educationally and occupationally were much less likely to engage in deviant behaviour, use alcohol excessively, or be arrested at ages 17-25 and 25-32” (p.618). Strong marital attachments also suggest a lower likelihood in adult criminality (Sampson and Laub, 1990). Evidence gathered by Sampson and Laub (1990), strongly reveal, “childhood delinquency is linked to adult crime, alcohol abuse, general deviance, educational failure, unemployment, and divorce; but despite the continuity, job security and strong marital ties inhibit adult crime” (p. 609).

3.1.3. Moffit’s Dual Developmental Taxonomy

In 1993, Terry Moffit proposes a dual taxonomy of offender by exploring the correlation between age and deviancy. Moffit’s taxonomy illustrates that in one group, the adolescent limited; there are a large number of individuals who participate in antisocial behaviour during adolescence (Moffit, 1993, p.678). The second group, life course persistent, is much smaller but “they continue serious anti-social behaviour throughout adulthood, the same group whose antisocial behaviour was stable across the years from early childhood” (Moffit, 1993, p.679). Although these two categories of individuals differ, the most important distinction is the classification of their behaviour. Moffit (1993) asserts the life course persistent group of individuals suffers from psychological deficits that interact with the environment throughout development. Neurological abnormalities such as temperament, cognitive abilities, and behavioural development, from and early age can lead to violence and antisocial behaviour. Neurological development can be hindered by maternal drug use, poor diet, and exposure to toxins (Needleman and Beringer, 1981). Because children resemble their parents in temperament and cognitive ability, Moffit (1993) reveals that “children whose hyperactively and angry outbursts might be curbed by firm discipline will tend to have parents
who are inconsistent disciplinarians and impatient and irritable themselves” (p.681). The familial hardship may also include parental characteristics such as mental health, low cognition, and socio-economic status (Moffit, 1993). For life course persistent individuals, “patterns later in life may reflect early individual differences that are perpetuated by interactions with the social environment: first at home, and later at school” (Moffit, 1993, p.682). As a result, Moffit argues that a child’s neurological deficits are not the product of only genetics, but the correlation of neuropsychological deficit and the environment that makes the individual more susceptible to antisocial behaviour.

Furthermore, Moffit asserts that life course persistent individuals are limited in the opportunities to practice and acquire pro-social skills throughout development (p.683). Some young individuals with neuropsychological deficits have learned to assume the worst; thus they proactively remove themselves from any opportunity to associate with pro-social peers (Moffit, 1993). This limits the individual’s ability to practice and acquire conventional skills. Moffit (1993) further illustrates that “personal characteristics such as poor self-control, impulsivity, and the inability to delay gratification increases the risk that [individuals] will make irrevocable decisions that closes doors of opportunity” (p.684). Additionally, “deficits in language and reasoning are instrumentally elaborated into academic failure and dearth of job skills” (Moffit, 1993, p.684). The continuous social roadblocks in conjunction with the individual’s personality characteristics may tend to create the cycle for antisocial behaviour.

According to Moffit’s (1993) the adolescent limited taxonomy, an individual’s antisocial behaviour begins in early adolescences, peaks at 17 and then declines (p.675). Moffit (1993) argues that “anti-social behaviour is motivated by the gap between biological maturity and social maturity, it is learned from antisocial models who are easily mimicked” (p.685). In comparison to the life course persistent typology, these individuals exhibit little continuity of their antisocial behaviour (Moffit, 1993). These individuals may have intermittent periods of conventional behaviour during the course of their careers. Moffit (1993) illustrates that “unlike life course persistent peers, antisocial limited individual are likely to engage in activity that is more profitable to them, but they are also able to abandon antisocial behaviour when pro-social styles are more rewarding” (p.686). According to Moffit (1993), “adolescent limited individuals gradually experience a loss of motivation for delinquency as they exit the maturity gap” (p.690). Some of these individuals begin to have a shift in perception where
they acknowledge that some of the pleasures of antisocial behaviour they craved as adolescents have now become unrewarding (Moffit, 1993). Adolescent limited typologies have “social skills and academic achievement, making them more eligible for postsecondary education, good marriages, and a desirable job” (Moffit, 1993, p.690); perhaps acquisition of pro-social skills as alternatives to deviancy may explain why some desist and others do not (Moffit, 1993).

3.2. Life Course and Developmental Theories and Drug Use

Developmental and life course theories may provide possible explanations to understanding illicit drug use, but also, in implementing effective prevention and treatment strategies. Developmental and life course theories provide dynamic explanations into drug using behaviour (Mazerolle, 2000). Specifically, developmental theories “recognize how behaviour is shaped over the life course including the process that affects initiation, escalation, and the termination of drug use” (Mazerolle, 2000, p.189). Life course and developmental theories acknowledges the sequence of drug using behaviour over time, the consequences, and how life events can determine progression or cessation of use (Mazerolle, 2000).

3.2.1. The Power of Social Influences

O’Donnell, Hawkins and Abbott’s (1995) study attempts to examine the relationship between early aggression and subsequent delinquency and drug use. Their results reveal, “that boys uninvolved in serious delinquent behaviour at ages 13 and 14 had significantly higher levels of school bonding and achievement, and norms against substance abuse when compared to boys who were involved” (p.533). O’Donnell et al., (1995) further reveal that aggressive boys “involved in substance abuse at ages 13 and 14 had significant negative peer interactions” (p.534).

A number of studies have attempted to examine the central precepts of Sampson and Laub’s theory. Most of the research is “concerned with the underlying process of change and desistance from criminal behaviour” (Mazerolle, 2000, p.193).
White and Bates (1995) study on the cessation from cocaine use attempts to look at factors that may differentiate between individuals who stop and those who continue use during adolescence and early adulthood. The results of White and Bates (1995) study reveal that although there are similarities in work and education status in both groups, those who stopped using cocaine were more likely to be married and have children. Furthermore, White and Bates (1995) illustrate “stoppers and users were not different in earlier patterns of drug use, but cocaine users have heavier users of alcohol, marijuana, and other illicit drugs than the stoppers” (p.951). Having the proportion of friends that used cocaine was also a significant factor in the study (White and Bates, 1995). According to White and Bates (1995), those that stopped using cocaine, “were more likely to experience the most serious life consequences of use such as a loss of [employment], going to treatment, or passing out” (p.952).

Chen and Kandel (1998) study recognizes how life events can produce a cessation of marijuana use. Using a sample of 706 marijuana users, Chen and Kandel (1998) illustrate that cessation of use is associated with age, gender, and the social role of participation. According to Chen and Kandel (1998), “nearly 60% of all users stopped their marijuana use between ages 23 and 30, the period in the life cycle where individuals actively participate in adult roles” (p.114). For those who persisted use beyond the age of 30, Chen and Kandel (1998) claim they had initiated at an earlier age; therefore, infrequent users are more likely to stop marijuana use than persistent users. The author’s reveal that participation in meaningful social roles has an important effect on the cessation of marijuana use (Chen and Kandel, 1998). Using marijuana “for social reasons accelerated cessation, while using to enhance positive feelings was associated with persisted use” (Chen and Kandal, 1998, p.119). Specifically, according to Chen and Kandal (1998), “only entry into family roles, namely getting married or getting pregnant, and becoming a parent for the first time remained significant predictors of cessation” (p.117). The effects of these life events appear to be important in reducing drug use. Chen and Kandel (1998) findings are consistent with Sampson and Laub’s theory that strong ties to social institutions can lead drug use trajectories into desistance.

Warr’s (1998) study reveals “life course transitions affect criminal behaviour by altering relations with deviant peers” (p.183). By focusing on marriage, Warr (1998) indicates
that a limited amount of time spent with deviant peers may be a possible cause of desistance rather than the marital bond as previously indicated by Sampson and Laub. The results of Warr’s study further reveals that “changing patterns of peer relations over the life course are essential for understanding criminal life course trajectories” (p. 183). By acknowledging “transitions from criminal to conventional behaviour is not an individual conversion but a social transformation that entails the destructions of old relations and the creation of new ones” (Warr, 1998, p. 212), Warr illustrates that desistance is a group process.

3.2.2. Developmental Trajectories

Using the premise of Moffit’s (1993) study, vast number of research has emerged examining the relationship between early initiation, violence and drug use (Mazerolle, 2000). By examining the correlation between the age of onset and further substance abuse and delinquency, Zhang, Wieczorek, and Welte (1997) reveal that early substance abuse is connected to persistent alcohol and drug use, association with deviant peers, and participating in deviant activities (Zhang et al., 1997). According to Zhang et al., (1997) “the early age of onset of delinquency is a significant predictor of associating with delinquent peers, alcohol use, and deviant activities; however, the early age of onset for substance use is a stronger predictor than the onset of delinquency” (Zhang et al., 1997, p. 260). Zhang and colleagues (1997) further reveals that parental substance abuse and low family socioeconomic status may reveal adolescent alcohol and drug use (Zhang et al., 1997). The implications of Zhang and colleagues research suggests that although substance abuse can lead to deviant peer affiliation, “the socialization associated with early substance use onset, and not the use itself, appears to be the route to delinquency” (Zhang et al., 1997, p. 265).

Using the data from the Minnesota Twin Family Study, Elkin and colleagues (1997) reveal that persistent antisocial behaviour in adulthood is correlated with “lower IQ and achievement, more pathological personality characteristics, greater substance use, early progression along the pathways of antisocial behaviour, and an increased risk of conduct disorder in the offspring” (Elkin, Iacono, Doyle, and McGue, 1997, p. 101). Elkin and colleagues (1997) further asserts that onset of antisocial behaviour in late adolescents maybe linked with more negative features compared to those with onset in early to mid adolescence (Elkin et al., 1997). Using examples from the Minnesota Twin Family Study,
Elkin and colleagues (1997) indicate that the “onset of more severe antisocial behaviour in late adolescents or early adulthood were quite similar with life course persistent patterns of antisocial behaviour in personality, manifesting a high degree of negative emotionality, impulsivity, and psychopathic characteristics” (Elkin et al., 1997, p.120). According to Elkin and colleagues (1997), those who persist offending into adulthood, commenced their deviant behaviours in late adolescents (Elkin et al., 1997). On the contrary, those who exhibit antisocial behaviour in early adolescents, tends to inhibit offending in adulthood and displayed normal personality characteristics (Elkin et al., 1997).

Nagin, Farrington, and Moffit’s (1995) study examines the relationship between substance abuse and job instability by categorizing individuals into four groups: never been convicted, adolescent limited, high level chronics, and low level chronics. The results indicate that “because the adolescent limited [group] had not been convicted since age 22, at age 32 their offending behaviour was undistinguishable from that of the high level and low level chronics” offenders (Nagin et al., 1995, p.122). Nagin and colleagues emphasize that at age 32 adolescent limited offenders restrict their deviancy to behaviours that are less likely to result in sanctions that may jeopardise their careers and their bonds to society (Nagin et al., 1995). According to Nagin and colleagues (1995), at “ages 14-18 adolescent limited and high level chronics were more likely to engage in violence, use drugs and smoke regularly than the low level chronics and the never been convicted groups” (Nagin et al., 1995, p.123). Nagin et al., further asserts that by the age of 18 adolescent limited, high and low level chronic offenders are “more likely to hold unskilled jobs, be unemployed, and score high on the overall index of employment instability, but by the age of 32 employment patterns [for adolescent limited’s] are undistinguishable from the never been convicted” (p.125). Results illustrate that drug use and employment instability is profound for the adolescent limited and the never been convicted groups (Nagin et al., 1995). For the high and low level chronic offenders, drug use and employment instability is a lifetime struggle to conform to conventional norms (Nagin et al., 1995).

3.3. Critiques of Life Course and Developmental Theories

Although life course and developmental theories may provide adequate explanations in drug using behaviour, they are not without its limitations. According to Sampson and Laub
(1990) criminology has ignored early childhood disparities as a source of possible explanations for adult offending. They reveal that “just because criminal tendencies emerge early in life it does not mean they derive from psychological and constitutional differences” (Sampson and Laub, 1990, p.625). Other environmental and social factors may provide a plausible sociological explanation to a complete life course perspective (Sampson and Laub, 1990). Loeber and LeBlanc (1990) illustrate that many developmental and life course researcher “are primarily concerned with differences amongst group of offenders, which has led to a neglect of studying individuals’ offending over time” (p.376). Limited amounts of information exist with regards to individual offending rates and how rates of offending change over the life cycle (Loeber and LeBlanc, 1990). Another question foreign to cross-sectional research “is which causal factors occur often only in cross proximity to the delinquents act and which factors operate over long periods of time” (Loeber and LeBlanc, 1990, p.376).

According to Sampson and Laub (1990), criminology has not “devoted significant attention to understand behaviours that lead to desistence from crime and the transitions from criminal to non criminal behaviour” (p.609). Attempting to employ a harmonized psychological and sociological approach, one that address changes within the individuals’ offending over time, may be a plausible mechanism to minimize the effects of the current limitation.

### 3.4. The Current Study and Theory

Various criminological theories supported the findings of the present study; however, life course and developmental theories were the most persuasive and aided the analysis of drug use progression and desistance. Life course and developmental theories provided an inspirational guideline in the analysis of the data. It provided context to drug use initiation, frequency over time, and desistance by observing both social and individual characteristics. Life course and developmental theories indicate early aggression and drug use may be linked to the lack of attachments to their families and the community, lacking a sense of accomplishment, and temperament. However, it also acknowledges that both social and individual characteristics such as having children, getting married, and finding meaningful employment can be factors that lead to desistance and maintaining sobriety. Therefore, having a meaningful stake in the community can transform pathways into drug use and the
associated lifestyle. The next chapter addresses research decisions and methods that were used in the present study.
Chapter 4.

Methodology

This chapter provides a detailed description of this study’s research methods. It addresses research questions this study attempts to answer, techniques employed in collecting and analyzing the interview data, and ethical considerations and protocols followed.

4.1. Research Questions

The purpose of this study is purely exploratory. Its aim was to conduct an analysis of the micro level factors that may influence individuals into drug use, the associated scene, and the reasons to achieve and maintain sobriety. Factors such as motivation, desires, perceptions, and inner-thoughts are examined in more depth within the contexts of drug use, the scene, and sobriety and what this means in terms of their identity. The research questions that this study aims to answer are:

1. What influences an individual into drug use and others to abstain?
2. What persuades an individual into a drug-involved lifestyle?
3. What inspires an individual to seek recovery?
4. What encourages an individual to maintain sobriety?

It is hoped that this study can provide insight into the dynamics of drug addiction that affects numerous individuals in Vancouver’s Downtown Eastside.

4.2. Data Collection

This study takes a qualitative approach in gathering details on the experiences of the selected participants. Merriam (2009) defines qualitative research as “rather than
determining the cause and effect, predicking or describing the distribution of some attribute among populations, [qualitative research] is interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (p.5). Strauss and Corbin (1998) define qualitative research as “a non-mathematical process of interpretation, carried out for the purpose of discovering concepts and relationships in raw data and then organizing these into a theoretical explanatory scheme” (p.11). Patton (1985) states:

[Qualitative research] is an effort to understand situation in their uniqueness as a part of a particular context and their interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of that setting- what it means for participants to be in that setting, what their lives are like, what's going on for them, what their meanings are, and what the world looks like at the particular setting (p.1)

The objective of this study is to obtain a rich and thick description on the motivations to use drugs, identify some factors that are associated with a drug involved lifestyle, and motivations to achieve and maintain sobriety.

4.2.1. In-depth Semi-structured Interviews

The interviews for this research were open-ended; they were semi-structured with a set of questions created prior to the first interview. These questions served as a stepping-stone to whatever the topic of conversation naturally resolved itself mid interview (see Appendix D for interview themes).

This format provided the greatest flexibility by allowing participants to freely recount events they felt were important while at the same time permitting me to follow-up or redirect topics. This resulted in the thickest, most rich descriptions, capturing the participant’s drug use experience as completely as possible.

It is hoped that the data gathered might offer insight into micro-level factors that influence individuals into drug use, the associated lifestyle and the reasons to achieve and maintain sobriety. The qualitative interview was selected as a method to collect data because “it seeks to describe the meanings of central themes in the life world of the participants” (Rubin & Rubin, 2005, p.4). Rubin & Rubin (2005) state that when insight into experiences of
individuals is required, the use of numbers often “strips away the context, losing much of the richness and complexity that makes research realistic” (p.2).

The interviews were conducted from January 26, 2015 to February 15, 2015 and lasted roughly two hours, though its actual length varied depending on the rapport that developed between each interviewee and myself and how talkative each interviewee proves to be.

4.2.2. Audio Recording

With the consent of each participant, all interviews were audio recorded. Ritchie and Lewis (2009) state, “audio recording are a more neutral and less intrusive way of recording the interview” (p.168). Therefore, recording the interviews allowed me to pay better attention to my participants during the interview. This allowed me to really listen to each individual’s story rather than taking notes. I paid particular attention to my participant’s facial expression and body language as a cue to move on to the next topic based on these non-verbal reactions. The recordings allowed me to take notes and write down any responses that I wanted to further investigate.

4.2.3. Transcription

All interviews were transcribed verbatim using NVIVO 10 software. Silverman & Marvasti (2008) illustrate that the consistency of the explanations from dictation hinges profoundly on the transcribing the “trivial, but often crucial, pauses and overlaps” (p.272). It benefits the researcher not only to focus on what is said but also the language pattern and behavior. On the other hand, Halcomb & Davidson (2006) indicates, “the process of transcription should be more about interpretation and generation of meanings from the data rather than being a simple clerical task” (p.39). The verbatim transcripts were checked for accuracy through audio playback, to ensure all information in the final analysis was accurate. This guided the study with great confidence in the accurate representation of the participants and the examination of the big picture.
4.3. The Sample and Venue

4.3.1. Sampling methods

Two major sampling strategies used in social research are probability and non-probability samples. Probability sampling is “generally held to be more rigorous approach to sampling for statistical research, but is largely inappropriate for qualitative research” (Ritchie and Lewis, 2009, p.78). Qualitative research uses non-probability sampling for selecting a group to study.

The current study attempts to look at motivations for drug use entry, exit, and maintaining sobriety. Proceeding with a probability research sampling strategy may cause a challenge because the representative sample of this group of individuals is “hard to reach” and not readily available. Therefore, non-probability sampling is better fitted for this research because “the characteristics of the population are used as the basis for selection” (Ritchie and Lewis, 2009, p.78). This feature makes it well suited for in-depth studies.

The current study uses two non-probability sampling techniques: purposive and snowball sampling. Purposive sampling is a technique used in qualitative research in which “sample units are chosen because they have a particular feature or characteristics which will enable detail explorations and understandings of the central themes and puzzles the researchers wishes to study” (Ritchie and Lewis, 2009, p.78). According to Ritchie and Lewis (2009), purposive sampling has two main objectives: ensure key populations relevant to the subject matter are covered, and secondly “to ensure that, within each key criteria, some diversity is included so that the impact of the characteristic concerned can be explored” (Ritchie and Lewis, 2009, p.79). This study focus on individual motivation to use, leave and abstain from drugs. Therefore the participants had to meet the following criteria:

- 19 years of age and older
- Formerly used drugs and participated in the associate scene
- Maintained sobriety for over 2 years.

Individuals 19 years of age and older were sought after in efforts to abide by Simon Fraser University’s Research Ethic Board requirements. Furthermore, the decision was made to use participants who have maintained sobriety for over 2 years because of the comfortableness and the willingness of the participants to discuss their past experiences. The 2-year mark...
serves as a good indicator that the participants were already discussing their experiences openly in a community service setting.

All participants were purposively selected and I obtained assistance from my first set of recruits to obtain suitable participants for my study. This commonly referred to as snowball sampling. Snowball sampling is a technique that uses word of mouth recruitment by allowing access to selected individuals who are involved in the particular phenomenon (Scott and Garner, 2013). This method was quite fitting, as those involved with the Downtown organization were able to refer suitable candidates that I would not have access to otherwise.

4.3.2. Recruitment

In January 2015, contact was made with the initial four participants who were involved in an earlier prototype study that was done as a requirement for a graduate seminar course, and they were informed about the intended research. All four participants agreed to participate. My first interview was done in the last week of January with an individual given the pseudonym Liam. Liam, was very helpful is recruiting other individuals from the Downtown Eastside organization. After our interview, I provided Liam with a handout to give other individuals he thought was relevant to the purpose of my study (Appendix B). Liam then went out and recruited individuals and got agreements from these individuals to be a part of the study. With their permission, their contact information was passed on to me the following day. I made contact with 5 of these individuals. A date and a location was setup for the following week or the closest convenient day for the participants. An individual given the pseudonym Aiden, who was also involved in the prototype study, was able to provide 5 more participants and contact was made in a similar manner.

4.3.3. Venue

All interviews were conducted in a neutral and convenient location for both the participants and myself. Suitable location was selected also based on their non-threatening nature for both the participants and myself. Starbucks located in Gas Town Vancouver was the location for most of the interviews. According to Scott and Garner (2013), “interviewing in a workplace or the offices of a social movement may produce more formal answers than
interviewing in a person’s home, a café, or a bar” (p.285). The venue did not pose any challenges regarding the quality of the discussions or privacy within a public setting as this group of participants are accustomed to speaking about their past experiences through various community services experiences. For those participants that was unable to make it to that location, another coffee shop was determined close to their proximity.

4.3.4. Challenges and Solutions

Numerous contacts were made with 2 individuals who initially agreed to participate in the study, but they did not materialize. These two individuals were scheduled as my last two interviews in the middle of February and they expressed difficulties due to work and other personal commitments. I offered to reschedule to a later more convenient time but the individual declined. I took it as a cue that they no longer wished to participate. The remaining interviews did not pose a challenge, other than changing dates and times due to unforeseen circumstances. All 12 interviews were a success.

4.3.5. The Participants

In total 12 adult participants who are 19 years of age and older were interviewed. This study includes the voice of one female because she was the only female who wished to participate. This study consists of individuals who were former drug addicts. For the sake of protecting confidentiality, all participants were given pseudonym, including any names they might have mentioned during the interview. The names of these individuals were randomly chosen from the top 12 baby names for 2015.

These individuals have left that particular scene and now either work or volunteer and reside at a non-profit organization in the Downtown Eastside. All but one of the participants is currently employed with this Downtown organization. The agency seeks to assist and employ formerly drug-addicted individuals and recently incarcerated men and women who seek to leave their criminal identities behind and reintegrate into society. The former lifestyles of these individuals were well suited to achieve this study’s research objectives because they provided valuable information in the motivation to use drugs, their progression into the lifestyle, and finally reasons to seek treatment and maintain sobriety.
Table 4-1 Sample characteristics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age of first Alcohol use</th>
<th>Age of First Drug Use</th>
<th>Name of First Drug</th>
<th>Years Sober</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson</td>
<td>Male</td>
<td>14</td>
<td>16</td>
<td>Marijuana</td>
<td>5 years</td>
</tr>
<tr>
<td>Aiden</td>
<td>Male</td>
<td>14</td>
<td>16</td>
<td>Marijuana</td>
<td>8 years</td>
</tr>
<tr>
<td>Liam</td>
<td>Male</td>
<td>5</td>
<td>12</td>
<td>Speed</td>
<td>9 years</td>
</tr>
<tr>
<td>Lucas</td>
<td>Male</td>
<td>5</td>
<td>12</td>
<td>Marijuana</td>
<td>5 years</td>
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<tr>
<td>Noah</td>
<td>Male</td>
<td>4</td>
<td>13</td>
<td>Marijuana</td>
<td>7 years</td>
</tr>
<tr>
<td>Mason</td>
<td>Male</td>
<td>14</td>
<td>15</td>
<td>Marijuana</td>
<td>17 years</td>
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<tr>
<td>Ethan</td>
<td>Male</td>
<td>4</td>
<td>13</td>
<td>Marijuana</td>
<td>15 years</td>
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<tr>
<td>Caden</td>
<td>Male</td>
<td>12</td>
<td>13</td>
<td>Marijuana</td>
<td>6 years</td>
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<tr>
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<td>10</td>
<td>12</td>
<td>Marijuana</td>
<td>7 years</td>
</tr>
<tr>
<td>Sophia</td>
<td>Female</td>
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<td>15</td>
<td>Marijuana</td>
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</tr>
<tr>
<td>Logan</td>
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<td>–</td>
<td>17</td>
<td>Cocaine</td>
<td>4 years</td>
</tr>
<tr>
<td>Jayden</td>
<td>Male</td>
<td>–</td>
<td>13</td>
<td>Marijuana</td>
<td>6 years</td>
</tr>
</tbody>
</table>

4.4. Ethical Considerations

According to Orb, Esienhauer, and Wynaden (2000), ethics in research is based on the principle of doing good while avoiding any harm. Therefore, with proper ethical procedures followed, harm can be reduced or even prevented. The protection of research participants was important (Orb et al., 2000) for this study.

4.4.1. Ethics and the Current Study

By asking the participants to recount what may have been stressful and less than pleasant incidents in their lives, psychological discomfort may result. In the unlikely event, where I am concerned about any individual, I was ready to advise the participant about counselling resources the participant could have accessed in the event they wishes to do so. However, this was not the case because these participants are accustomed to speaking about their past experiences in various community service events, and therefore the participants were comfortable to discuss their past lifestyle. By sharing their stories and overcoming their drug addiction, the participants revealed it to be therapeutic because it
rekindled a sense of pride and accomplishment. By discussing their stories, it serves the participants as a reminder to appreciate their second chance at life.

4.4.2. Risk Designation and Informed Consent

Prior to collecting data, ethical approval was sought from Simon Fraser University’s Research Ethic’s Board (REB). Approval was obtained on December 17, 2014, and the Ethic’s Board deemed the study minimal risk. According to SFU’s REB, minimal risk is defined as “research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by participants in those aspects of their everyday life that relate to the research” (University Research Ethics Review, R 20.01, para.19.1a).

A formal invitation labeled participant information and consent sheet, (Appendix-A) outlining the purpose of the study, was reviewed by each participant at the beginning of the interview. I went over the consent document with each participant to ensure they understood what the document entails and their role as the participant. The informational and consent document notifies the participants that their involvement is voluntary and they can withdraw at any point with out any repercussions; who to contact if they have any questions or concerns regarding my research or my conduct as a researcher; and most importantly, that confidentiality and anonymity will be provided. Each participant signed the consent and information document indicating his or her consent to be a part of the study.

In an effort to protect and provide confidentiality and anonymity, the participants were informed they would be given a pseudonym, in addition to any other individuals they mention. The participants were also informed that organization they are involved with would also be un-named.

A rigorous process was adhered to with an absolute goal of securing the recordings. Interviews were recorded on my smartphone digital recorder, and immediately after uploaded to my personal computer and then deleted from my phone. All interviews were then uploaded to my personal computer and saved to a hard drive, as well as a portable password protected USB drive. These files were then imported into NVIVO 10 software for transcription. All interviews were transcribed into word documents, and all personal identifiers
were removed. The audio recordings will be kept until the end of the research study, should a need arise to verify any ambiguities in the transcripts. Upon the final submission of my thesis, the recordings will be promptly deleted. The transcriptions are also stored on a password protected USB flash drive, notes taken during the interview or any other field notes will also be retained for 3 years, if I intend to expand the research area. To protect and maintain confidentiality during the 3-year retention period, the USB flash drive and field notes will be carefully stored in a security deposit box. All interviews were conducted without any ethical issues arising. The participants did not show signs of distress nor did they mention any concerns or issues.

4.5. Analytical Framework

I approached the data using the principles of the grounded theory. This theory implies that the “researcher should not go into the fieldwork with a definite set of theories in mind, but should let concepts and explanations emerge from careful explanations” (Scott and Garner, 2013, p.26). I did not let preconceived biases affect the integrity of the data. The integrity of the data was protected by not conducting the literature review until all the interviews were conducted and the coding categories determined. This allowed me not be influence by the themes presented in the literature search and focus solely on themes emerging from the data.

When all the interviews have been conducted and transcribed, it did not take long to realize the possible themes emerging and the implications of these themes with regards to the existing literature. I placed emphasis on “learning and understanding the meanings people give to their world and experiences instead of making them up, is an emphasis on the everyday world, everyday life, the quotidian” (Becker 1996, p.6). I embraced all aspects of the raw data that was relevant to the research question.

To familiarize myself with the data once transcriptions were finished, I went through each transcription on NVIVO one by one looking for language, circumstances leading to drug use, the drug use itself, the lifestyle, the motivations to seek treatment, and finally the decision to leave that lifestyle behind. Because of the grounded theory approach, I was
immersed in the raw data and explored it in great deal before making any theoretical
connections and generalizations. I was required to look at the “totality of the data rather than
ignore what might be inconvenient” (Becker, 1998, p.85). This helped me to protect the
authenticity of the data. Codes were assigned to concepts that related to the research. These
codes were assigned base on the categories of interview questions (Appendix D).

In order to refine the data, I assessed patterns and themes that were generated and
determined their relationship to the research questions. Finally, by constantly reviewing the
transcriptions, I was able to ensure that the generated themes were able to comply with the
research objectives.

4.5.1. Reflexivity

the researcher constructs knowledge from the research process—what sorts of factors
influence the researcher’s construction of knowledge and how these influences are revealed
in the planning, conducting, and writing up of the research” (p.275). Srivastava and Hopwood
(2009) also add that classifications of responses in actuality are not evident on their own,
instead “they are driven by what the researcher wants to know” (p.77). Although personal
biases from research and professional backgrounds may sweep in, reflexivity is a critical
feature. I was determined to be impartial as possible in the assembly and analyzing the
qualitative data (Ritchie and Lewis, 2009). Reflexivity in research is based on “a critical
reflection on both the kind of knowledge produced from the research and how that
knowledge is generated” (Guillemin and Gillam, 2004, p.274).

Although I did not have exposure into the seductions of drug use and the associate
scene, I remained impartial throughout the research process by not being influenced by my
personal biases or from those individuals around me, and the media. Acknowledging the fact
that individual perceptions may differ, I tried to include alternative viewpoints from the data
and literature where possible.

4.5.2. Research Journal

A comprehensive journal was kept throughout the entire research process. The journal
was useful because it allowed me to document my thoughts, research decisions, codes, and themes. Keeping track of my thoughts and ideas throughout the entire research process was a useful tool because it prevented forgetfulness of decisions made in the earlier stages (Silverman and Marvasti, 2008). The journal was useful in keeping track of the research’s progress because this allowed me to refer back to a page when uncertainties arose in the write-up stage, thus, the journal acted as a guide throughout the entire process.

### 4.5.3. Credibility and Authenticity

The conceptions of reliability and validity have been derived from the natural sciences and therefore, for some, their applicability to qualitative research has come into question (Ritchie and Lewis, 2009). In their broadest conception, “reliability meaning ‘sustainable’ and validity meaning ‘well grounded’ will have some relevance in qualitative research since they help define the strength of the data” (Ritchie and Lewis, 2009, p.270). The ability to have dependable and replicable data is based on the “collective nature of the phenomenon that has been generated by the studies participants and the meanings they have attached to them that would be expected to repeat” (Ritchie and Lewis, 2009, p.270). Therefore, when testing qualitative data, Strauss and Corbin (1990) state “that the usual cannons of good science…require redefinition in order to fit the realities of the qualitative research” (p.4). In order to maximize trustworthiness, the quality of the research is related to the generalizability of the results (Golafshani, 2003).

Golafshani (2003) illustrates the difference of reliability and validity in qualitative studies is based on the “trustworthiness, rigor and quality in a qualitative paradigm” (p.604). By eliminating bias and increasing the “researcher’s truthfulness about a social phenomenon” (Golafshani, 2003, p.604), reliability and validity in qualitative research can be achieved. It is critical to conduct qualitative research that is both authentic and credible. In the context of this study, it was critically important to honor the participant’s voices.

### 4.6. Summary

The goal of the current of chapter was to provide a transparent picture of my research methodologies. The following chapter presents the findings from the interview data and how
they fit with existing literature on drug use.
Chapter 5.

Results and Discussion

This chapter engages the narratives on the lives of individuals who were involved in drug use, the associated scene and now practice sobriety. In line with the main purpose of the study, which was to explore the motivation for drug use entry and exits; the results from this study were interpreted and analyzed based on 2 key areas: the setting and the environment in which motivation for drug use can occur (the construct of addiction), and relationships and resources that maintain and desist addiction. By adhering to the grounded theory principles, these two key areas of analysis were created by looking directly at the major inductive themes. The major inductive themes such as seduction into drug use and the scene illustrate the constructs of addiction, whereas calling it quits and maintaining sobriety portray factors that maintain and desist addiction.

Findings for the current study support the principle of various criminological theories; however, life course and developmental theories provided an inspirational guideline in the analysis of the data. The principles of this theory illustrate that the lack of meaningful attachments, lack of achievement, and temperament can lead to drug use and addiction; however, developing and strengthening these attachment can lead to desistance. From this study, information pertaining to evolution of drug addiction is uncovered. In addition, insight into the undertakings of the drug addictive lifestyle is acquired, and motivation to cease and desist from that scene is obtained.

5.1. Defining Addiction

This section will attempt to define addiction. The participants were asked to provide a working definition of addiction. Most responses touch on key characteristics of the person
suffering from addiction and the various acts they would have to undertake to maintain it. The following provide a more general definition of addiction as a disease.

Aiden: Addiction is something that I consider a disease because I know what I need to do to give a temporary reprieve to that and it is incurable in my opinion and my experience. I see approximately 1000 people a year go through the treatment centre and I can count on one hand...I don't like to ask new comers this question very often but when I do or they offer, I say what made you pick up, and they say they stopped doing the work. That is how I relate it to a disease...you stop taking the medicine, the disease takes over. You stop doing chemo you die. You stop doing treatment you die.

Sophia: It eats away at every good thing you ever had, any morals, your outlook and goal they disintegrate, and you lose everything. You loose your appearance and respect... you lose everything. It is very much like a cancer that eats you up and you don’t even know it is happening.

Jackson: They say addiction is similar to a disease. I would say sort of because once you got it then you get more, and more and more. It is like chicken pox, it starts off here, then pops up there, there, and there, and there, and ends up covering up your whole body and your body is just sucking it all in and you want more.

All three participants equate addiction to a disease. Similar to a disease, illicit drug use may occur occasionally and recreationally before consuming an individual’s entire life without their awareness. Once the addiction takes over the individual’s life, it is incurable and begins to eat way the individual. Sophia describes the event as a total loss of physical, emotional, and personality characteristics. Due to its incurability, in order to manage addiction, Aiden illustrates you must put in continual effort such as treatment meetings, even in sobriety to alleviate the ongoing effects of addiction.

Similar to Becker ’s (1953) theory that motivation for drug use is learned and influenced by a social process, Liam concurs that addiction is a learned process.

Liam: Addiction process is just like going to school. You start off having known nothing about it, zero and start to ask questions to try to understand it. People have to teach and facilitate you to a get the grasp of it. Kinda go through phases, kind of like the steps in the 12 steps program. You learn the first part here and then
you move onto the next part there, and the next part. The more you go through it the more you begin to understand it.

The comparison to school illustrates that addiction is gradual process, one that learned in different phases. In addition, perhaps it may be a rewarding in the individual's peer group to up a stage.

Ethan describes a major symptom for addiction is denial and how it played a role in addiction.

Ethan: The thing with alcoholism and drug addiction, the number one symptom for people like myself is denial. I used the definition of D-E-N-I-A-L as "Don't Even Know I Am Lying" and the thing about the person, everybody knows about the problem we are having except ourselves. We are absolute professionals at rationalizing and justifying everything in our life by somebody or something outside of ourselves; and that is how I lived my whole life.

Ethan also distinguishes that ego is a precursor for denial, which plays a main role in addiction.

Ethan: Because of alcoholism as a young child, I was directly myself to other kids that were like me, that wanted to party. Most of the kids didn't do that and saw that as a bad thing, but I thought the other kids were like wimps and we were the cool kids or something. That is how you think when you are young and a big part of that is ego. I still look at my ego today as something... E-G-O “that Edges God Out” when I let my ego run my life.

As previously mentioned by Sophia and Jackson, addiction can eat away at individual characteristics without any awareness; Ethan relates that event to denial and ego. Resulting from certain events in an individual's life, such as alcoholism, they begin to associate with similar likeminded individuals who view the illicit drug use and alcoholism as cool. As the addiction grows, they begin to rationalize and justify their illicit drug use by placing blame on other individuals or some other life event. Denial and ego both cause the individual from failing to recognize they may have an addiction problem.
Having meaningful constructs of addiction can be beneficial in understanding the nature and the motivation for the participant’s lifestyle that led them down the road to addiction. The participants of this study have come to define addiction as an incurable phenomenon that is gradually acquired through learned social events that may be rewarding to the individual. Denial and ego both prevent the individual from recognizing they have a problem because they may justify their actions by placing responsibility one someone else or some other life event.

5.2. Seduction into Drug Use

In this section, there is a look at the individuals early years and the influences they had in enticing them into to drug use. During the interview, participant provided their reasoning as to why people become motivated to try drugs. Findings suggests that the individual at the point of first drugs use seems to be un-content with themselves and/or the life they were currently living. The drugs themselves provided the individual with a vehicle to escape (Zurich, Polson, and Bates, 1985). In the search for this false happiness, the individual begins to continuation of drug use to seek and recover that gratification (Zurich, Polson, and Bates, 1985).

5.2.1. Importance of Psychological Trauma

According to Richard Hamersley (2011), problems associated to drugs can be adequately severe in themselves to constitute life’s difficulties. Khantzian (1985) self medicating theory illustrates an individual’s early life histories often entail exposure to violence; therefore, the use of illicit drugs is a way to reprieve and feel content from their one’s current situation. Hammersley (2011), illustrates a list of causes of major sources of trauma which include: physical, emotional and sexual abuse, including bullying and neglect; family dysfunction, including familial drug use and alcohol problems; and prison and criminal justice proceedings (p.270). All these potential sources of trauma were present in the participants of this study.

In his response, Mason provides a comprehensive view of early trauma and its role in his addiction. He illustrates that trauma can cause fear in an individual which can effect their
personality. In order to alleviate the fear, pain, and depression, the drug and/or the alcohol becomes the coping mechanism.

Mason: Addiction is about trauma usually. Early trauma becomes part of your personality. Dealing and coping with trauma, you drink and use continuously to use to suppress the fear. Most addicts have early trauma, so they have a lot of fear, which manifests itself in a lot of different ways. Looking to be a people pleaser, sometimes their over-achievers, or their depressed, or whatever, for me I was an over achiever. As a young person I really worked hard because that was my coping mechanism... right. I was working so hard because I had so much fear because of neglect, abuse, all those stuff. As soon as I began to drink and use at 14 that numbed all fears... that worked really well to deal with fear and the trauma. It was like aah moment...where have you been all my life... it felt so good.

Similarly, Caden illustrates that “before using I was scared and afraid to be at home. Never knew when the old man was going to loose it because he was an alcoholic. He drank every day. After using, I really didn’t give a shit because I was stuffing my feelings and hiding from reality”. Caden also makes remarks assessing the “skewed normality” of his family life.

Caden: Everybody else was the Brady bunch except us; our family was messed up. If people only knew what was going on at our house. I was ashamed of my family. My dad beat my mom. I was the oldest so I tried to build up courage to stop what he was doing to my mom.

Similar to Mason above and Aiden below, Caden illustrates the distorted family unit caused by witnessing and experiencing abuse may tend to generate fear and produces the need to escape in order to relieve the pain. The fear and pain caused within the family weakens the bond between parent and child, and the individual tends to becomes increasingly peer orientated.

Similarly, Aiden illustrates the allure of drug use was a way to escape from his distorted family. Aiden indicates when he refused to go back to school his parents move away without him.

Aiden: First time I used I remember it was very overwhelming; it made me feel sick, but there was something about it that I wanted. It took me away from reality immediately. With the help of my peers, it became more fun than anything. It was an escape, from the reality of home life more than anything. So I was
smoking pot, and selling pot and like I said when I was 16, I was already out of school, my parents said are you going back to school? When I said I don’t think so, that is when they sold their house and moved away.

Aiden also discusses the physical abuse he endured from his father.

Aiden: I had to deal with the mental and physical abuse from my father. My mother was also second-class. My dad ran the place and if you didn’t like it then too bad, you were gonna be punished for whatever you did that he considered wrong.

As a result, Aiden also expresses that because he never had a deep connection with his parents, he picked up his first drink and drank to black out as “a way to forget everything crummy in my life”. Sophia illustrates that since her parents were divorced, she wanted a relationship with her father. “My father sexually abused me. I felt that I was older and I knew better, that somehow it was my fault. I felt ashamed”. Similarly, Noah expresses the impact of his trauma. “My mom’s first husband, was very abusive to me, I wasn’t his kid, and he taught me to beat in on myself.”

Similarly, Ethan expresses the nature of his trauma.

Ethan: My first stepfather was a boxer in the navy and a bartender. He sexually abused my little sister and physically abused me. I used to get tied to a beam in the basement and whipped with belt buckle to the back of me until I was covered in purple welts.

By being subjected to trauma these individual began to internalized the fear, anxiety, and pain they experienced and witnessed. Because their familial bonds are weak and destroyed by the trauma these individuals felt out of place and alone.

Noah discusses issues of achieving “normality” and the need to escape from his current life.

Noah: As a child growing up around that it just became normal… you only know what you are around, I didn’t know any different. For me, as a young kid it was a way to escape, it was a way to feel good because as a person I never felt good in the inside. I felt separate from, or not good as, or I wanted to feel better than, I didn’t feel that I was apart of the people or things going on around me. Because of alcoholism as a young child, I was
directly myself to other kids that were like me, that wanted to party.

Normal family dynamics often include a loving, supportive, and a safe environment where the individual is not full of fear, anger, and hate. Home is a sanctuary; one where regardless of what is occurring in the outside world, you can always count on caring and encouraging family members. When the family dynamic is distorted based on neglect, abuse, and other factors, the individual may no longer feel safe at home. Due to weakened parental bonds, they may feel out of place and internalize their sufferings. The drugs and alcohol becomes a mechanism to escape the endured pain.

On the contrary, Jayden explains that although his childhood was fun and exciting, it was also very rough because he was bullied in school.

Jaden: I would describe it as fun, happy, like I had bunch of good times. Um. Lot of good memories, but I also was tough at times. Moving from Western Europe to Canada was a big culture shock. It was hard at times. I got bullied, and picked on as a kid. When we first got here, I got into a lot of fights protecting my sister.

Similarly, Liam divulges that “as the “welfare kid in school, I was picked on because I was poor”. These individuals were exposed to violence and social disruption, thereby producing feelings of hopelessness and helplessness where resorting to alcohol and drugs served as a coping mechanism.

In all instances the participants claim that psychological trauma had become a source of anxiety, which may have triggered the drug use as a tool to alleviate the “psychological symptoms arising from the trauma and the stress witnessed in early childhood” (Zimie and Jukic, 2012, p.174). According to Khantzian’s (1985) self-medicating hypothesis, the exposure to early violence may cause a psychiatric condition that make illicit drug use more compelling. Similar to Jayden’s and Liam experiences, Lembke (2012) suggests that reliance on psychological symptoms alone provides inadequate explanations for drug use; instead the focus should combine social disruption and poverty.

5.2.2. Childhood and Family Upbringing

Familial relationships can contribute to drug-use and drug-related issues. The diathesis
stress model, attempts to explain behavior as a pre-dispositional vulnerability together from the stressors of life experiences (Fishbien, 2002). This model illustrates that individuals will choose certain criminal activities when personal dispositions and certain situations interacts with an illegal acts, such as selling and using drugs (Fishbein, 2002). All participants were in vulnerable positions and responsive to propositions during the time prior to the initial drug use. Participants claim that familial stressors such as a lack of connection, and familial drug history made the drug use and the associated lifestyle more compelling.

*Lack of Familial Bonds:*

Jackson comments about the stress to meet his parent’s expectations of him, which made him, feel depressed and unworthy.

Jackson: I couldn’t take it any more. At that time, I think I grew up to hate everything. I ran away from home, then eventually one step at a time everything went in my favor, so I wasn’t going back home. They wanted me to come back home, but I didn’t want to go back because everything is great out here. It is like I can do whatever I want: if I wanted to do drugs I did drug, if I wanted to drink I could drink.

Similarly, Aiden recalls that he never felt a deep connection with his parents.

Aiden: It was a very military style of upbringing when it comes to discipline. If you didn’t do exactly what you were told, when you were told, you were punished for it...physically usually, mentally almost every time. I was very oppressed as a child. I also, did terrible in school, never an A student, always a C’s and C minus. I have an older sister who was much more wanted than her younger brother. At one point I remember being told that I was an accident. There wasn’t a whole lot of happy, happy, joy, joy in my life. I was always on my own for the most part and that is how I felt in life. I always felt like a misfit. I felt alone, lonely, and lost in the world that I just didn’t feel I belonged in.

The lack of parental monitoring available to Logan, in addition to the lack of cohesion, appears have facilitated his drug use.

Logan: I always felt out of place. Not living up to people’s expectations. I was very into hockey, right. I was so free spirited. My parents were working at the restaurants. I always wanted my parents to
love me, but their way of love is shelter, food. They were very busy with their restaurants; they were working 16-hour days.

The poor inter-parental “relationship adversely impacts the child’s psychological development, which can later be correlated with risky behaviour, including addictive substance consumption” (Zimic and Jukic, 2012, p.174). The lack of familial cohesion between the individuals and their parents exemplifies not only the lack of affection, but also parental rejection and hostility (Jurich, Polson and Bates, 1985). Jackson, Aiden, and Logan each appears to have been scorned by their parents, rejected within the larger family context, which may have facilitated them to more deviant lifestyles.

**Like Parent, Like Child**

Children exhibit similar temperament and cognitive ability to their parents. Misbehaviour that has been harshly and irregularly punished by some parents may reflect their own temperament as being irritated and impatient (Moffit, 1993). Moss and colleagues (2002), suggests that individuals with parents who use illicit drugs were affected in their ability to interact in a friendly manner, communicate effectively, and achieve accomplishments. As the case with Liam, Lucas, Jacob and Noah, “[they] demonstrated the highest levels of externalizing and internalizing psychopathology as well as greater affiliation with [their father's]” (Moss et al., 2002, p.612).

Liam recalls that his upbringing was somewhat skewed from the norm.

**Liam:** Childhood experiences were a big challenge. I came from an abusive family, where my father disciplined us in the way that he was disciplined. That’s what he was taught, and we received on our end, beatings and electrocutions. Being that he came from a lifestyle of crime, if you got away with it you got praised, if you got caught you got beat, so it was a skew of what everybody else was taught in society: you do bad, you punished. For me, if I do bad and got away with it I got a reward. Being shown unconditional love didn’t exist. The way you got attention was when you did something you weren’t supposed to do, then you got attention...totally screwed up way of thinking, but that is how it worked.

Liam provides an example of his father’s skewed way of thinking:
Liam: We used to go steal as a family. We were poor, whatever it was...my dad would drive the car we would go to WOOLCO, they used to keep their stuff and plants behind a fence area, and I would slip under the fence and toss everything over the top. We would steal it, sell it, and make money. We used to break into trailers, mobile homes, we had shitty furniture, and I'd kick the door in and we'd clean the trailer out. That is how we got new furniture. So that was my lifestyle. It was normal and acceptable for me and not a deterrent. The only time it was a deterrent was if I got caught. If I got caught, I got beat. If I didn't then I got praised. So I got to be pretty good at it. The first time that started was probably when I was 12 years old.

On a similar sentiment, Jacob illustrates how his father praised his acts of violence.

Jacob: I walked into class one day, the teacher introduced me and another guy said another F’in wop, so I walked up to him and cracked him. My dad always told me not to take any crap from no one, especially when someone says something racial. So since I cracked him, I went to the principal’s office and got kicked out. When I went home, I got beat up for that one. I told him that you said not to take crap from no one, right? He told me you should’ve waited after school... when he is out of school then you crack him, not in front of all the teachers...you’re making me look stupid.

Jacob also provides an example on his father’s tough personality.

Jacob: My dad punched out the head principle because he whipped me because I walked into the gymnasium with my shoes on... I didn’t know that I wasn’t allowed, so I got 5 lashes for that. The school was run by Catholics. When my dad found out he came back and he beat the crap out of the principal in front of everybody so I was good for 2 years, nobody bothered me.

Lucas also provides insight into his childhood and the role of his father.

Lucas: With my dad, he drilled us, so with him you didn’t come crying or nothing; so we learned to fight at a young age. That’s the way he raised us. I was always called his little bastard. Between him and me he wanted me to be like him. What he did in his younger days, I heard some stories but yeah he was a pretty bad character.

Noah also provides an insight into his mother’s upbringing and the role it played in his childhood. “My mom was brought up in a repressed religion and so she was the black
sheep of her family. If you can't tell, she raised us to be black sheep.” Noah is referring to the fact that his mom was also from addiction and that lifestyle began to roll over on Noah.

Noah: I’m in a household where harder drugs are freely accessible and being used all the time by different people. You become numb to it. Your dad’s getting high, your mom’s getting high, and their friends are all around you high, using a combination of different drugs to get high. Why wouldn’t you try to do that?

Noah also expresses his mother’s skewed way of thinking and the role it played in his addiction.

Noah: I was smoking behind my mom’s back at first but by the time I was 13 she said if I could supply my own cigarettes I could smoke in the house and her philosophy was if you are drinking in the house then you are safe compared to drinking in public and stuff. What a terrible philosophy in Heinz sight, by the time I was 16 I quit school to help support the family and I was in full blown addiction.

Drug use is “encouraged by environmental factors such as the behaviour of influential role models, social support that encourages use, and easy access to a variety of drugs” (Perry, Kelder, 1992, p.356). Influential role models can encourage drug use. Liam, Lucas, Jacob, and Noah’s upbringing was non-normative because the values imposed on them by their parents were deviant. As a result, through the recognition and status they received from their father’s, they were able to obtain a sense of accomplishment, pride, and belonging that appeared to be deprived in their lives. As a result, “the drug user identity is anchored in experiences that produce pleasure: both the sensational and psychological pleasures produced by the drug, but also the social pleasures derived from membership in a group” (Novacek et al., 1990, p 489).

An Ordinary Childhood

On the contrary to the participants above, Jayden observes that his childhood was pretty normal.

Jayden: Growing up I had a pretty normal childhood. I grew up until
the age of 10 in Western Europe. I hung out with my friends. I was into soccer. I played a lot of soccer and that kind of stuff. I had a pretty ordinary life. Family life was good. I have always been close with my mom. My dad...is a good dad... but by the time I hit my teens things were kind of rough because of my own actions. I had a pretty normal family life... I had a home, a pretty easy lifestyle. I never really thought my life would be any other way. I just assumed I would have when I got older. I didn’t really think about the fact that I would have to go to school, get an education, a good job, to have that so. I guess in a way it made me naïve.

Jacob also expresses similar sentiment of his childhood based on his lived experience.

**Jacob:** Family life was great. We were 10 kids in our family. When we came here there was 6 kids, for each kid we would have our own rooms. My dad wanted it like that; he wanted the kids to have separate rooms because he grew in a house where 2 kids and mother, and the grandmother were all in the same room. So he didn’t want that for us, since he was making a lot of money. Every time there was a newborn baby, we would move into a new house...right away. I didn’t need too much...everything we needed...we had.... Clothes, food we had coming out of our ying yang. He just didn’t like the fact that I was hanging out with kids of a certain kind, and he hated it. He spoke to me and I would stand up to him, none of my brothers and sisters would do that, I was the only one. He would always say to me, why are you always so disrespectful. Why don’t you want to speak to me in Italian? I told him if you wanted me to be Italian you should’ve left me there. Bing bang boom...that was the only way to get attention, you know. There was a lot of sibling rivalry with five guys and five girls...everybody was fighting for a place in the house. Everybody would cook once a week for the whole family; everybody would clean up the dishes and clean the house, we all had our chores in the house and there was no excuse unless we were really, really sick. There were no excuses for not completing your chores.

Both Jayden and Jacob, indicate that their childhood was “normal”, but they eventually lost the family cohesion they had with their parents. Similarly, Sophia expresses her growing detachment from her family.

**Sophia:** My mom re-married and he adopted me. I called him dad but
I always felt different. [The step dad’s other children] were blonds with blue eyes and they knew their father and their mother. I never knew or met my father. So I always felt a bit of jealously, that I didn’t fit in. I started hanging out with kids that were older than me because I looked older too. I was very tall, looked older and starting hanging out with kids that were older and whose parents weren’t as strict; my mother was very strict. I always had to be in for dinner; we always had dinner at the same time, I had chore to do. I never went without food or clothes; I was always well dressed.

During childhood, some individuals are conditioned and socialized by their parents to discourage crime (Farrington, 1986). Sampson and Laub (1990) suggest a powerful tool to negate adult deviancy is a strong social bond with meaningful influences. Employment, education, and the family can be valuable control mechanisms to prevent offending. As the case with Jayden, Jacob, and Sophia, these individuals did not exhibit a deep and meaningful connection with their parents. Although their upbringings appeared normal, something appears to be missing in their familial relationship that makes them turn to illicit drug use and the lifestyle. Because of the missing parental connection, Farrington (1986) suggests that individuals may “break away from the control of their parents and become influenced by their peers, who [may] encourage offending” and illicit drug use (p.231).

5.2.3. Drugs: Introduction to the Devil

Researchers have always been interested in the sequence and the progression of drug use. According to Yu and Wiliford (1994), while the gateway theory predicted that marijuana users would have higher use rates for illicit drugs than non-marijuana users, studies over the years have revealed that a significant fraction of marijuana users do not turn to illicit substances. Alcohol may serve as a stepping-stone to marijuana use, and thereby aggravating the progression to harder drugs.

Alcoholism

According to the American National Council on Alcoholism and Drug Dependence (NCADD) (2015), alcohol is a very addictive substance. The Council states, 17.6 million people, or 1 in every 12 adults suffer from alcohol abuse and dependence, along with several million more who engage in risky drinking patterns that could lead to issues (NACDD, 2015,
Similar to some participants of this study, the Council suggests more than half of all adults have a family history of alcoholism, and more that seven million children live in a household where one parent is dependent or abused drugs (NCADD, 2015, para.2).

Aiden's case illustrates the role alcoholism played in his trauma and the impact it had in his own addiction.

Aiden: My dad was a drinker, so he had a pretty short temper; anything from not cutting the grass straight, to leaving a crumb on the counter would warrant getting hit. I started drinking before I started doing drugs. I did that as a choice because I had seen in my early teenage years how to control people who did drugs and how they appeared to me. I didn’t want to have that level of loss of control...not realizing of course people have different levels of tolerance for drugs and alcohol. Alcohol was my first drug but it was not as controllable as smoking pot was. I was easier to maintain on marijuana, than I was on alcohol. On alcohol I drank until I blacked out.

Ethan describes similar feelings of using alcohol to escape the traumatic reality but also to fit in within the family’s dynamic. He indicates that many people in his family are alcoholics. Ethan describes his experiences with alcoholism in his family.

Ethan: I always talk about the fact that I started using drugs when I was a teenager but you know when I started to really look at it everybody in my family, aunts, uncles, grandparents are all alcoholic. My grandfather was in the bartender’s union, my uncle was in the same union, as a young child, before I started going to school, during Christmas get together or Easter, special occasions all the kids would get a small class of wine. I can recall when I was 4 years, a lot of the kids didn’t like the taste of the wine, but I loved it, I would take all the other kids wines. My relation’s were laughing because I was getting loaded at 4. I believe I was born with a gene; I don’t digest alcohol like a average person does. When I take a drink a chemical reaction occurs where I want more. I don’t understand why anyone would want to have ONE drink, I mean I know today most people are social drinkers, but to me it was all was always about more and so this obsession with me when I was 4. To me it was normal because everyone around me drank alcoholically.

Ethan’s discussion about the desire to escape and fit in illustrates a key dynamic that seems to be relevant to the majority of this study’s participants. This tension appears to illustrate the notion that due to their traumatic experiences as a child they are left in impossible situation
with no way out. Their traumatic childhood, or some other impactful experience makes them feel rejected within the family dynamics; hence, alcohol became a tool to mitigate the rejection.

Similarly, Lucas expresses the normality of alcoholism in his upbringing. He describes the experience as:

Lucas: My childhood experiences were pretty rough. My mom wasn’t so much of a drinker but my dad was and there were always arguments in our house. I always grew up seeing a lot of abuse and a lot of drinking... the whole family.... Every party we went to was a PARTY. Watching my family grow up, drinking was a big part of it, and so to me it was an everyday and natural thing, until I grew older. For us growing up everything... every family function was alcohol. There wasn’t a family dinner that didn’t have alcohol. That is the way we were brought up... I thought it was natural.

Unlike Aiden, Ethan and Lucas, Liam explains that his first encounters with alcohol were done for a medicinal purpose.

Liam: I started drinking when I was 5 years old. I come from a family with native as a background and a lot of home remedies involve alcohol. As a kid growing you caught a cold quite often so when you were sick my grandmother used to give me a hot toddy: whiskey with honey and lemon. I had a couple shots of those when I got a cold and I kinda got a buzz on it as a kid. I felt 10 feet tall and it didn’t take long for me to realize that I liked this stuff. I wanted to be sick all the time.

Similarly, Jacob expresses his early encounters with alcohol.

Jacob: I started drinking wine at such a young age and that was normal for us. My family would never get drunk on wine; wine is for when you eat and to enjoy music and something, but never to get drunk. My dad having owned 6 restaurants, had a lot of boozes around, and I dipped into that a lot when I was from 10-17 years old. I was drinking a whisky... it was nice... it was freeing. I would bring some of my friend’s home, when nobody was home and started drinking. Never on beer, I never got drunk on beer, because I hated the taste, always been hard liquor guy.

Noah discusses his early encounter with alcohol, but also his gradual cravings for it.
Noah:  Big thing for me, when I was 4, I had my first drink. [My parents threw a party they night before and they were all drinking]. I walked across the yard and I picked up someone’s drink and I downed it, it was like rum and coke. I got all drunk, I woke my mom up. I was dancing, I was so happy. You drank you craved for it all the time. Then I didn’t really do anything until I was 10. At that time, I began thinking all the time how to get alcohol, how to get drugs, how to get those sorts of things. I went to a friend house when I was 10, we stole his dad’s booze we sat out and began drinking. I drank 5 out of 6 beers. He drank one and was drunk. I drank 5 and was as all WHOOOOO, lets go get some more.

Sophia illustrates the “magical powers of alcohol” gave her self-confidence. She describes the experience as:

Sophia: I was very young, probably grade 7. I remember having sips of alcohol at my mom’s parties but I remember in grade 7 and getting very, very drunk on tequila and remembering feeling, really good and pretty and funny and I never got sick or anything like that. Just the feeling of being stronger and everything was intensified.

As the case with the majority of this study’s participants, alcohol affected the onset of other illegal drug use. Mackesy-Amiti et al. (1997), suggests that “one third of [individuals] followed a typical pattern, where alcohol precedes marijuana, and marijuana precedes other illicit drugs” (p.189). According to Glantz, Conway, and Colliver (2005), “drug involvement increases not only through the progression from one substance to another, for example alcohol to marijuana, to more other illegal drugs but also by the escalation in the frequency of use by those individual substances” (p.18). Therefore, the extremities of use from such as early age play a significant role in the dependence of these illegal drugs. Labouvie and White (2002), suggest that certain individual factors such as differences in usage must be considered when determining drug sequencing in combination with the age of onset.

On the contrary, the “progression from alcohol, to marijuana, and other illicit drugs is relatively rare when accounting for heavy drug dependency” (Mackesy-Amiti et al., 1997, p.189). In light of the literature, the responses of some participants in this study this raises the question: are nearly all heavily addicted drug users also heavy alcohol users, even though not all alcoholics are drug users? Perhaps some similar characteristics between the two groups is that both initiate the use of heavy alcohol and heavy drug use because of the
trauma and the rejection felt by the individual from family and/or peers; the environment; and genetics and temperament of the individual. Both groups may be heavily using alcohol and drugs to escape reality; but perhaps still having some weakened bond to societal values prevents the alcoholic from turning into an illicit drug user. Therefore, the individual who heavily uses alcohol and then illicit drugs may have rejected societal values and begins to adopt the norms and ideals of a deviant counter-culture. Perhaps how much of the ideals and norms of the counter-culture are adopted reflects how much the individual becomes involved in the drug-using lifestyle.

**Love at first sight: The Initial Drug Use**

The desperation to fit in with their peers, and the desire to escape the distress at home, all participants turned to drug use. Jackson illustrates that his motivation to pursue drugs was from depression.

Jackson: I was shunned as a child. I wasn’t allowed to go anywhere and I left cuz I could not take it anymore so I wound up in-group homes. I came back went back to school, could not do that, so I left again and started working. Wound up getting drunk every weekend, doing drugs, like acid and pot. Got fed up with that, so I just started smoking pot. Then I got a job in the warehouse for 30 years and I was doing really well there. I then got a job at a hotel at night, so I ended up doing both jobs. At the time I had a really sweet girlfriend. I really liked her, I loved her. I thought if I saved enough money to buy a house...one day I came home and she left. I was devastated. I needed a change. I ran the hotel, so everybody at the hotel were crack addicts and heroin addicts. So, I went up to one guy and said, I don’t you go buy me one of those rocks? And he did not want to do it. I said no you go do it. So he bought me one of those rocks. OH. OH. Holy cow!! It was like falling in love. I didn’t care about anything else but the rocks.

On the contrary to Jackson’s experience, Caden expresses his motivation to try drugs for the first time was peer pressure.

Caden: Peer pressure, wanting to fit in. Curious... and yeah I smoked a joint between grade 8-9, I was 13. I didn’t really like what it did to me and alcohol was the same way every time I drank it...I threw up. I kept trying and I had to figure it out. I thought it made me look older or act older, but I liked the fact ... I didn’t want to be at home when my parents were fighting, so the guys that I hung out with that is what they did... so I did what they
My friends were already interested in it, so I was interested in it. I did have curiosity. We lived in a small town, so you get bored pretty easy so you gonna end up experimenting, most kids I think do, so I did... it was something the cool kids did. I was so desperate to be cool that is why I did it. It made me feel relaxed, loose... I could laugh and I didn’t have any worries.

Similarly, Jayden illustrates his first experiences with a drug.

Jayden: The first couple drugs I tried it was just out curiosity. My buddies and I just wanted to try them. Weed... I think was the first one. Our friend’s older brothers were doing it, so we thought it was cool. Curiosity; basically and the need to feel cool. First time I actually used. I smoked weed at 13... I didn’t even get high. I found out later it was oregano, but we all pretended we were high. So I ... I the first time I smoked weed and got high I was terrified I like I got anxious, I didn’t like it, I was afraid that my mom and dad were going to find out. I felt I was too high. I was scared; I was anxious.

Jacob also expresses that the motivation to try drugs for the first time was due to peer pressure, but unlike alcohol he didn't physically suffer from the side effects.

Jacob: I was 12 years old and my brother said hey try this...peer pressure after a while I gave in. Then I got the taste for it and got buzzed out real quick and like it. It took me to another world and I didn’t have to worry about stuff until I came down. When I was smoking I cared about the stuff that I needed to do, I said I'd deal with the repercussions later. It was euphoric. I loved it. I will always remember. Some guys say the first time you don’t feel nothing, it took awhile but I felt something.... Whoa this is great... I don’t need to drink. For me, when I was drinking I had to drink a lot to get to this particular state, but after smoking it I was there: it was cheaper, easier, and I didn’t have to stutter anymore. I didn’t have the headaches or vomit, like when I’m too drunk. I thought it was perfect...I loved it.

Logan expresses that his motivation to try drugs was simply to fit in and be accepted by his peers.

Logan: I lived in East Van, I bumped into a crowd, and I just got interested in them. I see them drinking one day and I decided to have a drink because I wanted to fit in and be accepted. I thought they were bad and cool. The next thing I know they were going out and coming back with money. I asked how you guys get money. They were stealing cars to sell the rims, they
come back and smoking marijuana so, I had my first taste of marijuana and I liked it. It killed the awkwardness in me.

On a similar sentiment, Lucas expresses his motivation to try drugs for the first time came from his brother-in law.

Lucas: First time was I was actually watching my brother- in law and he was smoking a joint. He said want some and I said no... then, later I just went give me some I’ll try and I never handed it back to him. I just sat there mesmerized and watching the game. I was about 12 years old when that happened. It was like really calm. I don’t remember...all I remember smoking it and watching the whole game without saying a word. My brother in law told me that he sat there laughing at me because all I did that night was sit there drinking and staring at the TV. It was pretty weird.

Liam expresses his first drug was taken through his association with organized crime.

Liam: First time I tried any kind of drug was probably when I was 12. I babysat for some people that were involved with organized crime. My first drug I ever tried in my life was by injection, I used speed. I liked the feeling of it, the thinner stability. I got sick right after the rush was gone, the feeling of it drawed me in. I felt calmer, I felt accepted, I felt that in the group people were I was cool. That was my first experience with drugs. I felt invincible. Nothing bothered me. I went from a sacred, timid kid to the center of attention. I said what I felt without the fear of the consequences. I was able to do things that I’d normally be shy to do. I had confidence...it gave me confidence, false confidence. It was something I didn’t have. I continued to use because it gave me feeling of confidence. That was the coolest drug I ever used and that pretty much set the pace. Most people I know from my background start of with marijuana. For me my first drug I went to right away to injection. Being and IV user right of the bat all the other stuff didn’t have the desired effects. Smoking dope didn’t do anything for me because I was being on a way higher scale of addiction than what marijuana or anything else could offer me.

Perhaps due to feeling rejected in their family dynamics, these individuals turned to their peers to feel accepted. The drugs use made them feel accepted to a group, something they were lacking in their lives. The drugs not only made them feel accepted but also ‘normal’. It gave them false confidence by, suppressing the awkwardness they felt about themselves,
making them feel like they can take on the world without the fear and anxiety they previously had. For some, the effects of alcohol was no longer giving them the same psychological pleasure, thus an illicit substance was the substitute.

Noah expresses that his motivation to try drugs for the first times was also from his babysitter, but the access to harder drugs was through his mom. He also describes how the drugs altered his perceptions about reality.

Noah: The drug part came when I was 13. My mom was working and my babysitter 16 at the time and kind of a wild kid. Her and her boyfriend would be smoking dope and everything like that and I would always be awake and one time they passed me some weed and I liked it. I thought it was great. That led us to move from that place and I knew weed, so that was in my repertoire so then it was like what about acid, what about Bennys, what about beads, became experimenting with these things and I could have access because of my mom and my friends. It was euphoric. I loved it. It was like I could escape and no body to touch me. I felt empowered. I felt in control. And I was the exact opposite of what real life was like. In real life, I had no control over my situation, circumstance, or money, over where I was living, over anything. When I did drugs, I felt I was control of everything and the whole world revolved around me.

On the contrary, Sophia illustrates that her motivation to try drugs was always the opposite sex.

Sophia: MEN…I never had a fear of drugs. I didn’t judge people that used drugs. I knew that my father was a drug addict as well. I had a fantasy in my head that drugs were cool. I fantasized that this lifestyle was actually cool from what I saw in the movies and things like that. I never saw the downside.

Consistent with the participants of this study, the factors most consistently correlated with drug use, is the use of drugs within one’s peer groups. The participants of this study reveal, that for some, the factors that consistently correlate with drug use was the use of drugs within one’s peer group. According to Becker (1953), having friends who use drugs is the main prerequisite for trying drugs for the first time. Becker (1953) further proposes that the learning process to use illegal substances is a “social interactive process where most beginners are directly instructed by more experienced users” (p.240). The socialization of drug use within one’s peer group can be a pleasurable experience for some individuals if
they feel rejected in their family dynamics and convention societal norms. The association with the drug using peers can make some individuals feel accepted. Through association and drug use they begin create an alternate reality for themselves were they feel confident and empowered.

5.2.4. Summary

What motivates some individuals into drug use and others to abstain? Results indicate the psychological trauma endured by some individuals may make them feel rejected within the family context, hence the participants started to move towards a more deviant lifestyle. Having been scorned by their family, drugs and alcohol became mechanism to escape the endured pain. For some, although their childhoods appear to be normal, something psychologically appeared to be missing in their familial relationship that enticed the individual into illicit drug use. Results further reveal that majority of the participants followed a progression of heavy alcohol use to heavy drug use. This raises questions as to why heavy drug users evolved from heavy alcohol consumption, but not all alcoholics are heavy drug users. The relationship between the two can be examined by addressing common characteristics such as experiencing trauma and rejection resulting in the need to escape, the environment, genetics, and temperament. This study indicates that regardless of the similarities between the two groups, heavy alcohol users that do not progress into heavy drug use because they still have weakened conventional ties to societal values and norms. Individual who do make the transition from heavy alcohol use to heavy drug use have rejected all conventional values and norms and adopts ideals of a deviant counter-culture. Furthermore, because of the rejection and the need to fit, the individual turns to their counter-culture deviant peer groups to feel accepted. As a result, they use drugs initially to be accepted into the group, however, the effects of the drug produces an alternate reality where they are more confident and empowered, something they were lacking without the use of illicit drugs. For some individuals like Liam, the lifestyle associated with the drugs is more compelling than the desire to medicate and escape reality.
5.3. The Scene

This section explores the associated lifestyle accompanying drug use. Whether it accompanies organized crime, homelessness, or the functional addict, most participants assert that their drug addiction took them to the lowest point in their lives. The themes that are uncovered address these incidents as well as the changing attitudes of the participant while involved in that particular lifestyle.

5.3.1. All about the Money: Power, Prestige, and Status

According to David Nurco (1998), “criminally prone addicts come from the lowest socio-economic level” (p.1821). These individuals view criminal behaviour as opportunity for participating in that lucrative lifestyle while holding support for drug use. Since these individuals are from a low-socioeconomic level, the lucrative lifestyle provides them access to goods they were unable to attain legitimately (Nurco, 1998). This appears to be the case for Liam, Logan, Lucas, Jackson and Noah.

At 13 Liam express his first taste of quick cash and the status that came with it.

Liam: 13 years old, I used to steal cars for a living from a car lot. They were involved in organized crime and would leave the keys under the bumpers of certain vehicles for me. I would steal the vehicles and take it to a local chop shop where I knew someone and he would give me $500 for every vehicle I brought in there. At that point I thought I found my career, I was going to be a car thief. In 15 minutes I would make $500. In 15 minutes at 13 years old, that was huge money for me...With this too, I liked the attention. All my friends had money and all the girl want to hang out with you because you can afford to take them to a movie and buy them something.

For Liam, the quick cash received from the car thefts made him feel accepted with his peers. Liam further elaborates that by the age of 22 he was involved with a notorious motorcycle organization and the motivation to join that group was the power, prestige and the status that came with it.

Liam: The prestige, the power and the authority, the recognition. Everyone is afraid of you whether you were tough or not tough. If you’re part of that organization people feared you... All the girls wanted to be around you. You had all the fancy cars and
the nice motorcycle, all the nice jewellery. As you can see some of the traits I still haven't lost [jewellery]. That was the most appealing. Growing up in a family where we were poor and had nothing, where we used to shoplift so that we could eat, getting into a lifestyle where I had anything I wanted and never walking around with anything less than $5000 in my pocket; it was pretty appealing. I went from having nothing to having anything I wanted and not having to work for it. Other friends of mine were struggling to make ends meet in a method that society considers proper ways. I could go out one night and in one transaction make $10,000. That is what I found most enticing was the power and the recognition.

Hence, coming from poverty, the lifestyle was rewarding because it provided Liam with friends, money, and material objects that was possibly unattainable otherwise.

Similarly, Logan expresses the primary motivation to associate with an Asian gang and to sell drugs was the money.

Logan: I got into an Asian gang, not in a gang but affiliated. It was dial a dope. So I seen the money they were producing and making. I was to ride with my friend who was running a dial a dope service. Dial a dope; we were the puppets of the organization. They would get the innocent looking guys to sell the dope on the streets. I was kinda looking innocent. I told them I didn't have a record at that time. They were like ok, don't have a record, and seems like a normal kid... lets use him. They took me out to karaoke, flashed money, had wicked girlfriends, and treated me for dinner. I wanted to...that brought lot memories from childhood wanting to be rich like the other kids. I got introduced to the higher up gangs’ cuz I had a leader he had connection to the organized groups...we were like his soldiers.

Similar to Liam and Logan, Lucas also expresses the prestige and the status he received from selling drugs.

Lucas: The experience... it was great at first because I had lots of money and I never I had to pay for anything because I had everything I wanted. It bought me a car, bought me this, bought me that, and everything else that I wanted. The cash is quite good, everything is good, but in the long run the shit is not worth it.

Jackson expresses similar sentiments.

Jackson: You could always make money from it because your hustling, trying to get a bag for yourself so you end up chipping in a bags
and stuff like that and you end up buying lots, selling lots, smoking free, money is coming in. Your buying gold rings, gold necklaces, fancy cars. My case it was the rings and the necklaces and money was good.

Jacob expresses that he also began selling drugs for the money and the rush that it provided him.

Jacob: I began selling for the money. All the stuff that I was selling was free for me, most of the time. The guy that was selling to me knew me, so he had no problem funding me. If you do this, I give you so much money. Whatever you get extra is yours... I always got good deals everywhere. I would sell to people I know. If someone came up to me and said so and so and told me you sell... I’ll tell them I don’t care about so and so, send me so and so and I’ll take care of it. I only sold to people I knew. I sold it to them and what they did with it after that was not my problem; although it was... that was not how I saw it at that time... it also provided me with the rush...I always loved the rush.

I mean you recognize my aunt’s cousin was married to one of the bigwig mobster, so we went to parties and stuff like that. I wasn’t connected but I knew people that were connected that knew me. That kinda makes it easier for me to make a buck. They would say hey Jacob want to make a $1000, just drive that car to this guy and leave it there. I found out 5 years later that the car blew up. You want me to drive it, I’ll drive it. I told him I didn’t have a driver’s license, they say that is not what I ask you: can you drive that car from here to there? Yep, ok do it. I drove bags of money, drug packages and stuff like that. When I knew what was in there... and that is where I drew the line. In a week I could make 3-6 grand easy. In a month close to ten...easy. So I go out and associate a lot.

Jackson also illustrates that at first it was about the money, but eventually progressed for the rush.

Jackson: First it was all about the money and free dope. Then I wound up being in a totally different ball game... it was all about money and hustling, doing different things to make money, stealing, hustling people, and selling it. It all combines together. The rush of it all... there is definitely a buzz that revolves around everything. It is all connected together, you know. One minute you have nothing, the next minute you have $500, then you have nothing, then you $2000, and back to nothing.
Jayden also illustrates, how he began selling drugs and the enticing incentives it provided him.

**Jayden:** When I was young I was about 15 or 16 I met somebody in the summertime and another incident happened and he said I was an alright kid and asked me if I wanted to make some money selling some down and I didn’t know what down was so I just ok. He said he would give me $50 a day and I said ok and sat in the little park and sold it each day for 10-11 hours right with a couple friends. I did that for a while. It slowly progressed... I got older... I got kicked out of school... I got a phone, someone drove me around and I answered phones and started to hold on to the dope myself and about 8-9 months after selling heroin, when I first started. That is when I found out what I selling. At the time I did not know it was heroin and I never really asked... I just said ok. Part of me didn’t want to ask because I didn’t want to look like I didn’t know what I was talking about.

For some individuals, the associated drug lifestyle may be enticing because of their personal fantasies of making some quick cash, and acquiring some material objects that was unattainable. By having the money to purchase desired items, these individuals may feel accepted and powerful. Hence, acquiring these status symbols, not only provides these individuals with a rush, but also a sense of false normality in their lives. With the desire to fit in and feel accepted within one’s peer groups, the lifestyle associated with drug use might be the initial motivator for some to try drugs and progress into the lifestyle rather than the desire to self-medicate and escape.

On the contrary, Noah illustrates that by the age of 15 he was selling drugs for his mom at school and because he was always around it, and that became his primary motivation enter the lifestyle.

**Noah:** At 15 I was dealing for my mom at school. She would buy an ounce of pot and roll it into joints and I would go to school and sell it for her. It was that mentality that if you’re doing it front of me that it’s okay because I know where you are you not going to disappear. It was actually the reverse because I was going to major dealers houses and places with guns and buying the drugs and taking it to school. I was just using her money. When you’re buying and selling at that young age you’re smoking it. You’re doing it. It’s just common... And everybody we knew did it. Everybody we knew drank, everybody we knew did pain pills. Everybody we knew smoked pot or did dope. The whole culture was predominating in my life.
Unlike the rest of the participants, Noah became involved with the drug use scene because the environment and the drug use culture was already dominant in his life.

5.3.2. Peer Involvement and the Drug-Crime Nexus:

The complexity of addiction and the associated lifestyle is the most adamant social problems facing society. The connection between drugs and a number of illegal activities has become the topic of discussion for both researchers and policy makers alike. In recent years, the rise of illegal substance has “led to a growing number of drug related arrests, and convictions, with greater punitive consequences for drug related charges” (Sinha, & Easton, 1999, p.513). Substance abuse can increase the likelihood of involvement with the law, as the case with majority of this study’s participants.

Noah elaborates that because of easy access to drugs and the wild parties, he was a popular guy at his school.

Noah: The kids could come up to my house and use drugs and so that makes you a popular kid when you’re young. Let’s go to Noah’s house because at his house we could drink and smoke dope, have access to parties. You go to my house at Friday night at 9pm, were the only house with the music blasting and the police in the driveway, people fist fighting in the backyard, girls upstairs in bedrooms, you what I mean. That was Friday... that was Saturday...that was Sunday... that was Monday...You know what I mean. I’ll tell you story...

I was about 15 years old, my mom had a new boyfriend, and he was about 10 years older than me, and so we became friends. I was 15 and we were shooting pericidone in the bedroom when I was 15. I had to go to school the next day, and one of the one of my friends was teasing me because of the needle marks in my arm because I was shooting pericidone with my dad last night and I lost my girlfriend over that.

To me it didn’t make sense, why do you want to break up over that. I remember a gym event and my gym teacher at that time, had to buy me a big mac because I had no money for food but at my house we had 4- 24s of beer, we had a big thing of dope but for clothes and school we had no money for anything like that. The money was alive for the parties and the rest of the lifestyle.
Similarly, Ethan also expresses the wild parties he used to host and popularity he received from his peers.

Ethan: As the different drugs evolved, I was heavy into them. I used to have parties like I was selling drugs so if MDMA, the love drug, I would have parties with band at my house and I have a big bowl of caps of MDA or LSD or whatever I had at the time, people would come to the parties and they could do as much as they wanted for free, but it was a big part of how I supported my addiction at the time depending on what drug was around, by selling them. That played a big part of why people wanted to be around me because I had lots of booze and lots of drugs.

Because of their desire to feel accepted, Noah and Ethan threw wild parties to acquire friendship.

On the contrary, Liam expresses how he became involved with the motorcycle organization.

Liam: I was 22 years old when I first began to associate with them. I told them I would like to become a member and they said they could make it happen. It was a 2-year process that you go through before you become a full member. You start off as a person that just hangs around, then you’re invited to the clubhouse, where you become an associate maybe, then you become a striker. A striker is the guy that does all the dirty work for about a year. If you don’t get killed or locked up in jail, the next stage is to become a full member. That is when you become the guy that tells the other guy that wants to join what to do. That is how the process worked for me and I worked my way up to the point of what they called the sergeant at arms. Where I was the person in charge of all the weapons for the motorcycle organization. If anybody needed a weapon or a gun for a crime that they were about to commit they would come see me for it.

Similarly, after moving back to Vancouver, Logan expresses how he became affiliated with the Asian gang.

Logan: I bumped into a crowd, and I thought they were bad and cool. The next thing I know they were going out and coming back with money. I asked how you guys get money. They were stealing cars to sell the rims, they come back and smoke marijuana so, I had my first taste of marijuana and I liked it. It was last the weekend, because I was lonely and had no friends. One day, they asked me to with them to keep an eye out for cops while they were stealing. I did not want to do it. I felt it
was wrong. I was scared. We went in a car and I stayed in the car and I knew it wrong, but I did it anyway. After they would steal, did the selling, come back and maybe bought some marijuana, then they got into cocaine, snorting cocaine, right, and I did that as way to fit in and be accepted.

Liam and Logan both express that being affiliated with organized crime and participating in activities was a method not only to fit in but also feel accepted, something they were both lacking their lives.

Lucas expresses that because of his upbringing in a tough neighbourhood, he was forced to join the neighbourhood gang.

Lucas: I grew up in a neighbourhood where in the whole the neighbourhood you learn to fight or you got beat up a lot. When I was growing up it was all street gangs, all street gangs, so no matter where you went or did, schools, there was street gangs. It was pretty rough neighbourhood. The street gangs were a big part of my social networks. We all grew up in the same neighbourhood and we all stuck together. Pretty much most of the neighbourhoods around us was the same thing. It was like within a 2-3-block radius we were one group compared to another. All my childhood friends grew up together. We grew up fighting and doing everything together.

Lucas further elaborates his association with the motorcycle organization and the necessity to join a street gang in his tough neighbourhood.

Lucas: With the bikers they used to come to my house all the times because of my dad. There was no hiding. I got to know a lot of them and hang out with them and get involved with them later on. I got into selling drugs there, which I supplied a lot of them through my boss, which he supplied all of them. Since working for them I got to go in to a lot of clubhouses. I got involved with that when I was young. Growing up in Eastern Canada, most kids that grow up in that neighbourhood are involved with some gang. To survive you either belonged or you got beaten up. So it kinda progressed from being into little street gangs to going into the clubhouses. I never became a member of the biker gangs; I only associated with them.

The need to belong to a street gang in order to survive the neighbourhood, further exemplifies the desire to fit in and be accepted rather than being an outcast within one’s environment.
On the contrary, Liam provides the importance of loyalty of his peer, and the role it played in his addiction career.

Liam: I was in a relationship and at 3 o’clock in the morning, I was sleeping, or been with another person or whatever, when the phone ran you leave. The organization came first. If you refused you suffered the consequences. People have been executed for that. That is what you learn as you go along, either you learn to comply or you die.

Novacek, Raskin, and Hogan (1990), indicate, “the act of using an illicit substance is a symbolic gesture by which that person tells others how they want to be regarded” (p. 489); thus drug use is an act in where a person aims to find their personal identity (Novacek et al., 1990, p. 489). This appeared to be the case with Noah, Lucas, Liam, Jayden and Ethan, where they participated in associated acts of drug use to find and/or re-create their personal identities. They became involved with like-minded individuals because of their desire to fit in and be accepted. The individual’s desire to belong stems from childhood where they felt awkward within their familial dynamics; thus the participating in deviant acts with one’s peers confirms acceptance. Therefore, the individual may acquire drug-using identity to “strive for status and social attention within their social groups” (Hogan, 1983; Novacek et al., 1990, p.489). According to Itzhak Yanovitzky (2005), as evident by this study’s participants, an individual’s thrill seeking behaviour is directly correlated with pro-drug interactions with ones peers because of their ability to start a conversation that has shared interests. Therefore, conversation favouring drug use and other illegal activities motivates an individual to further associate with the deviant peers.

5.3.3. Addiction and Desperation:

Illicit drug addiction can put individuals in despairing situations, whether it is homelessness, or participating in deviant acts. Uggen and Thompson illustrate “chronic use of heroin and cocaine generates a need for money comparable to food: a biological, psychological, and social imperative” (p.174). As the case with this study’s participants, addiction can produces vulnerabilities in some individual.

Caden expresses his desperation in addiction led him to be homeless and live on the streets of Vancouver.
Caden: I got married when I was 22 and that lasted 9 years. During that time I was bored, so I began to sell drugs and she just got sick of it. I mean I had my own business, I had my own house. Then after that I caved in to the heavier drugs. It was way to cope with all the pain I had. I never thought I would see myself go homeless, which I did. I sold my house and became selling drugs full time... I basically burned down my entire life, I ended up homeless, sleeping in ally’s, on the street and churches. Eating in food lines, I haven’t worked from 2001-2012, I only worked a few jobs in a few day per job.

Basically where I hung out was in front of the bottle depot downtown and there you can stay out of the rain and there was always something going on, some sort of hustle. Any sorts of way where I can meet people or find away to get more drugs. I stole out of stores, I sold drugs, I collected for payment for drugs, I acted as security for people that were selling drugs, and that was how I existed. I would stay wake for 6 days, sleep for a day and started it all over again. I’d eat only once a week. I was down to 175 lbs.

Similarly, Jackson illustrates that it wasn’t until he progressed into harder drugs such as chemicals, that he hit rock bottom.

Jackson: I didn’t do chemicals until I was 47-or 48, some where around there. Once I did, I sure wish I didn’t because it took me right down to the gutters... right down to Hastings and Main. Staying up for days doing the drugs, not caring where the money came from to do the drugs.

Lucas expresses, how world went upside down when he began to use heroin.

Lucas: I was probably 24 when I became a mule and I began running back and forth, so that’s when my wife packed up and left. I did that for 10 years. In ’96, I got busted, possession of a loaded weapon and drugs. They confiscated everything I had, everything I owned. I went away for a while. I got out and I just, I don’t why I’d started selling, and I started using again. I got into doing heroin, which I never believed in selling, then I started using it and that was it. Then the next thing I know the last 20 years of my life is just gone; 10 of those years I went homeless.

Caden, Jackson, and Lucas all indicate that their addictions put them in despairing and miserable positions where they became homeless and participated in deviant acts merely to survive.
Ethan describes how the progression of drug use is sped up today because of the ease of availability.

**Ethan:** People bottoms are so sped up today because of the drug and the availability of them. Alcohol might be dying a day at a time for 30-40 years, I see young kids in DTES, I see them when they are teens and by the time they are 25 they look like they are 60. It is sad how speeded up their bottoms are and when they hit their bottoms it’s death...it is not recovery.

Caden illustrates Ethan’s point of hitting rock bottom at a progressed rate.

**Caden:** I starting using crack in Northern BC, that was the thing that brought me to my knees the quickest, alcohol is a slower type of death. Snorting cocaine is not as bad, but here I started smoking it, and starting using needles; where I used anything I could: I crushed pills; I would take crack, mix it with vinegar, to create a liquid version and inject it. I would heroin, speedballs; it wasn’t a very nice lifestyle. Sometimes I would be in the same clothes for a couple weeks at a time. I would not have been the cleanest person. I came close to dying several times.

Because of the ease of availability of drugs within the Downtown Eastside, drug use and its effect tends to progress rapidly. Ethan and Caden both illustrate that for some physical appearance is destroyed drastically.

Sophia provides an example of her desperate acts in addiction. Sophia illustrates that her participation in prostitution was merely out of survival.

**Sophia:** I knew men in the drug scene would pay for sex and always wanted sex, so I would hang that over their heads of playing the game that I was going to if they gave me drugs. Sometimes you couldn’t get out of that situation so I’d have sex for money, for sex, a place to stay. I don’t consider that prostitution really but more survival. I didn’t like doing that so I began to shoplift. I started getting braver or stupider and not even trying to hide it. I would just grab things and leave and the guy that I ended hanging out with was a very abusive man, he was a thief, property crime, car thefts, stuff like that so I began to get involved see how quickly you can get money from it. It was a lot better that sleeping with disgusting people.

Sophia further illustrates that she began living in the streets to escape her abusive boyfriend.
Sophia: He was very abusive and I would run away from him. I would sleep in bushes, in tents and he would find me and I would go back to him because he had money, he had drugs, he had a way of conning me. I was scared, lonely, and broke, finally I don’t know what changed in me but I just decided it was over between us and I started using more heroin to numb that feeling.

Sophia illustrates that in order to escape her life of abuse she continued to use heroin to numb any emotion and mentally escape.

On the contrary, Liam expresses that although he did not go homeless in his addiction career, he did participate in acts for the motorcycle organization out of desperation.

Liam: When I was selling it, I running dope from person to person, I would make money selling it, which would get me my own buy. It put me in a rough spot, because if something were to happen, the people that I was dealing with could have put me in a lot of trouble. At the time, these people didn’t think nothing of it. They would shoot me and that was it. There were no second chances or a third chance with these people, once was enough. Once I made the money, then I did a lot things for this group where I got paid in either cash or dope. I would bust into a lot of house, busted in a lot of heads cuz these guys wanted their money. We get half of whatever’s there. Later in life, it progressed to armed robberies. I did some stuff for people, that I was hired to do. I wouldn’t hesitate going to shoot somebody because that was I paid to do. It wasn’t a nice thing. At the time, when I left there it didn’t bother me, but when I’m by myself some of it made me sick inside, but I had to do it.

Similarly, Lucas illustrates how his actions during addiction were a way to survive in the drug world.

Lucas: I ended up dealing drugs that eventually lead to dealing in large quantities of drugs, which led to do a lot of things to protect my drug world. It ended up going to harsh violence, gun use, and I have seen a lot of death in the drug trade. Also, took effect, I ended up getting married, my ex did not know she thought I was only selling marijuana, she didn’t know that I was sell hard drugs. I’d just be gone for 2 weeks at a time. When she found out and it was really hard on our relationship. She seen me get involved with a lot of shady characters so... being in the drug trade it comes into a territory where it ends up where you’re involved with murder, beating people up, people trying to rob.
you and you end up doing something to protect yourself. It is not a very good place to be.

Noah expresses similar sentiments about his addiction experiences.

Noah: You cannot show weakness. You can’t go to a dark house in the middle of the night to buy dope and your like all scared and all that sort of stuff. The next time they come for you they are going to get a gun and shoot you. You have to put a tough façade that you’re not soft.

Liam, Lucas and Noah all illustrate the importance of putting up a tough façade in order to protect yourself. Hence, they had to participate in certain acts regardless of personal feelings in order to comply with the one’s peer groups, reinforcing their desire to belong.

Addiction can put people in vulnerable situations because of dire need to support their addiction, whether it is homelessness, acts of prostitution, or participating in acts simply to protect your own life. Denton and O’Malley (1999) argues that while some individuals are driven to crimes such as theft, robbery, and fraud to support their addictions and survive on the streets, others find it to complimentary and while providing them with lucrative incomes and a sense of accomplishment.

5.3.4. A Different Type of Addiction: The Functioning Addict

The most infamous stereotype of an addict encompasses individual behaviour that includes organized crime and homelessness. The hidden reality is that many individuals do not fit into that stereotype. These people are successful in their careers, yet they are concealing the fact they are addicted to drugs and alcohol. Aiden refers to the concept of a functioning addict in efforts to shed light into the unfamiliar category.

Aiden: Functional addict is someone who can get up in the morning, do drugs and alcohol, perform a work at a reduced level, but still manage to get the workday done. Immediately go to bar or a drug dealer, just barely get enough sleep to start over the next day. There are still functioning, still loaded most of the time. I worked in construction for most my life, and at the bottom of the stairs in my apartment building you’ll find needles. These people would be shooting up needles in the
worksite during the workday. Managing to get the work done, still managing to get the pay-cheque, but just barely. Functioning addict.

Jacob, Ethan, and Noah provide their experiences as a functioning addict, which illustrates Aiden's point of just barely producing results at work while still under the influence of an illicit substance.

Jacob: I was smoking everyday. I was smoking in between my breaks. I was driving forklifts and the t-rex at the port and I’m smoking dope. That is how it goes.

Ethan: I grew up in the east end of Vancouver. Most of my friends are members of a motorcycle gang; a friend of mine is still the president of the east end chapter. It was thing to do. We liked to party when we were kids. There is something about it when you are kid and come from a background like my self that you are drawn towards other kids that are the same… that come from the same sort of background. You fall into peer pressure growing up. I left home when I was 15 and I thought I was grown up, I know today I was just a kid. My friends in high school use to look up to me, because at 19 I was living in the beach towers that were built in the west end. I would go to school from 9-3 and then I worked a steakhouse from 4 to midnight. My friends in Grade 11-12 thought I was cool. I'm living on my own; I got my own place…and had access to drugs.

Similarly, Noah provides his experience as a functional addict.

Noah: I got mad because they kept cutting my pay, so I stole a box of their blank cheques and wrote my self $100,000 worth of blanks. I cashed $10,000 dollars worth, jumped in a plane and flew out to BC. I threw that job all away because I got mad he reduced a percentage point of my pay. Instead of making $70,000 a year I was making $50-55,000 a year. Instead of being happy with that, I threw my whole life down the toilet. So I would do that will all my careers. I would learn to adapt, learn it better than others. At the time, I would take out the company car and drink myself into a stupid hole, every night; smoking drugs, doing cocaine and whatever and then would not sleep for 3 days and wake up go to work and still producing the same results.

Aiden states other than selling and using the drugs, he did not participant in crime to support his habit. “I never robed or stole to get the drugs; I always earned my own money to get the drugs. Other than selling them that was the only real illegal thing that I did other than using”.
Bingham Dai (1937), findings from a study nearly 80 years ago is still useful in illustrating that not all drug addicts are heartless violent criminals.

… It is interesting to note that comparatively few of them to violence in the criminal activities. The small percentage of addicts committing crimes [such] as robbery, assault and battery, homicide, and others that involve the use of force seem to discredit the view shared by many that the use of drugs has the effect to cause individual to become callous criminals. On the contrary, our figures suggest that most of the crimes committed by addicts were of a peaceful nature that involved more the use of wit than the use of force. (Dai, 1937, p.69)

As demonstrated by Aiden, Ethan, and Noah, some individuals with illicit substance abuse issue may not resort to violence, but rather intelligence to not only hide their addiction but also support it. Bingham Dai’s results and the concept of a ‘functional addict’ appears to be relevant to today’s society because of new wave of addiction that uses prescription drugs. Similar to a functional addict, an individual suffering from prescription drug use may maintain the concealment for years. In that regard, the focus of addiction has appeared to be changed from homelessness, organized crime, and street dealers, to a middle age housewife or even a career orientated individual. Megan Vivo (2011) states “some high-functioning addicts can maintain the façade of functionality for years, but eventually, their lives will begin to crumble” (para.6). As the case with Noah, these facades soon become a source of denial.

Noah express how his facades of reinventing himself began in childhood, soon the source of denial became the source of continual drug use. Noah describes his facades as a method of re-inventing himself.

Noah: I was reinventing myself all the time. I remember I moved to Regina and took a pin and pierced my ear with no freezing or anything. I didn’t know how to do it so I took a pin and put it through my ear and cut off the sleeves of my jacket and decided I was going to be the toughest kid in school and I learned to fight the first week I was there. I forgot who I really was. I was the tough kid in that school. This is just a small example, but that is what I thought I could go anywhere and be like whatever and reinvent myself. It is big part of my growing up was always able to put up a façade. It is a common routine that would lead me to keep doing more and more and more drugs.

In efforts to put up a façade, Noah illustrates he began to live a double life. This had an effect on his relationships.
Noah: She came from a really well to do awesome family so in front of her I was a badass boyfriend, but I was a good boyfriend. I was always honest with her didn’t fool around on her. Behind her back, I was going out drinking with my buddies every night, partying, lying to her, I was doing whatever I needed to keep the façade of being a good boyfriend, but my true relationship was with my buddies. Whenever she would leave, I’d phone my buddies up and say hey she’s gone. He’d coover we party all night, I’d go to school the next day. She’d see me and say did you go to bed right after I left. I’d be like oh yeah I did. Why your eyes are bloodshot I tell her I got a cold. I come up with a lie. I lived dual life in every relationship I was in.

The “functioning addict” moves away from the current stereotypical offenders of drugs use by giving an illusion of functionality through concealment of an illicit substance. Through the facades, denial of one’s current state and issues can cause continual use of the illicit drugs. Bingham Dai’s results from a study nearly 80 years is still relevant today. Many individual’s suffering from addiction do not resort to violence, but rather intelligence to conceal and support their addictions. Functional addicts appear to be the new face of addiction in today’s society because emergence of prescription drug abuse. Hence, face of addiction that was most prominent for some to include poverty and organized crime has possibly evolved to middle aged house wife living in the suburbs. These individuals are continuously going to work, producing minimal results, while hiding their addictions. The change in focus illustrates that the social problems of addiction is merely the top the iceberg than what is originally perceived.

5.3.5. Life Behind Bars

One of the prevalent opinions in the legal world is that individuals, who have become involved in the profession of selling and using drugs, must be reprimanded. The increase in the number of drug related imprisonment has resulted in an “overcrowding of prisons, a need for more jails, a higher cost of maintaining arrestees, delays in processing court cases, and greater demand for treatment”(Sinha and Easton, 1999, p.513).

Overnight Events

A few participants Aiden, Jackson, Sophia, Mason, Caden, Ethan, and Noah indicate
they “never had to stay in cells that wasn’t an over night event” (Aiden, interview, 2015). Noah provides reasoning that his lack of a major prison sentence was due to a good lawyer.

Noah: I was in jail a lot, but I never did any time. One of the things my mom actually instilled in us was a get a good lawyer. I’ll explain why...our dad had 13 impaired charges he beat 12 /13 charges. We always had the best lawyer represent us. We didn’t have any food on the table or clothes and we’d be handing him all our money. Save up for 6 months just to pay his retainers. I always had great representations. Whenever we go to court we always played down plead down plead down. I had a judge say to me, when I was going up for some very serious charges: for impairs, leaving the scene of an accident, all these other charges. He said this is the best PSR I have seen in 20 years. People always thought there was something up but there was nothing up I just had good lawyers paid all sorts of money and got out of big jams. A lot of overnight jails, weekends but never any prison. I always manipulated the system or hired someone else who knew how to manipulate it.

On the contrary, Ethan expresses that his attempted murder charge was dropped at the age of 12 because of a police error.

Ethan: I remember when I was 12, I got charged with attempted murder. How that came about was there was a young girl threw hot water on my sister who was 9 and I strangled that girl. Instantly there were all these detective cars and they put my name on the radio, which was something they shouldn’t have done, that resulted in them dropping the charges.

Other than the one event, Ethan refuses to discuss the charges. He simply states a few were less than 2 years, but the vast majority was for overnight offences.

Major Players, Major Time:

Liam states the nature of his charges and precedes to discus his prison experience.

Liam: I went to prison twice. The first time I was 24 and I went in for assault, I beat somebody up and the second time I went in for extortion. Somebody owed me a debt, they didn’t pay and I cut their finger off because I wanted my money. The person’s wife went to the police and I was sentenced 7 years in prison.
Liam describes his prison experiences as being quite easy because of his ability to fit and make some money.

Liam: The prison that I went to, there were two types of people in there: the native group or the bikers. There was no in between, anyone that was in the middle was shipped outta there or transferred out, because they were constantly beat up or sexually assaulted, or whatever. Me, I was lucky, if that is even a nice thing to say, because I was a biker for one and I was also half native. I was able to do business with both worlds. Prison wasn’t a deterrent for me because I was able to make money in there as well as I did outside. People think prisons are very secure; but let me tell ya there are more drugs inside prisons than there is outside. So there is a lot of potential to make a lot of money in the prisons. On the street you can sell one bag of marijuana for $50 dollars, in the prison it is worth $150 dollars.

Similarly, Lucas expresses that the first time he went to prison was at the age of 16 for accessory to murder. He was sentenced to 4 years in jail, but only served 8 months. Lucas expresses that some of the other charges that led him to jail. “I went away again for another 4 years and that was for assault causing bodily harm. Then, it was another 10 for possession of weapons, violent charges and drug charges”. Lucas provides what his experience in jail was like.

Lucas: The first time I went in I was totally scared, I was 16 going to a federal pen, where you having noting but murders, psycho’s, rapists. When I went I went in there, a lot of the people that were there I knew or they knew my dad, so it wasn’t so bad. I still went in there scared. I knew that at given point in the day you could be in a fight or somebody trying to stab you or whatever, you look at a person a wrong way. It was not a good experience. It wasn’t as hard to go back the second time because I’d already experienced it and knew what to expect. It wasn’t as bad to go in the second time because I knew what I was getting into. It was a bit easier to approach it, not that it was good but it was a bit easier. The 3rd time it was a breeze, by then you get to know some people that are in there a whole time.

Unlike Liam, Lucas expresses that going into jail for the first time was a scary experience, but as it progressed it became tolerable. Similar to Liam, Lucas states that one of the reasons it got easier was his ability to make friends inside the prison. Jacob expresses that the first time he went to prison he was 22 years old. He got sentenced to 7 years for a robbery charge, but only served 3.5 years and 16 days in remand. Jacob also expresses that the second time “he
was charged for a fight, which I was charged as, attempted murder but it was lowered to aggravated assault with intent. I beat up a guy pretty bad, to this day he can’t walk... he will never walk”. Similarly to Lucas and Liam’s prison experience, Jacob also divulges that prison life was a breeze.

Jacob: For me it was good, because I was in the good group. The robbery blame that I took, saved one guy and he sent word to jail to take care of me in there. When I walked in a big biker guy with tattoos, and teardrop tattoos near is eyes... you know what that means when someone has a tear drop tats... he killed a few people. He asked me if I was Jake, I looked at him and thought here it comes... he said I have a message from Kevin...your with us now. It was a good life... there wasn’t any problems with no one.

Logan also divulges that the first time he served any prison time was at the age of 20.

Logan: The longest was 4 months for possession for the purposes of trafficking. I was such a low risk offender. I always had a good lawyer. I went to community court in Vancouver. I was always a pretty good model while in there. A lot of other convictions were theft under, about 40 convictions

By analyzing the lived prison experiences of these individuals, or the lack thereof, it is important to note the heterogeneity of offences committed during their addiction careers. Therefore, offences committed during addiction can vary from the stereotypes of shoplifting and selling the drugs, to more serious violent offences associated with organized crime. The age range for first time imprisonment for Liam, Lucas, Jacob, and Logan varies from 16-24 years possibly indicating that because of their ability to reinvent themselves and make friends quite easily, prison was place to socialize and network.

**Effects of Prison:**

Song and Leib (1993) argue that for some, “incarceration and longer confinement increases the risk for recidivism” (p.8) because prison provides them with the opportunity to learn techniques from experienced individuals. As expressed by this study’s participants, the adoption of the deviant norms and techniques through their peers may have made prison life more convenient.

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Liam expresses prison did not change his outlook regarding his deviant lifestyle; instead it provided him with opportunities to refine his skills.

Liam: Prison didn’t change anything. It wasn’t a deterrent and it most certainly did not teach me that crime didn’t pay, because inside crime was paying huge. It wasn’t a deterrent because you go in there and everybody else has these great ideas and the next best thing, you kinda refine your skills inside that you could use when you got out?

Liam further expresses what these skills included:

Liam: Different ways to exploit money from people, that is what I did in my motorcycle organization; I collected money. People who owed my money and didn’t pay would suffer the consequences. Different ways to collect the money: They would set up meetings where they would take peoples houses, make people sign their houses over, sign over their properties, force their wives’ and daughters into prostitution until they pay off their debt. These were things that I never tried before because I used the physical portion of it; I wasn’t able to think outside of the box to do other things like that. That is what I meant by refine where I didn’t have to use the physical ways to collect. I didn’t have to be the guy accountable; I could be sitting in a restaurant with you while I’ve got somebody collecting money. The police came to me then you were able to testify that I was with you at the restaurant, meanwhile somebody is getting beat up because he didn’t give me my money.

Similarly, Lucas expresses of how prison did not change his outlook on the lifestyle, but rather it was a method to network.

Lucas: It didn’t change my outlook at all. It was like a few times that I was in there I was like I have to quit, I can’t do this again when I get out. As soon as I got out, the cycle began again. I would stay away for a month and get right back to it; sometimes it was immediately after I got out. It never really changed my view on the lifestyle other than the drug world networks.

Jacob provides similar sentiments of how prison had no effect on his attitude.

Jacob: Prison didn’t change the way I looked at the world, absolutely not. I walked in there and for some reason I was recruited all ready. I didn’t do anything, some guy came up to me and said hey, you Jacob? Yes, your Dino’s son, yeah... your Jenny’s and Bob’s nephew, yeah... your with us now. So it was an easy time for me.
As the case with this study’s participants, deviancy and criminality escalated as conventional norms and values were deteriorated and deviant ties with one’s peers strengthened. Prison for Liam, Lucas, and Jacob was not a deterrent, but rather a mechanism used to learn and refine their skills for the drug world; hence, prison became a networking location.

5.3.6. Attitudes and Outlook

Familial Viewpoints on Addiction:

Caden illustrates that although his family did not support his addiction, they did occasionally answer his cry for money, which enabled him further down his addiction.

Caden: They didn’t want to believe it was happening, or they wanted to cover it up. They were then in denial. It came to a point where they tried to help several times, and they realized that there was nothing they could do to help me; it was something I had to do on my own. They were powerless over the situation. They had to stop enabling me because I use to harass my parents for money. It came to a point where they stopped answering the phone.

Similarly, Logan expresses how his father tried to cover up his addiction and how he tried to help by giving Logan more money.

Logan: The first time he seen me was when I came back drunk, smelling like alcohol, finding flaps of drugs. He didn’t like it but he loved me. His way of intervention was to keep it secret and at home and not tell anybody in the family. I would grind him for money so I wouldn’t have to go out and do crime. He would give me money so he thought I would not do that, but I still did it.

Jayden expresses how his family was affected by his drug use.

Jayden: When they found out they were devastated and heart broken, they were really upset. My dad was angry and my mom was just devastated. My mom went to feeling like she had done something wrong. My dad just went to being angry with me because he couldn’t believe I would do that right. They worked so hard to give me a good life and I chose that road.
Caden, Logan, and Jayden all illustrate that their families were devastated by their addictions. Perhaps the guilt and devastation emerged by placing blame on themselves for the psychological trauma suffered by their children. Logan and Caden both indicate that their families tried to give them money and cover up their addiction, because of the embarrassment it brought them. Unlike Logan’s experience, Caden illustrates that because Caden didn’t want the help from his family, perhaps because of the psychological wounds being too deep, his family severed all ties with him.

On the contrary to Caden, Logan, and Jayden’s experiences, Jacob illustrates that his family didn’t care about the lifestyle he was living.

Jacob: They didn’t give a crap. I was at that point where they wanted me to work for them and I said no, so they kicked me out of the house. They told me you are 18 years old, you can’t bring any money to the house then get out. I went to a friend, and joined the Canadian Armed Forces, they took me right away and I went home and started packing. My parents asked me where I was going, and I told them I joined the forces, he cussed and told me that he would take me off the will, I wasn’t his son... blah, blah, blah. We didn’t speak for 19 years after that.

Jackson expresses similar sentiments of not having any contact with his family once he left home.

Jackson: I would say it wasn’t brought to their attention. They never seen me do it. I wasn’t around much once I left home, I left home, and that was it. I built up an empire away from them. Them not knowing where I was and me not knowing where they were. I knew where they were, they knew where I was but there was no connection or contact.

On the contrary, Liam expresses that although his mom did not like the lifestyle he was living, his father accepted and encouraged that life.

Liam: My mother frowned upon the association with the organization and the drug use because it wasn’t her forte or her belief system. My father didn’t phase on me at all we connected on the same issues. He would give me some pointers on the way he did similar things back in his day. We compare stories as to how thing have changed back from when he did it. When my father did crime, violence was a lot more vivid, way more in your face. When I got involved things were kind of different and behind closed doors because nobody wanted all the attention from the authorities because they were trying to crack down in
organized crime and gang activities. We used to share stories; there weren’t any negative impacts from my father. My mother was embarrassed of me.

Unlike the vast majority of this study’s participants, Liam’s relationship with this father regarding the deviant lifestyle is quite unique. Liam illustrates that his father and him would compare techniques from back in his father’s time, thereby further developing their bond and relationship.

Lucas tells a very interesting story as how his mother came to know about his drug use.

Lucas: For a while, my mom never knew anything about it at all. She thought I just smoked cigarettes and drank. She always bitched about it, she knew nothing about the drug use until she found some in my drawer and thought it was oregano and used it in her spaghetti sauce...that was first time she found out about marijuana. It didn’t go over too good. So yeah, my mom didn’t know nothing about it. She was very naive to judge. There was not much my mom could do about it but I was pretty much on my own. I left home when I was 15 and I lived on my own. I was gone out of her house. She couldn’t really say anything, she always bitched about it whenever I come to visit; especially the day she used “oregano”. I was not allowed at her house after that because my aunts and uncle weren't too happy. They were all pretty well high after eating spaghetti. I told my aunt not to eat it, because when I came home I looked for it and asked my mom where the stuff in the drawer is? Why are you hiding my oregano? Mom, where is that stuff? She told me she put it in the sauce. After that I was not allowed at her house, but I think that was one of my best experiences: watching them all high from the sauce. I don’t think they taught it was very funny.

Lucas illustrates that the lack of familial bonds and connectedness allowed him to hide his drug addiction from his mom. Under normal family dynamics a parent would question the green oregano like substance found in the sock drawer, but due to the skewed dynamics and naiveness of the parent, the substance was not questioned. The poor inter-parental “relationship adversely impacts the child’s psychological development, which can later be correlated with risky behaviour, including addictive substance consumption” (Zimic and Jukic, 2012, p.174). With a lack cohesive family bond, and an increased presence of deviant norms, the individual's begins to define and experience their negative outlook on life.

**Personal Outlook**
All participants illustrate that they held a very negative view of the world and that their addiction put them in that position. Caden illustrates that the loss of 3 friends in 3 days, put him in a dark place where he drank to ease the pain.

Caden: I didn’t like God too much. I had lost 3 friends when I was 19 in one weekend, in 3 different accidents. That was when I really had the resentment and darkness inside of me. A friend of mine was test-driving a car and smashed it up real bad. On Saturday, I was with a friend and we went swimming... he dove into the river and broke his neck, drowned, and we never found his body. The next day I was talking to a friend of mine, he died later that day by falling out of a truck and died. I had lost 3 friends in less than 3 days. After that all I wanted to do was drink. I didn’t know how to deal with it.

Similarly, Mason provides an example of the highs and lows of addiction. “It gives you false reality. Sometimes I felt like a martyr; sometimes I felt like a victim; sometimes I felt like I was on top of the world”. On the contrary, Sophia illustrates that her addiction was fuelled by the fact she had a rough upbringing. “I was very negative and hostile towards people. I felt like I got the shitty end of the stick because of what was going on in my life. I wasn’t a very happy girl, very hostile.” All participants of this study reveal that their outlook in life during their addiction revolved around corruption, greed, and self-centeredness. Jayden illustrates that during his addiction he thought the world was a tainted place.

Jayden: I viewed the world at all angles, what can I gain from this. Everybody was out to get me. I just felt like it was a corrupted place and everything could be bought and paid for with money.

Similarly, Jackson provides his viewpoint during his addiction.

Jackson: That everybody was a mark. Everybody. It doesn’t matter who you were: my friend you could have been sitting beside me, walking on the street, you’re a mark basically.

Comparably, Jacob illustrates that during his addiction, his viewpoints all revolved around making money.

Jacob: Take everything that you can before they take you. That is the way I thought. If you don’t take it they will take it away from you anyway. So while you have the money, just go for it. I had no plan to save money for the future; I was planning for the day and whatever happened, happened.
Similarly, Noah explains how his beliefs during addiction were centered on deceiving acts.

Noah: I remember my mom took life insurance on me because she didn’t expect me to live past 20. She didn’t have enough money to pay for my funeral. So she said I can afford to pay for funeral and I took a life insurance out on you. I’m using the portion of the money you are giving me every week to pay the insurance. Because when you die, I’m not the one to pay for funeral. I guess you can say I had a really shitty outlook on life. I remember on conning her back. I cashed out the life insurance when I was 18 at the time 700 bucks. I told her don’t worry mom if I do die it wont be any where near you; I’d go die somewhere else. I didn’t expect to live past 30. I never made any plans. When I was 28, I was like what am I still doing here; pretty much all my friends were dead. Everything I did revolved around how do I get high, how do I get drunk...how do I?

Lucas illustrates self-centeredness can encompasses an individual during addiction

Lucas: I couldn’t give a fuck what society wanted. Back then, it was all about society owing me, I didn’t owe them. It was a wake up call. It was like I didn’t give a shit. I didn’t care what I did, who I did it to and I never thought what was happening to the people I was selling to, their families. At that time, to me it was just about money. I never thought about what anybodythought. Who cared if you didn’t like it well, get away from me, right? That was my attitude.

On an analogous note Liam, illustrates that the selfishness and self-centeredness, took him to a place where he didn’t know where he belonged, and causing him to loose all values.

Liam: I can’t give two senses to anybody, including my self. I figured that everybody had something I wanted and I was going to get it. I didn’t feel that women needed to know that I had 5 sisters. I didn’t respect them. I didn’t respect families; I didn’t respect anything. I turned into a person where I was very selfish and very self-centered. I forgot where I came from and that I used to be one of those people so um. Pretty much lost who I was and pretty much began to believe in the life I was living. I lost my core values and didn’t know where I belonged. I was already too far into that type of lifestyle to turn back.

The majority of the participants claimed that their illicit drug addiction tainted their outlook on the world. Addiction provided these individuals with a tainted reality where they thought money was key to happiness. This outlook sparked greed because they soon realized that they must grab all that the deviant lifestyle offered while they still had the opportunity. With
the greed and the corrupted mind frame, these individuals were self-centered because the focus all revolved around personal needs. For some individuals, the desire to acquire status symbols and money was the initial motivator into the drug-associated lifestyle. Because of the hurt and the anger these individuals have, they honestly believed that society owed them restitution; hence, they took what they could. As Liam expresses, the continual reinvention of one’s self identity led him to completely lose all core values. Perhaps, all participants realized at one point that they were too far down the deviant lifestyle, but they could not turn back. Therefore, they continuously felt trapped with no avenue of escape and continued to reinvent themselves in drug-induced lifestyle to obtain gratification.

Logan is perfectly able to summarize what led all participants into their addictions. “I wanted to be normal but I didn’t know how achieve it.” Achieving normality is crucial to lives of these individual, resulting from the psychological trauma they endured. The correlation between trauma and drug use “has been attributed to intervening variables such as the need to self-medicate to relieve depression, or to increase self-esteem (McClellan, Farabee, and Crouch, 1997, p.456). Illicit substances are continually taken to achieve the pleasantness associated with the drugs, and after to escape the retreat from the lows (Robinson and Berridge, 2003).

5.3.7. Summary

What persuades an individual into a drug-involved lifestyle? Results of this study reveal that due to feeling unwanted and unaccepted within their familial dynamics, these individuals turn to their peers to feel accepted. Hence, they may participate in deviant acts with their peers to gain acceptance, something they were lacking in their lives. Addiction for some participants has put them in despairing situations where they have become homeless and participated in crime merely to survive. For others who become involved with organized crime, the quick cash, fancy cars, and other material objects provides them with a rush and false accomplishments, something that perhaps was unattainable otherwise. Therefore, to maintain the false reality, they must fulfil the wishes of organized crime group or face death. Furthermore, for some individuals, addiction is about putting up facades and re-inventing themselves based situations they are in. Many individuals, functional addicts, do not resort to crime or violence during their addictions, but rather intelligence to conceal and support their
addiction. Prison for many individuals did not serve as a deterrent, but rather a mechanism to socialize and acquire new skills. The personal outlooks for participants during that point in their lives all centered around greed, self-centeredness, and negativity.

5.4. **Calling it Quits**

This category of responses focuses on the individual’s motivation to leave the lifestyle and the treatment experiences they endured. There is a constant individual struggle to maintain focus and avoid temptation back into the seductive lifestyle. Treatment provides the individual with a toolkit that contains coping mechanisms and skills that they lacked going into addiction. With this in mind, the key area of concern is what makes treatment effective for one individual compared to the other. The themes that are uncovered address individual inspiration to seek leave the seductive lifestyle, the skills and the challenges they faced in treatment, and finally their personal outlook at that point of their lives.

5.4.1. **Leaving the Life**

"Do not let your fire go out, spark by irreplaceable spark, in the hopeless swamps of the approximate, the not-quite, the not-yet, the not-at-all. Do not let the hero in your soul perish, in lonely frustration for the life you deserved, but have never been able to reach. Check your road and the nature of your battle. The world you desired can be won. It exists, it is real, it is possible, and it is yours." Ayn Rand

Participants of this study reveal three key events such as the being fed up with the lifestyle and fear of being dead, developing meaningful connections with a family member, and realizing they are getting too old for the lifestyle. Caden expresses that his motivation to leave was the fact he did not want to die.

Caden: I knew I was going to die and it was only a matter of time. I didn’t want to die even though I was playing Russian roulette with 30 years of my life. It finally came to a point where if I couldn’t move a mile anymore, I knew I was going to die. So tried to get sober several times, I just thought I was one of those types that would never be able to do it. Some part of me was always held back because I didn’t want to give it up, until one day I said I’m all in.
Similarly, Lucas expresses his inspiration to leave the lifestyle was simply being fed up with what that lifestyle offered him:

Lucas: I was in a really starting to get sick of that lifestyle and what finally motivated me was 2 guys broke into my house and at the same time I was taking care of an elderly woman. They broke in the middle of the night, and they tried to rob me. The biggest guy punched me and said this was a robbery; I looked at him and said are you joking. Next thing I knew there was blood all over my walls and all over the paintings. I looked at these two guys and told them to get outside of my house. I looked around and told myself I have to clean this mess up. That was the day I said enough was enough. I looked up the number for detox to make an appointment to go after the weekend and that was it. That was 5 years go and I never looked back since. I realized that it was either that, or I was going to spend the rest of my life in jail, or I was going to end up dead. I really looked around that room and I thought I gotta get out of here.

Unlike Caden and Lucas, the motivation to leave the lifestyle for Liam was due to his health. He illustrates that going into treatment his motivation was not stay, but to treat his Hepatitis C and continue to live his deviant lifestyle.

Liam: My health. From using dirty needles over the years I acquired hep c. My body was beginning to shut down. I went to the doctor to get a check up to see what was going on and I was diagnosed with hepatitis c. I continued to use drugs and didn’t take it seriously, and I ended up addicted to crack cocaine. I lost my job from installing granite countertops for $42 an hour, to sleeping in my cousin’s camper at his backyard. Figured if I didn’t go to treatment I was going to die by my own hand and decisions...I never took it with the intent of changing my life. I took treatment with the intent to getting a hold and control of my addiction and going out into the world to party on... that is not what happened.

Similarly, Ethan describes his motivation to leave was reaching the bottom of his barrel and his desperation to do anything to save his life.

Ethan: What motivated me was my bottom of reaching a place where I really wanted to die then I wanted to live and something happened. I look at it as Devine intervention, it happened one day where I had this willingness born from absolute desperation to do anything to save my life. At that point I was living to reach out to right people who helped me... I couldn’t do that on my own... I needed help and needed people that would tell exactly what I needed do. I was finally in a place in my life where I was willing to do it.
Comparably to Caden, Lucas, Liam, and Ethan, Aiden also had reached the bottom of his barrel and was willing to do anything to save his life. Aiden describes his motivation to leave was also the fact he didn’t want to die, but also physical appearance was also changing.

Aiden: I did not want to die. My skin was grey and I weighed 140 lbs., was out of money and I had lost everything... I had no family they would not talk to me, my wife had kicked me out; I was living on the streets, dying on the streets. I didn’t want to die and that was the only thing that brought me back. Somebody at a shelter in Surrey asked me if I believed in a higher power and I said I used to, they said before that. I was staying in the shelter and every morning I was staying in there longer. They told me I can’t stay in here because this is not a 24-hour a day shelter, this is an overnight. I told them I don’t want to go back out there, they then asked me what my plan of recovery was, and I said what is recovery? I really didn’t know what it was. They explained it to me as a place where people learn how to stay stopped. I was flabbergasted by his statement because I didn’t believe such a thing existed and they said there is lots of them, would you be interested in going. I said yes, and they asked me if I believed in a higher power above the law, and there is a place in Vancouver that may be able to help you. I said definitely and it took a couple more days for them to get a hold of the intake counsellor, and I came to Downtown. That is what made me stop, I didn’t want to die and I knew I was. My body was beginning to do weird things... shut down... my skin was grey and it wasn’t cool.

On the contrary, Noah illustrates his addiction and the lifestyle was breaking his mom heart and as a result, he had a realization that he must do something to fix his life.

Noah: I was about 40 and I was living in Northern BC on people ‘couches, my mom’s couch. I was a medic in the oil fields so when I worked I was making 1500-2500 dollars a week. Then I would go out to camp for 3 weeks dry out, come back and spend 7-8-9-10 thousand dollars in 5 days. I’d be going to my boss, he just handed me a $7000 paycheque and five days later I’d be asking for an advance for next week. I couldn’t pay rent anywhere. Be living in my mom’s couch when the oilfields broke up in the springtime. I could not keep a job anywhere else. I would work for my brother for basically drug money and I remember I was going to the food banks. Its crazy one-day you’d be cashing checks for unbelievable amounts of money and 3 days later food bank to pick up a little thing of hamburger and some spaghetti sauce.
I remember my brother said to my mom if you keep letting him sleep on your couch and giving him food you’re enabling him to kill himself and I think that’s stuck into my mom. Eventually my mom said I couldn’t do this anymore she stood in the door and was crying. She was like I can’t help you anymore. I looked in her eyes and I knew I had broken all of the hope left in her heart for me. That night I went to my hotel room. At that time I was living in a crack hotel and there was a dead guy lying on the floor I walked over top of him to see if he had any money in his stash pot. He had no money, no drugs so I walked over him and told the girl at the front desk that I think the guy was dead and I went up to my room and realized that this is my life. I had a moment that I needed to do something. I need to do something big time

On a similar sentiment, Logan expresses that the death of his dad, encouraged him to seek help and change his life for the memory of his father.

Logan: I was in jail when my dad died. I did a prayer. I don’t believe in God or anything. I said if you’re out there, even though my cellmate was there, I just did it, GOD I need some help. Then my PO visited me. I had court in a couple days, and I told the judge what was happening. My PO visited me and said you want to get help. I said yes, I’m sick and tired of this lifestyle. I felt very lonely because I was very co-dependent with my dad and he is not there anymore. I was like how am I going to get money from him, I’m sick and tired going to jail

Noah and Logan both express the fact that connection with their mom and dad played a role in their motivation to leave that lifestyle. Regardless of whether that relationship was strained in the past, somewhere along the way, with a small sliver of hope, meaningful bonds began to develop to mend that relationship. Logan conveys it wasn’t until the death of his dad when actually decided to seek help.

Sophia claims that her motivation to get treatment was her children. After going to the hospital as a result of a blood-infection, Sophia woke up and saw her children’s faces “I don’t ever want to feel that way again. I don’t ever want to see my children’s faces of having lost their mother. That is my motivation”

On the contrary, Jacob inspiration to leave that lifestyle was the fact he was getting too old. It wasn’t until the breakdown of his relationship that he truly sought the willingness to follow through with treatment.
Jacob: I was getting old. It took me a while: I did one treatment and I got clean, and been clean for 10 years. Then I relapsed, I got some memories that I thought after 10 years nothing could save me now. I use to work, and I got canned from that work. I found out that the woman I was with for the past 10 years was cheating on me with her ex husband for the past 8 years. She told me that she was divorced, and she wasn’t she, was separated. When I met her she had a 9-year-old girl and 12-year-old boy, I send them to school, send them to Mexico. One of them is an accountant and the other is teacher. I bought ticket to go Disneyland with the kids, but my job called me and said we need you for 3 months, gotta go, so I went, I gave my ticket to her ex-husband because I knew she was getting close with him. We were good friends, weird I know. That is when they got together, I didn’t know that but the kids knew and that’s what really hurt me when I walked and saw them in my room. When the kids told me they knew, and hoping that they would get back together, I told them you guy don’t remember, that I told you if there is chance for you and your husband to get back together, tell me and I’ll I graciously leave.

At the moment, I thought the best thing for me to do was to go on top of the Nova Scotia building in Downtown and jump. The minute I jump that’s it. I was on my way there, when somebody said hey wait, Jacob. I turned around and it was a little old lady. She was my sponsor for 6-7 years earlier; how she recognizes me I don’t know. I told her what happened and now I’m going to and die, in tears I told her what was the point of living. I have nobody to help me.

She told me her son is away for 3 days can I could say with her for 3 days and we’ll see what we can do. I went there in the morning, she said there is stuff in the fridge help yourself, and I’ll be back after work. The first thing I did when she left, I went to her bedroom. She had a gold and diamonds and all kinds of stuff... right away I go ah ha ha ha, I can at least get 2 grand for that...easy. Two grand and go somewhere and start over. Something stuck with me. When she came back, she’s like your still here, oh that’s fine. After 3 days, she gave me 20 bucks and said to go to this downtown organization and they’ll give you help.

All participants illustrate some sort of connection with family members, other individuals, and treatment organizations. According to Sampson and Laub (1990), these strong and meaningful social bonds tend to lead to desistance in adult crime and deviancy. Hence, the fear of dying and breaking the hearts of a love one becomes more meaningful to the individual, thus making their exodus more successful.
5.4.2. Treatment:

The slogan, “today is the first day for the rest of your life” by Chuck Dederich, has become the infamous mantra for addiction treatment. According to Dederich, the implication is very clear: “take stock. Go back, find out what went wrong and fix it. Stop. Rewind. Replay.” (Cited in Yates and Malloch, 2010, p.15). The perception behind the idea is to understand what drives the negative and undesirable behaviour, while attempting to change it. All participants claim that the treatment they received from the Downtown Eastside organization, allowed them to dig deep inside themselves to understand why they used, while providing them tools to address the stressors of addiction.

Aiden sought treatment when he was 46 years old. He expresses what treatment entailed and the benefit he received from it.

Aiden: I had counselling, group and individual. We had to participate in a food line, so we had to give to the community immediately. As part of the treatment program, at the center we had to participate in 4 AA or NA, or some AA outside the house meetings per week. There were individual parts of the programs like making a lifeline, or a chart to illustrate when we use and why we use and what was happening in our life at the time. It was a pretty good... I was lucky enough to have a counsellor that worked for me.

Jackson reveals that the program he received was beneficial because it occupies your mind away from the drugs with useful tools and skills that have been incorporated into his life.

Jackson: First of all they give you steps to do. The first step is the one that sunk into me: it is to admit that you are powerless with your drug of choice; it has you right by the balls. You have to admit that. I think for years, the 6 years I’ve been doing drugs, I could never admit it; it really sunk my boat. I woke up to reality; the first step, I get the first right away. It goes all the way 12 steps. While you’re doing the steps you think about your life and all the things you did wrong, and then you’re supposed to make amends for it all; something’s you can’t make amends for because a guy would pop and kill ya, or the guy doesn’t know and you’d hate to shatter the friendship with him because if you say something then he’s gonna hate ya. You have to do all the stuff in the steps. Go home and think about what you did during the day. I cheap talked somebody or did something you weren’t supposed to do, and then you have to make amends for it the next day.
If you end up doing the steps, it becomes a part of your life and it is like wow I’m doing at step. Steps are coming into my life. You have to get a higher power, or a sponsor; Mason helped me go through the 12 steps the first time. I might not have put in enough effort but Mason squeezed a little bit more out of me. When you are doing the steps and all that it is all about you...everything is about you. They get into you head and you have to put in on paper and read it and re read it and stuff like that... it works... treatment centre works pretty good.

On a similar note, Jackson provides how treatment keeps the mind busy from the drugs while providing useful everyday skills.

Jackson: Groups with the treatment centre, we had chores we had to do. Going to the groups, doing chores all that put together took 85 hours of a week just doing that. That helps your mind stay away from the gutter and the cravings because you’re busy, you’re occupied, you’re washing dishes, and you’re forking out food. The donating part, you’re figuring out all the donations and keeping yourself very active which really helps a lot in recovery. I’m learning things in groups; it really changed me to be clean from stealing or waiting for someone to come home with the money.

Aiden and Jackson both express that treatment occupies significant amount of hours where you are serving the community, while at the same time learning everyday skills. Similar to Aiden and Jackson, Liam expresses that at the age of 37 years old, treatment for him was learning a new way of life. He compares the experience to training a new puppy.

Liam: It was challenging because in order to rid yourself of that lifestyle you have to give up on your old lifestyle and the way you did things. Like teaching a puppy not to pee on that paper. I was so used to my old lifestyle that it is really hard to break that mould. I still talk to some people from my past but I talk to them from a distance or over the phone, I drink I coke cola at a bar watching them drink. I don’t sit out in patio when it is 35 above, watching the water droplets run down the beer bottle. I still go to bars and stuff but I’m able to recognize when it’s time for me to go when people start going to that second language that I no longer relate to, I know it’s time for me to move on. Opening up about your personal experiences was tough at first. Opening up in a way about the stuff that I did and the physical and emotional abuse that I carried. Before, sometimes when I used to get those feelings that I used to drink to forget. The
abuse that I suffered may have been the reason that I participated in that lifestyle.

Similarly, at 41 Noah describes his treatment experience was quiet positive because it provided him with skills that he never had before.

Noah: Treatment was a very positive experience for me. I was enlightened. I was shown that I could be a man in different ways. I didn’t have to be a boy for the rest of my life. I could make plans, deal with the issues that had happened to me in my life and didn’t need to hold on to them and beat myself up all the time. It is a learning process when you go into treatment: You go in there so full of hurt and hate and all these other things and you don’t trust people. Then you get to an environment where people are the exact opposite to that? Why does that guy trust me? It is really eye opening that people could live like that. That sheltered environment in the treatment center allowed me to take little steps about trusting people with my personal information, having relationships that were founded on not what you can do for me, but I can do for you, sometimes it’s just about nothing. I never really understood those sorts of relationships.

At 49, Lucas describes that treatment taught him to express himself in ways he never did prior to recovery.

Lucas: Treatment got me ready for the real world. We used to do this stupid coloring exercise, one counsellor would make us draw pictures and color them. I was like this is the biggest waste of time in the history of the world. I drew a butterfly. Later on in life I realize that he wasn't teaching me to draw a butterfly, but me teaching, to take some time and some pride and express myself in a different way. The only way I knew how to express myself before treatment was verbally or physically. I never thought any other way to express myself: through art, music, and hobbies, whatever, writing, but after that exercise I realized, years later that is what it was about. Having different inputs. How would I know that I like to draw unless I draw once? It taught me to open up my perspective and of all of treatment was like that. I was in treatment a total of 16 months so in 16 months of treatment I did everything they offered twice and I needed to do it twice in order to believe it and focus on it and take it on as part of my life.

Similar to the above participants, Noah and Lucas both express that treatment offered them skills to express and value themselves.
At 47, Caden illustrates that treatment was a learning experience and that it still continues to this day.

Caden: You go through different stages. Sometimes you miss it, which is hard to believe, there are times you dwell on it, you think I’ll just go have a crazy weekend and then I can stop, but that is not always the case, once you start you don’t know if you’d be able to stop again, if ever. Then I had to learn how to learn to re-live. I had to learn it all over again because it has been so long. I never did live normally. So like even grocery shopping was a challenge. I was married for 10 years, so for 10 years my ex-wife did all the shopping. From the early 20’s to now in my 50’s I’m just learning to grocery shop.

Treatment is a multi-faceted program that is tailored to each individual to have the most effect. (McClelln, Farabee, and Crouch, 1997). Treatment provides individuals with “the opportunity to enhance assertiveness and communication skills, in a group setting where [they] explore common influences and problems that affect each of their lives” (McClelln et al., 1997, p.473). As the case with this study’s participants, treatment was a program to obtain new skills that magnified self worth, while teaching them basic skills.

Although, the participants claimed they experienced temptation to go back to their old lifestyle, treatment had provided them with useful tools to overcome the urge. Ethan states “The key ingredient to sobriety in the beginning is time to build a solid foundation, like on a rock so it doesn’t fall up apart when you are not in treatment”. Sophia illustrates that her temptations were fuelled by uncertainty of what the clean lifestyle offered her. It is based on this doubt that she had the revolving door effect.

Sophia: Any time I began to feel feeling I didn’t want to be there anymore. The not knowing of where to go and how I was going to change my life. When I was there it was very nice and felt like I was in a bubble, the safety of other people. The leaving part was always the hardest. Not having the skills to get a job right away and feeling shame and not feeling good enough...so I used again.

On the contrary, Jackson illustrates how he overcame his temptations and stayed commitment to treatment.

Jackson: Sometimes you have dreams. Sometimes you have an argument with somebody. Like I said depression sets in when your alone so when you have a couple hours free in a day and
your sitting up stairs, in my mind I want to go out, but I never acted on it. A lot of time I wanted to go do it, I just didn’t do it because someone told me you don’t have to do drugs, all you have to do is one thing and you don’t ever have to do it again. I asked him what it was and he said it was picking up. Most important thing: never pick up, and then you can quit no problem. Another guy told me to take hatred on it like the way you think about sex offenders, child molesters…I hate ‘em. Pretend drugs are the same thing…they are killing people, they are sucking the life out of everybody, twist it around that way. My sponsor told me to get a higher power, I picked my parents because my parents wanted everything good for me, and they didn’t want me doing drugs or stealing. They wanted me to have a normal life. They’re normal life for me was a doctor or a lawyer, but at that point in my life I couldn’t be that, you know. So there was a lot of push there.

Similarly, Aiden states that the desire use no longer exists but like Jackson he sometimes had dreams of using illicit drugs.

Aiden:  For at least the first year, there was using dreaming’s and you would wake up and swear to God that you had just got loaded. That would scare the crap out of you. There were always temptations as I lived in DTES, if I just walk out a block out of my front door, there is people shooting, or smoking crack in every alley, it is in my face all day long, but because I’m so anal about not wanting to use again. I still love the smell of good pot. For some people the smell makes them sick, but not me. I have no aspirations to use…I have used every drug that I wanted to, drank every type of alcohol that I wanted to and copious amounts of both, so I have no desire to use again.

Comparable to Jackson and Aiden dreams of relapsing, Noah states that he coped with his temptations by setting time out of his day to have mental relapse.

Noah:  When in treatment I used to schedule my day around the hour and hour and a half that I would nap in the afternoon, so that I could go up and relapse in my brain. I would sit there and think how I would go get dope, how I would get a drink. I would do that every day for 9 months. Then I could face the rest of my day. The second time I came back I didn’t do any of that. I was on a sleeping pill when I first cleaned up it was really addictive sleeping pill, it was benzo so I was felt that although I was clean I never really clean. The second time around I got rid of everything. I still up until 2 years ago I was still recovering from the shakes of that horrible drug but yeah every day I would relapse in my head and face the rest of my day. It was a crazy way to live.
Lucas divulges that in order to get rid of his temptations he had to stay away from his old neighbourhood and his groups of friends. Lucas describes the incident.

Lucas: We were off to my old neighbourhood, I was off the bus, one time I got really anxious and I just wanted to get outta there. A week after, 2 weeks after I was in treatment, I went down to see somebody, and they tried to give me the pipe, I was like no man. I looked at it and thought they were not going to piss test, but then something in my head told me to get out. After that I just stayed out of there. I didn’t go to old neighbourhood for a long time. I just stayed away from everybody, that way I had no temptations to go back. That was a good thing because the treatment center we were in is a block away from Hastings. Every day I was there I looked at the people that were down there and that gave me more encouragement to never want to go back to all of that because I could be here. For me that was my strong hold. If I got any thoughts, I would walk down there because it made me wanting never to go back. I thought not only did I do the drugs; I was part of supplying them their dope, so to me it was like no. I really had a chance to see what it was like.

On the contrary, Liam states that after being clean for 7 years he still faces the temptations.

Liam: Everything in society now is about money. It may sound shallow, girls don’t care about the type of person you are all they worry about is what the amount of money you have in the bank or want to see what you are driving, or how big is your house. They don’t care about how big is your heart... that is last thing they want to know... they want to see the stack in your wallet. In that lifestyle, I would’ve been able to have all of those things then I would be able to choose and have successful relationships. In a working world where you work for an organization, high wages is not the top of the list, it makes you think that if I were to pull off this scam then I can make 30-$40,000 and I can buy myself a BMW and Calvin Klein jeans.

On that sentiment, Liam expresses that he chooses not to fall back into his old lifestyle because of the shame he experienced and the joy he receives from his current employment.

Liam: I don’t want to go back to living in my cousin’s camper. I remember the shame being in that state. How embarrassed I was talking to people. I went from being a powerful guy, a guy with a good job, to living in a camper, it was embarrassing. The shame of that had a huge impact on me. Secondly, the job that I do gives me self-worth. I know I’m not changing the whole
world, but I am making little bit of difference. My own sick way of thinking is: as ironic as it sounds, every good thing I do today, takes away a bad thing I did back then. I did a lot of shitty stuff so I can never quit my job; I have to make amends for what I did. I have to make a difference in the world in a positive way to make up for the bad stuff I done. Living the lifestyle I lived, it is not common to share all the serious stuff that you did. You kinda carry that burden with you the rest of your life. One of the ways that I try to forgive myself is to do good deeds for other people, to make up the horrible stuff.

Caden states although he did face temptations, he played the tapes of what he learned in treatment in his mind.

Caden: I just play the tapes through. I know where I always end up. I end up standing in front of the bottle depot with no food, no money, hungry, completely exhausted and my feet hurt, I needed a shower and I have no friends, and I wanted to kill myself. A couple times I came close to killing myself, but I wouldn’t because I have kids. They don’t want to be in my life today, but I have a daughter that is 17 and a son that is 20, eventually I would see more of them, probably my daughter. If I don’t, then I would have to deal with that. I’m just leaving them alone and I’m not going to force myself back into their life. I mean I was gone for eight years, I was down here for 8 years, in and out of treatment, trying to be sober, to feel safe enough to see my kids again, but they don’t understand that.

Sophia, Jackson, Aiden, Lucas, Noah and Liam all reveal that their temptations to go back to their old lifestyle revolved around fear of unknown, old neighbourhoods, and social pressures to obtain materialistic objects. They illustrate that they have no desire to use illicit drugs again because treatment provided them with tools to deal with similar situations.

On a different side of the spectrum, Jacob, Logan, and Mason states they that did not face any temptations while in treatment because “I had the willingness, having hit the bottom, having tried and nothing was working. I was ruined and I was ready to make a change”.

Lessons Learned:

Caden illustrates that the most important lesson he learned in treatment was the fact of why he used drugs. “Drugs were a solution to stuff my fears, my feelings, and my emotions, now I have other ways to deal with my life”. Lucas states that treatment, with the
use of Alcoholics and Narcotics Anonymous, you are given personal stories that are quite similar to your own, thus they provide reasoning of why a person has a particular addiction.

Lucas: Treatment actually taught me, that it was more of a disease than an addiction. Why you had that disease? It’s an addiction but it is the disease that keeps you there. Some people have addictive personalities, but it’s the disease of the addiction that keeps them. There are a lot of different things there to help you open up and see what it is. The 12-step program that tells us a lot. You have the AA and NA; they are same text but a few different writings. When you read about other people’s stories that are similar to yours, it makes it a lot simpler on the person. It’s all open. There is a lot of information that you can get from our counsellor and from our treatment centers and the people that have gone through it, so the person can get a lot of different information to get out of it; why do you have this addiction and explain to you why you think of it like that.

Lucas illustrates that hearing similar stories to your own has a meaningful impact in understanding why they used. Lucas expresses that he learned that addiction is disease where people don’t know how to express themselves because of the fear that was embedded in them from the psychological trauma in childhood.

Similarly, Noah states that treatment taught him to re-evaluate his life and live the complete opposite of what he was doing.

Noah: Well I never thought it was a wrong lifestyle. Like I thought it was funny. I thought it was awesome. I thought I had the world by its nuts. Treatment taught me it wasn’t. Everything I was living was under the illusion of what I thought was real life and it wasn’t, it was just a small piece of the pie. That other people were travelling, doing things, getting educated, living life, and all that sorts of things. I did not have any of that. Treatment taught me I could be a functioning part of society. I used to think that fitting in was backward. To fit in was backwards. I didn’t want to fit in... I wanted to stand out. Now I think the exact opposite. Treatment taught me to reevaluate my life and redo it. Those decisions I made were the best decision of my life.

Similarly, Caden provides what tools he used to re-evaluate his life and outcome he achieved was positive.

Caden: Count to 10, back up, don’t get confrontational, calm yourself, lower your voice, leave, read recovery books, pray, go to a meeting. Go somewhere and have a good time. I don’t really
hide things today. I took anger management in recovery. I still have anger in me but I recognize it better. I’m not 100% perfect but I’m way better than I used to be. In my active drinking I’d be right in your face and I’d have to be always right and today I know it is not the right thing to do. Back then it was all about trying to win an argument. Today those are my character defects and that is what I work on in recovery. I try not to be jealous; I try not to be resentful. It is it’s easy to forget when you have a couple glasses to drink but it’s pretty tough. It just makes everything go away.

Ethan states that treatment taught him to take responsibility of the past and thrive towards the future.

Ethan: One of the things with alcoholics and drug addicts is that we do everything in our power to avoid taking responsibility for our own life. Yes, the way I grew up had an effect on my life there is no doubt about that, but a day came where I had to take responsibility for my own life. I had to stop blaming it on my home environment and that is what we do. We are professionals in rationalizing, justifying everything in our life by something or someone outside of ourselves. I know today that is our way for not taking responsibility for our life. A day at a time, as my alcoholism and drug addiction happened, there was lot of things that happened as consequences, such as accidents and fights and being in hospital’s and treatment centres and going to prison. There is no way to avoid responsibility for our life. Yes we are sick people who need help, but that doesn’t excuse us for what our actions are. If there aren’t consequences for how we are living then we are never going to change. I know in my own life it really took all those nightmares to happen for me to realized that I have to save my life

Liam states that treatment taught him that addiction kills.

Liam: In the last year, I buried 10 of my friends that I have made since I changed my life. Addiction has taught me that addiction kills. I’m not saying nothing else does, but addiction kills. People that die from natural causes that is a natural cause but I don’t see the need to make a constant choice to keep killing yourself. Directly that is suicide, and it may be long term. It may not even be long term, you might get a bad batch of drugs and overdose and die; I overdo 3 times, by the grace of somebody’s hand it wasn’t my time to check out yet. Somebody wanted me here for a reason. That is what I learned the most is the power of addiction and it can kill you and debilitate you, whether it is your family, friends.... your spirt or soul, your pride and the respect for yourself.
Jayden in essences provides a similar sentiment as Liam.

Jayden: Taught me that ... my old lifestyle, the only place I’m going to end up is in jail for the rest of my life. Dead...you know or dead...
My addiction has taught me that I would never have enough. A thousand is never enough.

Majority of the participants of this study reveal that treatment taught them to face their fears. Treatment was time to develop and strengthen their tool kits that contained skills to avoid confrontation and drug use altogether. Treatment provided each individual with lesson pertaining to their addiction, especially their ability to take responsibility for their action. Furthermore, treatment provides these individuals with a positive outlook and the hope for the future.

On the contrary, Jacob illustrates that treatment had taught him that you have to completely walk away from that lifestyle; it cannot be in moderation.

Jacob: I cannot dwell on the thinking that maybe I should go have another drink, or maybe if I just have a smoke, one puff a week. It doesn’t work like that; it has to be complete. My wife doesn’t smoke or drink, I have no problem with that... it is easier for me to do that because I’m not surround by people who do. She knows me right, and if sometimes I get grumpy and something is not right she’ll be like ok tonight we are going to the meeting, you need a meeting. The last time that happened was 7 months ago. I did AA for 3 years and after that ...my thinking is I’m a recovered alcoholic because I’m not touching that stuff, tomorrow if I touch it then in a recovering alcoholic because I need alcohol.

According to Warr (1998), leaving the old deviant lifestyle is a social transformation where old relationships must removed to make way for new ones. Warr (1998) further illustrates that desistance is a group process. As the case with this study's participants, treatment was helpful because hearing stories from individuals with similar backgrounds who managed to maintain sobriety was very motivating. To avoid temptation back into their old lives, the participants had to completely leave their old identities behind and create new ones in treatment. In that regard, treatment was a time to re-evaluate one’s life and thrive towards to the future with a positive ambition.
5.4.3. Personal Outlook During Treatment

“Where mercy is shown, Mercy is given” (Matthew 5:7)

Treatment is time of self-reflection, which can stir a wide array of emotions. As the case with these participants, treatment was a time in finding their new self-identity. Participants reveal that their attitude during treatment was hopeful about the future. They soon began to realize that the change you want see in yourself must come from deep inside you. With the development of a hopeful future, these participants soon began to understand the willingness to help others. Aiden illustrates that during treatment he had a humbling experience that changed his outlook from the one he was previously had about the world.

Aiden: There were a whole lot of people that cared for a whole lot of people. 6 months after I came to this organization, I started driving the van picking up donations from different places. 6 months after I got clean somebody threw the keys to a $40,000 van to me; so that was like quite the change from 6 months previous, people wouldn’t throw me the lock to their bicycle 6 months earlier. There was a lot of trusting people in the world. There were a lot of caring people in the world. I knew that all the people in treatment center weren’t there because they wanted money, it doesn’t pay a lot, this organization won’t make you rich financially, spiritually yes...There was lot of people willing to help people that wanted the help. This was a foreign concept completely for me. It really broadened my vision of how people go about helping others.

Similarly, Logan states because of the care and support he received, it changed his attitude and he wanted to give back.

Logan: I felt… There are some people that cared for me. I started to work in the food line as mandatory. I didn’t like it at first but I felt a shift in me; my attitude…I wanted to help people. They teach you to give back.

On the contrary, Caden illustrates that treatment was a tough time because of the uncertainty of what’s to come.

Caden: The world is a hard place. It is a lonely place. I was full of fear when I was there, so I didn’t know what I was gonna do for work. I didn’t know how I was going to survive in a city that is so expensive. I have a lot of fear. I just happen to land into a job where I work for myself, so I make a pretty good living. I couldn’t imagine working as a manager at the 7-11, trying to
survive on that. I wouldn’t have much of a life. When you think this over, the message is always dream big, because you’ll be surprised at the result.

Jackson, illustrates that attitude during treatment was hopeful.

Jackson: From being f ** up and having a lot of hatred about everybody and everything, having no hope and no faith in myself to liking more stuff and finding out that I can like people again. Finding out there is hope for me. Finding out that I have faith in myself that I lost when I was doing drugs, I had no faith or nothin’. All the hope that I did have back then was from hauling dope. Now, I’m just getting my life together. Meeting people I like and getting along with being able to volunteer and not having to worry about money at all... period. Everything is right there. I get $600 a month just for volunteering... and I don’t have too much to worry about, because all I had was that one thing to worry about, the dope... and that destroyed it all.

Noah provides similar sentiments of how treatment opened his eyes and made him more hopeful.

Noah: It opened my eyes to fact that I always pin holed myself into a corner, thinking I’m a drug addicted, I’m a construction worker I’m a this, I’m a that... treatment made me realize I can do anything and be anything I wanted to be. It was all up to me. You didn’t decide what or who I was going to be. The government didn’t decide, my family didn’t decide. I needed to decide. I got a good moment of clarity realizing that. I like to say you’re an architect you can build anything in your life you want like. You can make your life the most special place in the world or the most horrible. I had made it the most horrible place not knowing that for my whole life.

Ethan describes changing everything about his outlook about the world during treatment.

Ethan: I had to change basically everything about me: my morals, values, and attitude. I used to think the whole world was screwed up. I know today when I’m looking in the mirror I’m looking at the problem. When it comes to my outlook in life, it taught me that no matter what is going on in my life I have a part in it. For me it’s always looking inside and not outside. Every time I’m looking outside I’m wasting valued time. I could be looking inside. When I look inside I can see the things that I need to work on to change
On a similar sentient, Jacob describes that treatment changed his entire outlook from the one he previously had about the world.

Jacob: My outlook changed. I saw things that I never saw before. Before it was everybody for themselves. Now I realize that I can help other people and other people can help me, all I need to do is ask. If you don’t ask, you don’t get help; if you ask there are tons of people willing to help.

The personal outlook for all participants during treatment has drastically changed from when they first walked into the organization. They have transformed from greedy, self-centered, and angry individuals to one where they realize the world is not a lonely place and full of supportive and caring people. These individuals have learned to cope with fear and uncertainty with life skills; thus making them grateful for the progress they have made and hopeful towards the future.

5.4.4. Summary

What inspires an individual to seek recovery? Treatment provides a change in outlook for the individual because of the continual shift in their developing identities. It is a time not only to stop and rewind, but also acquire tools that emphasize self-worth. Mackintosh and Mckegany (2000) indicate the three important factors crucial to developing a new identity include: “a reinterpretation of their drug using lifestyle, a reconstruction in their sense of self, and a convincing explanation for their recovery (p.1501). With the reconstruction of their new self-identities, the decision to stop taking drugs and desisting from that lifestyle is further amplified (Biernacki, 1986). The promise of successfully achieving recovery lies with accepting responsibility for one’s past actions and having the willingness to change. Having a hopeful outlook for the future is not only psychologically rewarding but also reinforces the messages learned in treatment. Therefore, treatment is time to eliminated the self-centeredness, the anger, and hate by lowering individual barriers, accepting help, and helping others in similar circumstances.
5.5. Maintaining Sobriety

"Success is to be measured not so much by the position that one has reached in life, but by the obstacles one has overcome trying to succeed." Booker T. Washington

This category of responses focuses on the individual’s motivation to practice sobriety. Although treatment had provided these individuals with a toolkit containing coping mechanisms and other life lessons, these tools must frequently be re-polished in order to have a continual effect. The themes that are uncovered address the individual’s motivation to stay clean, the active recovery they are currently involved with, and finally, the change of attitude in the participants.

5.5.1. Motivation to Stay Clean

Having overcome their addictions in the past, and the achievements they have acquired throughout their journey, these individuals are proud of themselves and all they have achieved. They are reluctant to use drugs again because they have self-pride in who they are today. Jackson in principle sums up the participants motivation to remain sober. “You have to ignore the life you were in because the cost of your new life is the cost of your old one. So you can’t go back”.

Caden illustrates that his biggest inspiration to stay clean is the contentment he has with his current life and the self-pride he has developed.

Caden: I just like the life I have today. I feel like... for the first time I feel proud of myself. I’m not necessarily a success, but I do feel that I have done well since I got sober. Driving by here and seeing the misery on a daily basis is the complete opposite of where I am today. I know where all my trucks are, I’m not homeless, I’m eating, I know where I sleep every night, I don’t have the fear of what I’m going to do. Life is good.

Liam illustrates that his inspiration to stay clean is his aspiration to be successful in life without taking the easy route.

Liam: My dream to be successful is the most positive motivator for me. I want be successful by my own merit and drive a nice car... a Maserati would be nice, but I’m not liable to take the easy way. It is huge being a role model for a whole group of people
that are looking to say oh people can’t change, once and addict always and addict. I want to prove that they are wrong. Just because at one point in my life I was untrustworthy, and you couldn’t count on me for anything, doesn’t mean I’m in the same place forever. I’d like prove society and the system wrong that people can change and be should be given the opportunity to show you that. People need to be given the opportunity to change.

Similarly, Noah claims his motivation to stay clean is his dream of becoming rich.

Noah: I have a girlfriend who has never seen loaded; I work in place that no one had ever seen me loaded, it is all about the life I have created. There is no ... I don’t live near my family or anybody. When I talk to my family they are all like you remember crashing my wedding... and I’d be like oh god. That is why I don’t talk to people because they love to bring it up. This year I’m going to get my real estate license and start selling real estate. It is a new venue for me. I’m excited about that. I mean why I would want to go backwards. I want to be multimillionaire and I’m on my way. Going back does not make sense. You cannot put a butterfly back into a cocoon. A butterfly doesn’t remember being a caterpillar.

Caden, Liam and Noah all express positive aspirations for the future. They illustrate that achieving success in treatment is a motivator for continual progress. Therefore, with the effort already put in place, these individual are content with the lifestyles they have accomplished and continue to aspire for more success. In that regard, they are achieving stability and normality in their lives.

Like Caden, Liam and Noah, Mason illustrates that his biggest inspiration is his business and the serenity it bring him.

Mason: I have a business and I have a lot of responsibility. If I were to use and drink I would be in a whole mess of trouble because I would go out of business sooner or later. My thing is I have to work at it every day to run this company. That is a big motivator to stay sober and stay connected.

On a different sentiment, Jayden states that his motivation is fact he doesn’t want to go back to his old life.

Jayden: I started doing drugs and selling drugs for the money and to be cool. Then I got sober because the consequences were greater
than the rewards of selling drugs. I had kids and I felt that those people that I thought were cool were now people that I look at and say your 40 years old and you’re in jail, or getting out of jail and you have nothing. You have to start selling drugs all over again to rebuild it and chances are it is going to get taken away again. Then you’re in start again. Your kids don’t talk to you, your wife has left you years ago. Your own parents... you didn’t even go to their funeral... I don’t want that. I don’t want to be that guy and to me that doesn’t seem cool anymore.

Lucas states that having family in his life is his biggest inspiration to never use again.

Lucas: I’m clean and sober for the past 3 years I have a lot of my family back into my life. I have a good life now. I have a good job and all the people around me are my support group. They keep motivated a little bit more. I have grandchildren, we have them over all the time at the house, and just that fun of the family life again keeps me motivated. I feel it is something that I missed in the past and never had, it is great help for me.

Similarly, Jayden illustrates that his kids are very important to him and that continues to be his motivation.

Jayden: I accepted the fact that whenever I intended to go down that old road, it never really ended up where it was intended to go. I would probably ended up in jail and lose my kids and I never want that to happen.

Sophia also states that her biggest motivation is her kids. “I don't ever want to see my children’s faces of having lost their mother. That is my motivation”. All participants convey the message that sobriety is the easiest path to follow simply because there is so much at risk if they relapse, this includes the life they have re-built for themselves and the love they have encountered from their families.

All participants of this study illustrate that because of the progress they have made so far, and the accomplishments they have acquired, they are reluctant to go back to their old lifestyles. As Noah states, through treatment all individuals have evolved from a caterpillar to a butterfly. The participants have developed meaningful bonds with individuals such as family members, and self-pride to stay clean and sober. Therefore the lives they have re-built for themselves provide these individuals with happiness and gratification.
5.5.2. **Active Recovery**

Even with the copious years of being clean and sober, participants claim they need to stay active in their recovery. They remain active either through their current employment and/or their newfound relationship with God. *Aiden gives the analogy as polishing rusted tools from the toolbox in order illustrate the importance of staying active.*

Aiden: I was given a great big tool chest of tools, to use to stay clean. Every once in a while I’ll open up those drawers and polish some of those tools, but I was given way more tools than I would ever need. So, moving on in my life from treatment and beyond was not difficult for me. I was lucky enough to grasp enough tools...I don’t think I would need any more for sure. I think I could let some of them get rusty now...I still have lots. I’m very disciplined in my recovery. 3-4 times a week you’ll find me reading the BIG book on my phone. Although I would never say it to another alcoholic: we allow ourselves to be brainwashed basically. It’s a cult [religion] we allow ourselves to join and for good reason...because without it lots of people die, lots of people go to jail. Some people take it way to far, they won't even talk to anybody who is not in the program...that is just weird...back off and enjoy life. I don’t want it to dominate my life. I allow it to be a part of my life, but I have plenty of tools. I let it dominate what and be a part of what I do every day, but to a minimum. I can go a day or too without it, but I prefer not it. It makes me calm and at ease when I know what I’m doing and what I need to do.

Ethan states the importance of developing a relationship with God, and taking charge of one’s recovery.

Ethan: In the program, and opening up to love of God, I learned to open up and share how I was feeling and what was going on. I look at it today that there is a huge difference in being sober and having sobriety. There is a huge difference in being around recovery and being in recovery. There is a huge difference in having faith in God and having a developing faith. I always say that God can move mountains but you better bring a shovel. My belief is my faith in God ... I can’t still have faith yet still keep God out of my life. I have to be in action with it, I have to willing to develop that relationship and that is the same thing as my recovery because if I’m not in action my disease is. I don’t have a relapse just when I pick up a drink or a drug; I have a relapse when I stop being in action with my recovery because everything is always changing in my life one second to the next.
When I’m in action I can continue to move forward, when I’m stop my action I don’t stay where I’m at, I start slipping backwards and my old attitude and old way of thinking starts coming back real quick, so I’m in relapse. It is a lifetime process but it happens one day at a time. As long as I do the best that I can and what I can today and what I need to, life continues to get better.

Ethan states that his employment with the Downtown East-side Organization reminds him every day to stay on the right path.

Ethan: They remind me every day of exactly what it was like for me in my life and a day at a time my life has gone better. Being there and around it, I’m able to pass some of that on to them, for those that want it. It is a daily reminder and something that always, always, always, helps me to be grateful. I remember when I went to the organization and I got a key for a room, and that was big thing for me...I had a key. Now, I have more keys than ever. I wasn’t a person that could be trusted back then. Being where I am, it’s a part of my past and where I come from and it is a huge part of my future. It has been an experience for sure. Like I said being clean and sober and where I am today was not part of my plan. I always say, I have a plan and then God has a plan for me, I know which one I have to suit up and show up for and that is why I’m still there. I believe that is God’s plan. He put me in a place where I can be the most use. So I can not only use my skills as far as work, but also as a recovering addict and an alcoholic in a positive way with others today because that is the environment I live in. What I do is not for everybody. I do have another place away from here, but for the most part I live where I am and I love it. It amazes me because honest to God, I thought it was the worst place ever when I first went there. We call that area a war zone, but once again it shows how much I know. God had other plans.

Similarly, Jackson illustrates that the organization plays a very active role in helping him be a role model to others. By the grace of God, Jackson claims that he was able to find this organization in his life.

Jackson: I don’t believe in God, but I find my self-saying thank God for this organization. I volunteer there and people see me here. Monkey see, Monkey do; if they see me be sober, they might be motivated to stay sober. Some people saw me and got clean too, for others they went back out. I have a lot of gratitude for that place, the way they take care of people around the world, not just at this particular organization. If you need it, this organization is there for you.
Furthermore, Liam states that his employment with this organization is helpful for his recovery because it allows him to feel useful to society.

Liam: My job is not a job no more, it has become my passion because I know there tons of agents and I help with the 65 agents, 22 different units of this organization across BC, so I know that the people I help, I’m changing their lives or making their day a little bit brighter. That is a huge part of making me feel like an asset to society today. I want my legacy to continue when I die. I wanted people to say Liam is a good guy and did good things. I don’t want people to say it is about time that asshole got knocked off. It has also taught to me to have compassion for my fellow man…I don’t think I could ever buy that.

Lucas also illustrates his employment makes him accountable for his actions and the current role it plays in his recovery.

Lucas: It keeps me very accountable every day. I know if I were to screw up, I’d be caught so it makes me very accountable. I know I have to go…I have a job to do. I have a lot of responsibly; it is not just a job. Working there keeps me accountable for a lot of things; I have to keep my head on my shoulders. I’m still learning more and more about the job every day. Working there is great, because I have a support system in place. If I’m struggling I can speak to many employees without it going any further.

Jayden provides a similar sentiment. He claims that his employment reminds him of his past and keeps him striving for the future.

Jayden: This place is like a family to me. It keeps me grounded. It keeps me remembering where I come from. It gives me the opportunity to give back to people what was given so freely to me.

Similarly, Logan expresses similar emotion about his employment.

Logan: I’m surrounded around recovery. I have seen both sides of the fence. I feel this organization is my home; that is where I started, I feel connected there. I love coming here. I love coming to work. It is not about the money, it is about the clients for me. This organization was always a home. A lot of the staff know me, I feel like I belong here. I feel like I was meant to be here for some reason for a GREATER thing.

Liam states that God has a plan for him and he has begun to do good in the world, which keeps him inspired.
Liam: In the lifestyle that I have lived I was supposed to be dead by now. It is not by my hand that I’m still here; I don’t know what is going on. I have other things going on in my life now like sponsor families in the Philippines that I have started. Maybe one day I’ll end up there and be the food guy in a Third World country, I don’t know what the universe has planned for me but I don’t think that this is the end of it for me. I got to believe that. If I believe this is it for me then I would lose faith and lose interest in what I’m doing with my life. That’s a negative. I don’t want to have any more negatives on my plate and go back. I’ve been through a lot in my life and I don’t think I should have to deal with it. Stay positive and look at the bigger picture. God has a plan for me. It is his plan and not mine. I’m not preaching the Bible or nothing and I’m no Sunday worshiper, but somebody’s got a plan because if I was following my plan I’d be dead long time ago.

Furthermore, staying active in their recovery allows the participants to strengthen the tools and the skills they have acquired through treatment. Their employment with the Downtown Eastside organization puts their progress into perspective; being positive role models for others, these individuals are held accountable for their actions. This becomes their primary factor in staying sober.

5.5.3. Difference in Self

After seeking treatment and maintaining sobriety, all participants notice a difference is self. They claim the resentment and the anger they had which lead to drug use has been lifted. Although it is a work in progress these individual claim they have more compassion, happiness, and confidence and they are able to view the world from a different lens.

Aiden illustrates that he is more cheerful today because of what he learned about himself in treatment.

Aiden: Very enlightening. I learned a lot about the world, and myself and how people treat people, why people treat people....ways they do. There is a lot of good in the world that I didn’t see when I was using. I use to think it was all about me and now I don’t care if is about me. I learned to be a lot more humble. I care more about other people than I used to.

Jayden illustrates a similar perspective. He illustrates the difference in himself and how he has become a completely different person today.
Jayden: I’m completely different, back then I was angry, mean, and cold hearted kinda person. Today I’m happy, easy going, it takes me quite a bit to get mad. For example, part of me, when I see someone does something nice for somebody. I’m like WOW that is awesome. It just amazes me. We get these people that come in and out of nowhere and just drop a cheque for the guys here and like I don’t want a receipt, I don’t want my name on anything...just buy the guys some socks. I’m impressed that he does not want any recognition; he just wants to do something nice. Then I see something else happen like a guy spit on some poor guy bumming for change, I’m like it’s terrible. I think this world has a long way to go but I think there are some amazing people here.

Similarly, Jacob illustrates how sobriety has changed his life for the better and the love and compassion he has developed.

Jacob: It is a complete 360. I never felt like that before. I love my wife, my life, and kids. There are some days that I’m tired, I’m not feeling good, but I don’t dwell on it. I do the things that need to be done and don’t whine about it. I had a big defect with procrastination, I still do that but it is ok because my wife does that too. It is a complete 360...I like the way I am, I like the way I feel. I like the way I talk to people and people talk to me. It’s not that I’m respected, but they know I will help as much as I can, before I wouldn’t care.

Lucas illustrates that although, life today has its issues, and it is nowhere close to where it was before, he is a happy person today.

Lucas: It is actually...pretty good right now. It could be better, but it is what it is right now. I would not change it for nothing. We all have our ups and downs, but my world is great and hopefully it gets better and better in the future. I am working on making it better. I say it an 80% turnaround. I still can get mad but from then to now I deal with it in a different way. Now, I’m a happy go lucky guy. If I get mad I just go by myself and wait until I calm down and then come back, otherwise, I’m a pretty happy guy.

Liam illustrates that he has become a completely different person. The new him is able to show more compassion and is relatable to others.

Liam: Well, I’m not taking anybody for trunk rides anymore. I don’t cut fingers off. I think I’m a completely different person from what I used to be. I have found compassion in my life. I have been able to find emotion. I have been able to see the other side of people’s opinions. I have been able to listen objectively
without being discriminating. I think I have turned a black heart into a good heart. I’m still rough around the edges but I think that’s what makes me approachable. My appearance gives me the upper hand where, I’m not only approachable but also relatable to people who want to change their life. This may sound ironic, but “angels” come in all different walks of life, colors and shapes. God uses people as vessels. I might not be the lollipop ship but I’m no pirate ship either, you know what I mean.

Sophia illustrates how she has become a new person.

Sophia: I’m a completely different person: I have more confidence, I’m happier; I’m there for people. I have people in my life that are there for me and don’t want anything from me. I never had that before and I never felt that I’ve had that. I feel smart, not all the time, pretty, funny, and I feel loved. I don’t think I felt that ever, even from my mother. I knew she loved me, but I didn’t feel loved by her: I never felt good enough. I don’t know if she ever said any of those things to me or anything like that, but I do feel that from her now. We still argue with her and have my moments, where I feel resentful on her still and angry with her, but I love my mother dearly. She did the best she could at that time. That anger has shifted now and I don’t feel that anymore.

Caden illustrates that a new grown up version of him has emerged and although he tries to live a “good” life it is a work in progress.

Caden: The real me has come out, the more grown up version, but I still have a lot of growing up to do. I started using in my teens so when I got sober I was like a teenager and very immature in a lot of ways. I’m slowing getting closer to my age. Life is what you make of it. If I were to go into McDonalds and buy a pop, burger with some fries; I give a 20 and I’m $5 too much in change and I’d notice it, I’d give the money back. I’m not trying to be a goody two shoes but because that person might get fired or have to pay out of their own pocket. That is a form of stealing for me and I can’t do stuff like that. I know a lot of people that have gotten sober and now grow pot because they know how and they can make money. They do illegal activities to get by in life, I don’t believe in that because it is not right. I’m not saying I’m an angel, but if someone gives me too much change or someone tries to sell me something in the street, hey I got this whatever, it is worth $500 give me $50 bucks you can have it...I want nothing to do with that because I believe in Karma. If I buy that I get in my truck and I drive two blocks I’ll probably get a flat tire. Karma will even things out. I just try to do the right thing... that is not always the case, but I try...I’m human. It is a work in progress.
Noah also illustrates a similar notion. He indicates that he is just getting to point in his life where he is beginning to feel normal and able to openly discuss his addiction.

Noah: I’m just getting to the point where I am more confident and more at ease around people and willing to open up to people. Before, I would not be willing to tell you anything about me truthfully. I would always portray and image, mask, do all those sorts of things. Now I really don’t care: you either like me or you don’t. I can’t be responsible for how you feel. That is how I am, and what I’m all about. I often compare myself to being 20 again because in my brain I’m only 20. From 10-40 years old I was in addiction. So I’m emotionally, starting to get more of an adult thinking, let’s just say. I’m becoming ok being me. That is a big process. Normal people suffer from this. Everybody suffers from this: wake up and say I hate my hair. I’ll go through that too, everybody has those days, but it is not predominate factor for me: I hate my hair so I’m going to get loaded today. For me it is like I hate my hair so I’m going to go for a haircut. I feel differently about myself now, and I’m creating a nice life for myself. I’m very comfortable.

5.5.4. Summary

What encourages an individual to maintain sobriety? All participants have had a complete shift in perspective, morals, and their own personal identities. They have transformed from being angry, distrustful, and greedy, to being more self-confident, compassion, and trustful individuals. Sobriety is time where an individual applies what they have learned in treatment. Although, this is an ongoing process, participants claim that because of the benefits acquired throughout their journey, they are willing to continually put in the effort. As a result, happiness, self-confidence, and compassion are all new characteristics for these individuals. Treatment was a starting point for their self-transformations, and now in sobriety, these individuals must continue the work they have started for ongoing effects. These individuals are content with the lives they currently live and hopeful towards they future. With the life skills they have acquired in treatment these individuals are reluctant to go back to their old lifestyles. Through their employment with the organization, these individuals are reminded everyday of the progress they have made, and held accountable for their action based on being positive role models for those seeking treatment today. Farrington (1986) indicates that “[individuals] tend to desist from offending because of employment, income, spouse, and children eliminate major sources of criminogenic frustration, while at the same time supplying [elements] of informal social
control” (Farrington, 1986, p.232). These consequential social roles such as becoming parents and seeking meaningful employment can lead to desistance (Chen and Kandel, 1998). As the case with this study’s participants, individuals desisted from drug use because of the strong and meaningful ties they developed through the downtown organization and in their familial roles.
Chapter 6.

Conclusion

Vancouver is known for its mild climate, scenic waterfront and mountain views, and its dynamic presence of different cultures; but past these breath-taking characteristics, Vancouver is also home to Canada’s poorest neighbourhood. For some, the Downtown Eastside is home to Vancouver’s drug scene, mental illness, poverty, and crime (VPD, 2009). Amongst the City, there is hope for those who wish to seek treatment in the area. With the signing of the Vancouver Agreement (2000), the City has pledged to expand treatment services, as well as establishing new Downtown Eastside treatment centres. The Agreement, with the 4-pillar harm reduction strategy in mind, attempts to conceptualize links between public order and public health; thereby hoping to achieve safe and drug free communities (City of Vancouver, 2012). Although the City, and various levels of government have made attempts to combat the issue, the drug scene still continues to persist. Therefore, it is imperative to address micro-level factors that allure individuals into drug use in the first place and incorporate those measures in policy. This study is relevant to better comprehend the motivations into drug use entry, the entailed lifestyle, and the motivation to exit and maintain sobriety. This chapter addresses the strengths and limitations of the current study, in addition to policy recommendations and future areas of research.

6.1. Drug Use Motivation: Entry, Exit, and Maintaining Sobriety

6.1.1. Entry and the Scene

What motivates an individual in to drug use and other’s to abstain? Findings suggest that although there is no sure predictor, personal attitudes, genetics, the environment, and one’s peer groups are all strong indicators why one is seduced into drug use. An individual’s early life history may be a traumatic one where they suffer from “emotional, physical, and
sexual abuse; bullying, as well as neglect; and familial dysfunction including parental drug
and alcohol abuse” (Hammersley, 2011, p.270) and therefore the use of illicit drug use is way
to feel normal and relaxed (Khantzian, 1985). These individuals then deploy a “psychological
crutch, defined as any behaviour, such as drug taking, psychosomatic and illness, or
manufactured psychological disturbances, which allow exoneration of responsibility for the
situation, and relief from the pressures created without dealing with the situation itself”
(Jurich, et al., 1985, p.149). The act of using an “illicit substance is a symbolic gesture by
which that person tells others how they want to be regarded” (p.489); thus drug use is an act
in where a person aims to find their personal identity (Novacek, Raskin, and Hogan, 1990,
p.489). As the case with this study’s participants, Becker (1953) asserts that having friends
who use drugs is a strong predictor for initiating drug use. The “drug user identity is anchored
in experiences that produce pleasure: both the sensational and psychological pleasures
produced by the drug, but also the social pleasures derived from membership in a group”

Furthermore, another possible factor is the age of early onset. According to Kandal
and Yamaguchi (1992), the “earlier onset into a lower- stage drug, [like alcohol], is
associated with greater involvement in use of higher staged drugs [such as heroin or
cocaine]” (p.78) and therefore greater risk of becoming a heavy user. Farrington (1986)
illustrates that the “peaks ages of acceleration and deceleration, probably coincide with peak
ages of onset and termination, likely to identify ages in which important developmental
changes are occurring” (p.236). As the case with most of the participants, early onset with
alcohol use is constantly marked with the progression into marijuana, and earlier the use of
marijuana is a critical marker into the use of other illegal drugs. This possible progression
can be linked with the participants’ developmental changes that were possibly occurring at
the time of initiation.

What entices the individual into the drug induced lifestyle? Findings suggest that
there are two categories of offenders: ones that actively use drugs and participate in
crime because of the lucrative benefits, and those that have legitimate employment
positions but are concealing the fact they have an addiction, the functioning addict.
Denton and O’Malley (1999) argues that while some individuals are driven to crimes
such as theft, robbery, and fraud to support their addictions, others find it to
complimentary and while providing them with lucrative incomes and a sense of
accomplishment. For some individuals, the lucrative drug-associated lifestyle is originally more compelling than their desire to self-medicate and escape reality; hence the drug use may occur as an act of belonging to an organization.

Addiction may create vulnerability in an individual that leads them into despairing situations such as homelessness, act of prostitution, or participating in acts simply to protect your own life. Uggen and Thompson (2003) illustrates that “chronic use of heroin and cocaine generates a need for money comparable to food: a biological, psychological, and social imperative” (p.174). Therefore, “drug use is an independent cause of illegal earnings rather than epiphenomenon” (Uggen and Thompson, 2003, p.174). Involvement with illicit drug use can have possible consequences such as having contacts with the justice system, whether it is being held overnight for an occurrence or a lengthy prison sentence; these contacts with the criminal justice system have no influence on the individual’s desire to leave that lifestyle.

6.1.2. Exit and Treatment

What motivates a person to seek recovery? Findings suggest that one of three incidents entice a person to leave the life of drugs and the associate lifestyle. These three incidents entail seeking treatment: 1) an act of desperation because they realized that they might end up dead, in jail for the rest of their lives, or the degrading state of their personal appearance and health; 2) they realize that their addiction and the lifestyle they are living is breaking the hearts of a loved one; and 3) the recognition of the fact they are getting too old for the life they are currently living. Treatment is a learning mechanism to “acquire new skills and knowledge [that] can heighten self-efficacy and magnify self-worth, which can enhance empowerment and encourage continued treatment” (Wald, Harvey, Hibbard, 1995, p. 884).

By being self reflective, treatment is providing these individuals with a solid foundation to avoid a relapse. A relapse can occur because the person did not have a solid foundation yet they put themselves in a comprising position too soon. Treatment provides each individual with a unique lesson entailing what lead them to their addiction and through a series of exercises allows them to re-evaluate their lives and take responsibility for the harms they have done. Biernacki (1986), indicate the decision to “stop taking drugs comes when the
users addict identity creates problems for the individuals other identities that are unrelated to drug use" (p.5). Therefore, promise of recovery lies with an accepting that the individual’s sense of self must be reconditioned by re-establishing a new self-identity (p.5). Because of the compassion these individuals have received in treatment, they learn to show the same kindness for themselves and others, this action gives them personal gratification.

6.1.3. Staying Sober

What motivates an individual to stay committed to sobriety? Findings suggest two factors play a crucial role: 1) the love of family holds a very special place in the participant’s hearts; and 2) the current accomplishments they have obtained and the future goals they thrive for, and the fear of having that destroyed. The participants of this study illustrate that these two factors are critical in motivating them to stay sober because of the importance they play in the current lifestyle. The "transitions from criminal to conventional behaviour are not an individual conversion, but a social transformation that entails the destructions of old relations and the creation of new ones" (Warr, 1998, p.212). The newfound love for family and the significance of the placed on that was something that these individual lacked previously in their lives. Sampson and Laub (1990) illustrate those strong social bonds to “adult institutions of work, education, and the family exert a powerful influence on adult crime and deviance” (p.618). Furthermore, because of the new commitments to achieving their personal goals and the success they currently have obtained, these individuals are reluctant to jeopardize that accomplishment because they know they would have to rebuild from scratch. These individuals continue to actively participate in their recovery by developing a new relationship with God and their current employment. In that sense, their employment puts their progress into perspective and by being role models for others they are held accountable for their actions. The participation in meaningful social roles plays an important function in the termination of drug use (Chen and Kandal, 1998). Although, the evolvement is a work in progress, these individuals are more content with the lives they are currently living.

6.2. Strengths and Limitations

A major strength of this current study is the accounts of personal experiences regarding first drug use, motivation to use, the lifestyle addiction entails, and the motivation
to seek treatment and maintain sobriety. The vast majority of previous studies in the past were quantitatively done in the research area. The few that followed a qualitative paradigm often failed to include voices from the field. This study demonstrates the importance of including participant accounts in efforts to understand drug use that effects many individuals. The participant’s account provides a thick and rich description that delivers insight in the understanding the context in which addiction occurs, evolves, and desists. This study takes an exploratory approach, where themes emerged naturally from the data. This allowed the current study to be uncontaminated from any preconceived biases, and thus protect the integrity of the data. Additionally, although the area of drug use and addiction has been vastly examined, gaps in the literature still exist when it come to understanding motivation to use, evolvement in the addiction career, and desistance. As a result, a very limited numbers studies takes on a life course and developmental theoretical approach when it comes to drug use. This study, demonstrates that onset, offending patterns and histories, can be tools to understanding motivation to use; thus, the same motivation then can be used to help these individuals achieve sobriety.

A limitation of the current study is transferability of the findings. From the numerous treatment centres that are available in the Downtown Eastside, this organization is only one of many. From the 12 participants of this study, only one is not currently employed or affiliated with this particular Downtown Eastside organization. Although there were no differences in personal accounts for motivation to use and desist drugs across the 12 individuals, it is unclear whether the effectiveness of the treatment programs offered at this organization or the participant’s continual ties through employment are factors for maintaining sobriety. Transferability of findings may also be further affected by the differences in treatment programs and services offered by other treatment facilities. Furthermore, given that the current research is contingent on self-reports, there is a possibility of the participants downplaying, over-emphasizing, or avoiding certain events and circumstances.

6.3. Policy Recommendations and Future Research

The issues with drugs addiction are multidimensional, and therefore approaches to address the matter have to be complex. The issue of drug use originates as a national issue,
and therefore policy transformations must begin at a national level. The current focus on drug prevention policies have been placed on prevention and general deterrence without any continual evaluation of the policy that is in place. With the overcrowding of Canadian prisons resulting from Prime Minister’s Harper’s 2007 Get Tough on Crime Bill, and the introduction of mandatory minimum sentences for schedule I and schedule II drugs, we still don’t know the full effects of these offences nor the cost of enforcing Canada’s drug laws to date (Carter, and MacPherson, 2013). Given the rapid evolution of drug use and addiction, policies must be evaluated regularly to determine effectiveness and adapted to reflect those changes. Because drug use and dependency is multifaceted in nature, all three levels of governments must collaborate together and explore multiple strategies to identify both effective prevention and treatment approaches. On April 15, 2016, the Supreme Court of Canada ruled that the mandatory minimums sentence of one year for drug related offences violated the Canadian Charter of Rights and Freedoms (Harris, 2016, para 2.) In the coming months it will be interesting to observe and analyze how the damage done by mandatory minimum sentences can be rectified and what this means for Canada’s evolving drug policy. Although the 2000 Vancouver Agreement vowed to collectively work together to address the complex issue, little is known whether it was effective in reaching its objective. Early detection and treatment strategies should be tailored to cultural and individual characteristics and evaluated regularly to have an impact on addiction and drug dependency.

Furthermore, schools and workplaces should implement policies that provide drug use education and detection. Given that drug addiction is part of a cycle, education is the first step in any prevention strategy. Schools should adopt a curriculum based on a student’s age, that not only addresses the categorization of drugs and their impact on the body, but also reflects possible motivations to use, the consequences they have on the individual’s lives, and what treatment entails to regain one’s life. In an effort to combat activity while under the influence of an illicit substance in the course of performing’s one’s occupational duties, workplaces should adopt prevention and detection measures that address safety concerns in conjunction with treatment measures. This ensures the employer has accommodated the individual in adversity while providing access to treatment. The individual must successfully complete treatment as a condition for employment and monitored to ensure the individual does not pose a risk to themselves or others. Nevertheless, a prevention and detection strategies must not be solely relied upon, and creativity must be present in developing and
implementing new strategies to address the issues of drug use. Therefore, with the use of creativity, it is hoped that the underlying causes of addiction can be addressed, especially those that were overlooked by conventional methods.

This thesis contributes to the current literature on drug use and addiction through a criminological theoretical paradigm, primarily developmental and life-course perspectives, to analyze and report the findings. The results of this present study reiterate the findings of both psychological and sociological research on the topic. While it can be collaboratively determined that motivation to initiate drug use is done based on experimentation with an underlying incentive to escape the discontentment of one’s life, future research must re-evaluate drug prevention strategies and policies on a continual basis to determine their effectiveness. Drug policies and practices must begin to consider pathways other than experimentation when it comes to drug use and dependence. There is a great deal of research needed to understand pathways for those individuals who “use drugs intensely for a period and then moderate without achieving full blown addiction” (Hammersley, 2011, p.272), while still successful in their legitimate careers. These individuals often put up a façade to hide their addictions. Nevertheless, while the motivation to use may remain the same as other individuals, key area of concern is why is there a difference in the level of dependence? A study analysing the sub-type of drug users could possibly aid in shedding light when it come to the development of an effective treatment program.

6.4. Concluding Thoughts…

As I make the finishing touches to my thesis, the issue of drug use is once again in the spotlight of the 2015 federal election. With the new Liberal government in power and their election promise of legalizing marijuana, it creates curiosity and the demand to monitor the requirement for treatment once the election campaign promise materializes. Although the legalization of marijuana does have some benefits, one of which is drawing revenue away from the illicit market and into the legitimate economy, it is not without its share of fault. The legalization of marijuana may possibly create new consumers and addiction issues as oppose to targeting re-occurring users. Nevertheless, as the idea develops and materializes in the near future, it is will be fascinating to monitor the demand for treatment, public health programs, and other addiction related services.
References:


Klingemann, H. (2003). *How optimistic are the hairdresser and the lawyer about addicts ‘kicking their habit’ on their own? Public addiction in Switzerland, Columbia and Germany. The Societal Images of Natural Recovery from Addiction (SINR)*.


Ritchie, L., & Lewis, J. (2009). Qualitative research practice; a guide for social science students and researchers. Sage publication LTD.


evaluative criteria. *Qualitative Sociology, 13*(1), pp. 3-21


Uggen, C., & Thompson, M. (2003). The Socioeconomic Determinants of Ill-Gotten Gains:
Within-Person Changes in Drug Use and Illegal Earnings. *American Journal of


University research ethics review (R 20.01). Ethics review of research involving human
participants, Simon Fraser University policies and procedures. Retrieved from

Vancouver Police Department. (2009). Project Lockstep: a united effort to save lives in the
downtown eastside. Retrieved May 17, 2015 from
http://vancouver.ca/police/assets/pdf/reports-policies/vpd-project-lockstep.pdf

Velleman, R., Templeton, L., & Copello, A. (2005). The role of family in preventing and
intervening with substance use and misuse: a comprehensive review of family
interventions, with a focus on young people. *Drug and Alcohol Review, 24*(2), pp. 93-
109.

http://www.crchealth.com/addiction/prescription-drug-addictions-
2/prescription_drug_abuse_features/the-dysfunction-of-high-functioning-addicts/

*International Journal of Addiction, 30*(7), pp. 881-888

183-216

Washington, B.T. Retrieved on April 16, 2015 from
http://www.brainyquote.com/quotes/authors/b/booker_t_washington.html

http://bc.ctvnews.ca/vancouver-police-crack-down-on-stolen-goods-market-1.467516

White H. R., Brick J., Hansell S. (1993). A longitudinal investigation of alcohol use and
aggression in adolescence (Supplement No. 11). *Journal of Studies on Alcohol
(September), pp.62–77


(Ed.), *the nature of crime: Continuity and change, criminal justice 2000* (Vol. 1) (pp.


Appendix A.

**Study Title:** From the Dark side of Drug use to Ordinary Citizens

**Participant Information and Consent Sheet (REB Application #2014s0479)**

*Denise Sami*

(To be read to the participant)

This study is being conducted under the auspices of Simon Fraser University. My name is Denise Sami and you are being invited to participate in a study that looks at how individuals become involved in illegal drug use and the drug scene. More specifically, I would like to know more about what it means to be involved with drugs; what motivated them to leave that scene and how the go about doing so; finally, what does this all means in terms of their sense of identity. This study is being supervised by Dr. Bryan Kinney of Simon Fraser University in Burnaby, Canada, and will be used for my thesis in Criminology.

You are being asked to participate in an open-ended interview that will probably take about two hours. I have a few questions that I want to make sure I ask, but would really prefer for you to do most of the talking. If you agree to participate, the questions will focus in what led you to become involved with drugs in the first place, the drug scene that you were involved in, what led you to leave it behind, and the challenges you faced doing that. Unless you indicate otherwise, I think a good way for us to start would be with what lead you to become involved with drugs and we could go from there.

Anything you tell me will remain strictly confidential. The information you share with me will be pooled together with that of other individuals and become the basis of my thesis. You will never be referred to by name, and any other information you share will be deleted or changed to make sure you are unidentifiable. If you agree to participate, I will provide you with a fake name to protect your identity.

I hope you will allow me to record the interview with a digital recorder. It helps me because I can devote much better attention to you, and it also ensures that I can make sure I am getting the information accurately. If at any point you’d like me turn off the recorder for any reason, I will do so. And if there are any questions that you prefer not to answer, then feel free not to. You can withdraw from the research at any time without any repercussions. I will use the recordings to make a transcript of the interview with all the identifying information removed. Once the transcript is made the recording will be destroyed. Please understand that any decision you make about whether to participate or not, or continue, or withdraw at any point after we begin, will have no adverse or positive effects on your employment with
This study has been reviewed and approved by the Research Ethics Board at Simon Fraser University. If you have any concerns about my research process, or me please contact Dr. Jeff Toward, Associate Director, Office of Research Ethics at [redacted]. If you have any questions now I am happy to answer them, and if you have any questions after I leave you can contact me at [redacted]. Finally, if you would like to obtain information about the results of this research, feel free to contact me or my faculty supervisor Dr. Bryan Kinney, at [redacted].

Do you have any questions about me or the project that you would like to ask?  
Do you consent to participate in this interview?  
Do you consent to have this interview recorded?

My signature below indicates that I consent freely to participate in this research project by granting permission to record my interview in the preparation of a Criminology Thesis. I hereby authorize the researcher to make the recording, and authorize the researcher to use and distribute it by any means, without limitation and at her discretion. I release and discharge the researcher from any claim arising from the use or distribution of the recording.

Name:__________________________________________________________

Signature:____________________________________________________

Date:________________________________________
Appendix B.

Study Title: From the Dark Side of Drug Use to Ordinary Citizens
Snowball Sampling: Recruitment Handout
Denise Sami

My name is Denise and you are being invited to participate in a study that looks at how individuals become involved in illegal drug use and the drug scene. More specifically, I would like to know more about what it means to be involved with drugs; what motivated them to leave that scene and how the go about doing so; finally, what does this all means in terms of their sense of identity.

You are being asked to participate in an open-ended interview that will probably take about two hours. I have a few questions that I want to make sure I ask, but would really prefer for you to do most of the talking. If you agree to participate, the questions will focus in what led you to become involved with drugs in the first place, the drug scene that you were involved in, what led you to leave it behind, and the challenges you faced while doing that. Unless you indicate otherwise, I think a good way for us to start would be with what lead you to become involved with drugs and we could go from there.

Anything you tell me will remain strictly confidential. The information you share with me will be pooled together with that of other individuals and become the basis of my thesis. You will never be referred to by name, and any other identifiable information you share will be deleted or changed to make sure you are unidentifiable. If you agree to participate, I will provide you with a fake name (pseudonym).

If you are interested in participating please contact me at Please be aware that your participation in this study is not connected to your work in any way. Your participation is completely voluntary. You can stop/withdraw your consent at any time, and that if you wish any information your do give can be withdrawn as well. If you have any questions about any part of this research, or what it will be used for, please ask me, or if you would like, you can speak to my supervisor, Dr. Bryan Kinney. Participants may also receive an electronic (PDF) copy of the final research product by requesting it in person, or by email.

Thank you.
Appendix C.

Approved Ethics Application:

**Study Title:** From the Dark Side of Drug Use to Ordinary Citizens  
**Principle Investigator:** Denise Sami  
**Project Supervisor:** Dr. Bryan Kinney

**Project Description:**

The purpose of the study is to conduct an exploratory and explanatory analysis of the micro-level factors that may influence individuals into drug use and the associated scene. Specifically, this study aims to address micro-level factors such as motivation, perceptions, desires, goals and inner thoughts relating to drug use and the associated scene and, attempting to exit them. It is hoped that these factors can be examined in more depth within the contexts of drug use entry, drug careers and/or lifestyle, and exits associated with a drug scene, and what this means in terms of their sense of identity and the challenges they faced.

An early prototype of this study was done as a requirement of a graduate seminar course, Criminology 864 Advanced Qualitative Methods, under the direct supervision of Dr. Ted Palys. The methodology in the prototype study went through rigorous classroom review to ensure minimal risk to the participants. The current study plans on addressing similar research questions but in more depth.

**Sample:**

The study will consist of individuals who are 19 years of age and older. This is a retrospective study that will consist of individuals, who are former drug addicts and perhaps formerly participated in criminal activities. Furthermore, these individuals have left that particular scene behind and now work/volunteer and reside at a non-profit organization in the Downtown Eastside as ordinary citizens.

All participants are currently involved with [agency name]. The agency seeks to assist and employ formerly drug-addicted individuals and recently incarcerated men and women who seek to leave their criminal identities behind and re-integrate into society.

The participants from the prototype study, agreed to be contacted for future research. I will contact these individuals via email or phone numbers they have previously submitted. To maintain confidentiality through the medium, I will delete any interaction and have the participants call me, and they can block their number.

The original participant will be given my contact information along with the participant information sheet, thus those interested in the study will contact me.

Potential participants will not be currently involved in personal treatment and will have maintained sobriety for over 2 years. Participants will not be approached while they are at work, or during working hours. The nature of their participation is limited to their personal
experiences and not their association with, or employment at, [redacted]. For these reasons we will not involve [redacted] or the [redacted] in this research.

**Participant Role:**

Prospective participants will be asked to participate in a one-to-one face-to-face interview of roughly two hours duration, though its actual length will vary depending on the rapport that develops between each interviewee and myself and how talkative each interviewee proves to be. These interviews will be conducted in a neutral location determined by both the participant and myself. The interview will be semi-structured and will take the form of a life narrative interview that will begin with each participant’s first recollection of drug use in their milieu, their account of what led them to become involved, what their lifestyle is like, what led to their decision to leave the life behind, what challenges they face in doing so, and how they are dealing with those challenges.

Participants will be asked if it is okay to make an digital audio recording of the life narrative interview. The participants will be informed that recording the interview aides in collecting the information accurately, and if they make a request at any point the recording will be turned off. If they agree to participate but object to be recorded, I will respect their decision and take hand-written notes. Each recorded interview will be transcribed immediately after the interview and the recordings will be destroyed. I will have sole access to the recordings until they are transcribed and destroyed. No compensation for participation will be awarded.

Participants may also receive an electronic (PDF) copy of the final research product by requesting it in person, or by email.

**Informed Consent:**

All participants will be adults 19 years of age and older. Informed consent will be obtained from each participant in the following manner. First, prospective interviewees will be shown a copy of the information sheet we have submitted along with these study details in the file entitled <Application for EthicsReview-InformationSheet.pdf>. I will read through it with them and answer any questions they have about the research. The main points that the information sheet makes include recognition that:

- The project supervisor is Dr. Bryan Kinney and I am the investigator and that the information obtained from the interviews will be pooled together and used as the basis for my thesis;
- Their participation is voluntary and can be withdrawn at any time without any adverse repercussions to them or their ability to participate at the Downtown Eastside Organization;
- The interview will probably take about two hours;
- The general nature of the questions that will be asked;
- Their identities will remain completely confidential;
- The SFU REB has approved the project.
At that point, the prospective participant will be asked if they have any questions about the research and/or the researcher, and these will be answered fully and honestly. Once all questions are answered to the prospective participant’s satisfaction, the individual will be asked if they consent to participation and, if so, whether or not they agree to be recorded. At that point, the participant is required to sign the participation information sheet indicating consent. If anyone should not consent to the interview, he or she will be free to withdraw from the study and have any information or contributions expunged.

**Privacy and Confidentiality:**

I recognize the duty of confidentiality that is outlined in TCPS-2 and SFU’s ethics policy (R20.01). My commitment is that the identities of the participants who participate in the research will remain strictly confidential. This will be accomplished by never recording participants’ real names, and ensuring the information is kept safe in my home office on an encrypted USB drive with 256-bit AES hardware encryption until the interview can be transcribed and anonymized. At that point the accuracy of the transcript (except for redactions) will be verified, after which the original digital recording will be destroyed. The anonymized transcriptions will be saved for a period of 7 years. No identifying information will be released unless the participants involved gives explicit permission in writing for it to be released.

**Risk Analysis:**

In asking the participants to recount what may have been stressful and less than pleasant incidents in their lives, psychological discomfort may result. However, this is unlikely because these participants are accustomed to speaking about their past experiences through various community services experiences. Therefore, the participants are comfortable to discuss his or her past experiences. In the unlikely event, where I am concerned about any individual, I will advise the participant about counseling resources the participant can access in the event they wishes to do so. A further risk to the participant is in maintaining the confidentiality of information. That will be addressed by our commitment to strict confidentiality and by following the security precautions detailed above under “confidentiality.” There are no risks to third parties. Any individuals or organizations that are named by the participant will be anonymized through the use of pseudonyms. There are no risks to the field researcher, in this project. All interviews will be conducted in a neutral location determined by both the participant and the researcher. The above leads me to conclude that the research should be designated “minimal risk” and evaluated in accordance with that designation.

**Benefits:**

The research will contribute to the literature regarding the processes by which individuals come to be involved in drug use and the associated lifestyle as well as those that are involved in successful extrication from drug induced lifestyle. The project also will address a significant gap in the criminological literature regarding drug use, as most research has focused on macro level factors such as environment and policy. Those that do address micro-level factors are done quantitatively instead of taking a qualitative approach.
The result of the prototype study showed there are different reasons as to why an individual is induced into drugs, and that treatment is only effective if the individual wants to change. As to the role of developing self-identity, the challenges faced, and the role of policy in shaping their identity is yet to be determined.

The prototype study also revealed to be therapeutic to the participants because sharing their story about overcoming drugs and the associated scene kindled a sense of pride and accomplishment in their lives. The participants claimed that by sharing their story they are able to appreciate their second chance at life.
Appendix D.

**Study Title: FROM THE DARK SIDE OF DRUG USE TO ORDINARY CITIZENS**

**Questionnaire**

**Principle Investigator: Denise Sami**

About you:

1. Tell me about yourself: age, where you were born and raised?
2. How would you describe your personality
3. What did your parents do for a living
2. How long have you worked at [ ]
3. What do you do there?

Childhood:

1. Tell me about your childhood experiences?
2. Can you describe your family life, and school experiences?
3. How did your family and schooling experiences affect your outlook on the world?
4. How would you describe your childhood?
5. Tell me about the neighborhood you grew up in?
6. Tell me about the friends you had? During your childhood
7. What sort of activities were you involved in?

Drugs and Living the Life:

1. What motivated you to try drugs for the first time?
2. How your friends from childhood effect your decision to use drugs?
3. How old were you the first time you used drugs?
4. How would you describe the feeling the first time you used?
5. What type of drug did you first use?
6. If Marijuana, why did you begin to use harder drugs?
7. Did you ever sell drugs? Why?
8. How old were you the first time you participated in any type of crime?
9. How did your family view/feel your drug use and criminal involvement?
10. Can you tell me a little bit about your criminal experiences?
11. What motivated you participate in crime?
12. At this point in your life can you tell me how you viewed the world?
13. Can you tell me a little bit about the friendships you had at this point in your life?
14. How did they affect your outlook on the world?
15. Generally speaking at that time, how would you describe The police, ordinary citizens? Or even society?
16. Did you ever serve any time in prison?
    For how long? And what were the charges?
17. Can you tell me about your prison experience?
18. Can you tell me about your prison experience?
19. How old were you the first time you went to jail?
20. Did prison have an effect on the way you viewed the world, crime, or drugs?
21. Were you still in contact with your network of friends while in prison?
22. How did they affect your prison experience?
23. How would you describe your sense of identity at this point in your life?

The Exit

1. What motivated you to leave the drugs and crime behind?
2. Did you have a role model that you looked up to help you exit that lifestyle?
3. How would you describe the exiting experience?
4. How old you when you decided to leave?
5. What types of treatment did you receive?
6. Was this the first time you ever sought treatment?
7. Can you tell me about your treatment experiences?
8. During treatment did you ever feel the temptation to go back to your old lifestyle?
9. How would you describe the transition to treatment from the lifestyle?
10. What made you stay and be committed to the treatment? What did you like most about the program?

11. What has treatment taught you about your addiction and lifestyle?
12. During treatment what was your outlook on the world?
13. How has treatment affected your outlook on the world? Your desires and perceptions about drug use and crime
14. If you were talking to another client starting the program, what would you tell them?

Maintaining Abstinence

1. What things can you observe about yourself that are different now from when you first started the program that you believe is directly related to what you learned in the program?
2. How long have you been clean for?
3. What role does [redacted] play in helping you stay clean?
4. What temptation do you feel that may tempt you to go back to that lifestyle and drugs? How do you deal with those temptations?
5. Can you tell me about the last time you faced a temptation?
6. What motivates you to stay clean?
7. After treatment, how would you describe the transition into a clean lifestyle?
8. Did you face any difficulties during the transition period? What were they?
9. If any, what parallels can you draw from your previous lifestyle, to your current one?
10. How would you describe your complete journey?
11. Currently, how would you describe your outlook on the world?
12. Looking back, what would you say motivates an individual into drugs and crime?
13. If you were to give someone advise, what would you say is the key factors in staying clean from drugs and crime?
14. How would you describe your personality and identity now and then?
How would you describe the addiction process?

Wrap up:

1. Do you have anything else to add?
2. Is there something else I should have asked?