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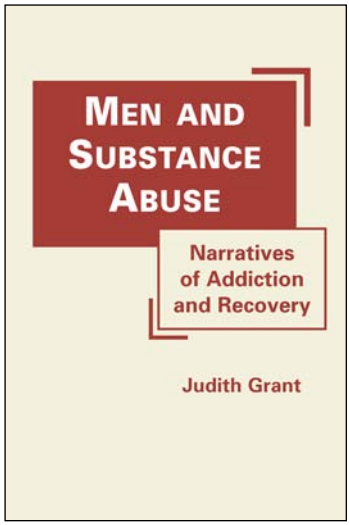
Men and Substance Abuse: Narratives of Addiction and Recovery

Judith Grant



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> I think if I had something to say to anybody … was gonna read this stuff is, that if you really want a different life you can have it, you can have a whole different life. You gotta want it more than anything. And it's worth it, that's the thing, no matter how bad in the beginning … it's gonna feel and it will feel very, very bad, 'cause it's worth it. (Duane)

This book recounts the experiences of 25 men who have been abstaining from the use of drugs and/or alcohol for 18 months or more in the Ozark region of the United States. Based on qualitative interviews, this book examines the processes of addiction to and recovery from such substances for participants. Using the paradigm of symbolic interaction, this book considers how participants make meaning of activities, actions and interactions with themselves and others as they process addiction and recovery changes. Participants interviewed for this study are the experts in their lives and relevant data are generated from their stories of addiction and recovery processes. As Duane states in the above quote, perhaps the men's stories will encourage others who are addicted to substances to "have a whole different life," as they consider their addiction and recovery processes, thus affirming the stories documented in this book.

The theoretical perspective of this study is grounded in symbolic interaction and individual self and social identity theory as indicated within the social act (Mead 1934/1938). In this book, I am concerned with how men's individual selves and social identities change in relation to addiction and recovery processes. My approach is to make sense of participants' experiences by asking what they are like, what in their thinking and feelings underlies their behavior, how they come to be as they are (i.e., in addiction and in their recovery), and what pressures they receive from their social environments.

For participants in this study addiction implies that the ingestion of controlled substances: (1) causes problems in their lives by interfering

with daily living, and (2) participants lose the ability to predict their loss of control (McMurran 1994). In this study, each participant self-identifies himself as a man formerly addicted to controlled substances and now abstinent in his recovery. Although, generally, alcohol is not considered an illegal substance within the literature (Adrian, Lundy and Eliany 1996; Denzin 1987a), it is often qualified as a drug that causes many individual and social problems within people's lives (Goode 1999; Adrian et al. 1996; Blackwell, Thurston and Graham 1996; Currie 1993). It is a substance that many of these participants identify as the one they abuse to a great extent, and the substance from which they must recover through various means.

I highlight in this study then an understanding of how these men shape their behaviors in their processes of addiction and recovery. I agree with Stevens, Berto, Frick, McSweeney, Schaaf, Tartari, Turnbull, Trinkl, Uchtenhagen, Waidner and Werdenich (2007) that a critical approach to an understanding of drug users would be to amplify their voices as they narrate their experiences. Whiteacre (n.d., p. 21) further argues that "drawing out the voices of drug users suggests looking for ways to allow them to tell their own stories. Such an approach provides a discourse of drug users' own reality rather than researchers' images of drug users." And, too, as Denzin and Lincoln (2008, p. 46) argue, "Telling the stories of marginalized people can help to create a public space requiring others to hear what they do not want to hear." Further, Beverley (2000, p. 556) states that

> The voice that speaks to the reader through the text … [takes] the form of an *I* that demands to be recognized, that wants or needs to stake a claim to our attention.

The purpose of this study is twofold: (1) to describe, from participants' perspectives, how they became addicted to drugs and/or alcohol and how they discontinued their use of such substances through their recovery processes, and (2) to analyze the methods that enabled these participants to become addicted as well as to recover from their addictions. Here I argue that recovery is the regaining of something lost or taken away; it is a developmental process that is dynamic, fluid and can enhance growth (Prochaska, DiClemente and Norcross 1992). Such a developmental process is highlighted throughout this study as participants "told" their stories of their specific experiences.

Knowledge about gender differences in pathways into addiction and recovery has established that women and men differ in their use/abuse of

substances (Haseltine 2000; Abbot 1995; Van Den Bergh 1991). The following section reviews such differences.

The Problem and Significance of Men's Addiction

In studies on men and alcohol, men report higher levels of consumption of alcohol and report more frequent use of alcohol than women (Grant, Harford, Dawson, Chou, Dufour and Pickering 1994; Grella and Joshi 1999; Hser, Huang, Teruya and Anglin 2003; Liebschutz, Savetsky, Saitz, Horton, Lloyd-Travaglini and Samet 2002; Majer, Jason, Ferrari and North 2002; Olenick and Chalmers 1991; Peters, Strozier, Murrin and Kearns 1997; Pirard, Sharon, Kang, Angarita and Gastfriend 2005; Reiger, Farmer, Rae, Locke, Keith, Judd and Goodwin 1990). For example, the Epidemiologic Catchment Area Study, a large survey study conducted in the early 1980s with a representative sample from throughout the United States, showed a number of interesting differences between men and women. For prevalence rates of alcohol use disorders, men were more than five times as likely to have an alcohol-use disorder (Reiger et al. 1990).

Some more recent statistics are provided from the Longitudinal Alcohol Epidemiologic Survey related to the prevalence of alcohol dependence and abuse diagnosis in men and women. When only alcohol dependence was considered, the prevalence rates were 2.1 percent for men and 1.2 percent for women. However, when both alcohol abuse and dependence were considered the gender differences widened. Men were three times more likely to have a diagnosis of alcohol abuse or dependence than were women (Grant et al. 1994).

Men also report different reasons for using alcohol than women. Specifically, they tend to use alcohol in social gatherings, to help them be more congenial, and to use it in a gregarious fashion (Olenick and Chalmers 1991). In addition, men are more likely than women to perceive their drinking as a source of difficulties in their lives (i.e., legal, financial, family, and work-related) (Schober and Annis 1996).

Numerous studies suggest that excessive alcohol consumption and alcohol abuse are significant risk factors for marital violence (Fagan, Stewart and Hasen 1983; Leonard, Bromet, Parkinson, Day and Ryan 1985; Leonard and Blane 1992). For example, Leonard et al. (1985) reported a relationship between physical marital conflict and a diagnosis of alcohol abuse or alcohol dependency in a group of male factory workers.

Drug dependent men use drugs in order to socialize, to get "high" and as an adventure (Haseltine 2000). They are more likely to be drug

injectors than women and more likely to support their addiction by drug dealing or theft (Powis, Griffiths, Gossop and Strang 1996). In a study of cocaine-using men, Bierut, Strickland, Thompson, Afful and Cottler (2008) found that in addition to cocaine use, the use of nicotine, alcohol, marijuana and other illicit drug use was the norm with these men. This indicates that some cocaine-using men may engage in multiple substance use or polysubstance use.

In a study of gay men and alcohol and drugs by Irwin and Morgenstern (2005), a high proportion of participants met the diagnostic criteria for both drug- and alcohol-use disorders. A surprisingly high proportion of participants also met diagnostic criteria for drug abuse and dependence. Irwin and Morgenstern (2005) suggest concurrent alcohol and drug use to be higher among gay men than the general population, after comparing their findings to the National Drug and Alcoholism Unit Survey. The National Drug and Alcoholism Treatment Unit Survey indicates that about 40 percent of those who receive substance-abuse treatment have disorders related to both alcohol and drug abuse. In this study, roughly 60 percent of the men met DSM-IV criteria for both drug- and alcohol-use disorders (Irwin and Morgenstern 2005, p. 132).

Studies that have concentrated on the intimate environment of family influences, poor parenting; parental absence, separation, or divorce; family conflict; or deviant behavior among family members have found that excessive use of alcohol and/or drugs on the part of the parents influences male children in experimenting with and continuing addictive behaviors (Baer and Corrado 1974; Chassin, Curran, Hussong and Colder 1996; Nurco, Kinlock, O'Grady and Hanlon 1998). For example, Nurco et al. (1998) found in a sample of 601 males that disruption in family structure (i.e., parental divorce or separation) prior to age 11 was significantly associated with narcotic addiction.

Other studies consider high rates of childhood physical and sexual victimization among alcohol and/or drug-dependent men (Blood and Cornwall 1996; Chassin et al. 1996; Clark, Masson, Delucchi, Hall and Sees 2001; Fiorentine, Pilati and Hillhouse 1999; Gil-Rivas, Fiorentine, Anglin and Taylor 1997; Liebschutz et al. 2002; Pirard et al. 2005). Blood and Cornwall (1996) found that 62 percent of men who reported sexual abuse also reported physical abuse, compared to 32 percent of those who reported no sexual abuse. They also found that sexually abused adolescents reported an earlier onset of alcohol and other drug use than did nonabused adolescents.

In addition, extant research suggests that a strong predictor of adolescent drug use is the extent to which one associates with other adolescents who use drugs (Bahr, Marcos and Maughan 1995; Elliott,

Huizinga and Ageton 1985). McIntosh and McKeganey's (2002) findings suggest the main reasons for participants' initial drug use were curiosity and a desire to comply with the expectations of others, especially peers.

Interestingly, Bahr et al. (1995) found that familial contributions were not found to directly influence alcohol and/or drug use in youths, but instead were found to be the onset to association with deviant, drug-using peers. They found that the influence of family bonds operates primarily through peer association. Lower family bonds and drug or alcohol abusing family members increased the likelihood of an adolescent associating with peers who drink or use drugs. Similarly, Nurco et al. (1998) found that children with deviant parents and those who lack a close relationship with nondeviant parents were more likely than other children to associate with deviant peers and to be vulnerable to peers' influences.

In addition to peer influence, studies have found an individual's community/neighborhood to be influential for drug use (Bierut et al. 2008). Bierut et al. (2008) found that when comparing cocaine dependent males and their siblings to individuals from their same neighborhood and siblings, rates of drug use were elevated in the community-based comparison group compared to population-based samples/studies. Community-based comparison groups were matched by zip codes suggesting that neighborhood factors contributed to these elevated rates of drug use and dependence.

In addition to looking at the addicts' initiation into alcohol and drug use, McIntosh and McKeganey (2002) examined the progression into abuse and dependence. In terms of the succession to regular use, participants offered a combination of explanations/factors influencing this transition. These included an unconscious "drift" rather than as a result of a deliberate decision; the influence of relationships or peer groups who provided opportunity and encouragement to use more regularly; boredom resulting from unemployment or poor recreational activities; to cope with life problems and escape from reality; or to overcome feelings of personal inadequacy, such as shyness or lack of confidence. In contrast, participants' escalating use was driven by a continuing desire to experiment and find new "highs," as well as the need to satisfy ever rising tolerance thresholds (McIntosh and McKeganey 2002).

According to McIntosh and McKeganey (2002), recognition by individuals that they were addicted could take anything from a few weeks to several months, depending on the drug being used and the addict's ability to support his/her habit. For most of the interviewees,

recognition usually came with the experience of withdrawal symptoms and the realization that they needed drugs to function normally, which often came when they were deprived of them for some reason, such as a lack of money. Occasionally, family/friends would inform addicts that they thought they had a problem, although this was less common than one might expect. It is also clear from this study that once addicts became dependent their lives became dominated by the necessity to feed their habit, with the need to obtain money becoming their overriding preoccupation. Often this led to lives involving manipulation and deception of others, along with engaging in crimes such as theft/shoplifting. Many of the participants also ended up spending a period in prison and experiencing deterioration in health as a consequence of their use.

In terms of recovery, as individuals increasingly experience difficulties in a variety of areas of life function, they begin to contemplate the need to change their use patterns and to initiate a process of self-change (Marlatt, Baer, Donovan and Kivlahan 1988). Ebaugh (1988, p. 1) defines this process of change as a role exit; "the process of disengagement from a role that is central to one's self-identity and the reestablishment of an identity in a new role that takes into account one's ex-role." Ebaugh (1988) suggests four stages, including first doubts (begin to question and experience doubts about one's role commitment), seeking alternatives (an evaluation of the costs and benefits associated with an alternative role), turning points (events that force one to consider doing something different), and creating the ex-role (emotionally removing one's self from a previous role while experiencing social expectations based on a new one).

Anderson and Bondi (1998) explore race and gender variations in the processes of exiting a drug-addict role. Similar to Ebaugh (1988), they found their participants' role exit began with a doubt period. For the Black males in their study, their doubting period was characterized by questioning their drug use as blocking their opportunities for personal growth and narrowing their life options. On the other hand, White males reported that a burnout from the drug-role occurred which included a frustration with complications surrounding their drug use. They were not achieving euphoria from the drugs that they once felt and they were experiencing serious financial debt.

There is considerable agreement among researchers that the actual shift from the drug-addict role begins with a "turning point" (Biernacki 1986; Brown 1985; Ebaugh 1988). Normally these "points" are characterized by an event that serves as the end to one role and the beginning of a new one (Anderson and Bondi 1998). Such "turning

points" are an essential step on the road to recovery from addiction (Ebaugh 1988).

Ebaugh (1988) notes four specific types of "turning points': specific events, last straws, time-related factors, and either/or alternatives. Anderson and Bondi (1998) found that for both Black and White males their turning points pertained to either/or alternatives following an arrest or drug treatment to shorten a prison stay. Other turning points were reported such as concern for job decline or termination, financial loss, health-related decline and significant others, more often by White males.

McIntosh and McKeganey (2002) identify some more common reasons given by addicts which promote their process of recovery. In particular, burnout is reported to be one of the most frequent precursors to recovery, as it seems that sustaining a habit can become an exceptionally difficult and demanding task associated with many problems. This is demonstrated in numerous studies, like that of Frykholm (1985) and Simpson, Joe, Lehman and Sells (1986), where addicts' main reason for stopping was that they were "tired of the life" or words to that effect.

Several studies have also shown that the influence of significant others, such as partners or children can be important in the decision to quit (Frykholm 1985; Simpson et al.1986; Smart 1994; Waldorf 1983). For example, Simpson et al. (1986) report that more than half of their sample stated "family responsibilities" were important in their decision to stop, while about a third cited pressure from family members was important.

Another important factor reported to be influential in the decision to stop is deteriorating health or the fear of health problems (Simpson et al. 1986; Waldorf 1983), as well as the occurrence of more general negative events such as a period in prison or overdose or the death of drug-using friends/associates (Edwards, Marshall and Cook 1997).

Ebaugh (1988) indicated the next phase in the process of role-exiting as creating the ex role. Interestingly, it seems that the potential role of formal treatment in aiding to create the ex role has been downplayed. Findings such as those of Biernacki (1986) and Sobell, Sobell, Toneatto and Leo (1993) suggest that the proportion of addicts who manage to overcome addiction without formal treatment may be even greater than or equal to the proportion who recover following treatment for their addiction.

The resolution of alcohol and drug addiction without formal treatment has been referred to as natural recovery (Havassey, Hall and Wasserman 1991), self-initiated change (Biernacki 1986), maturing out (Winick 1962), autoremission (Klingemann 1992), unassisted change

(McMurran 1994), de-addiction (Klingeman 1991), self-change (Sobell et al.1993), and self-managed change (Copeland 1998). Although a number of different terms are used, they all subscribe to the basic principle that people overcome substance abuse problems without recourse to treatment.

According to a number of research findings on the subject of natural or self recovery, natural recovery is evident from various substances. This includes alcohol (Sobell, Cunningham, and Sobell 1996), cocaine (Shaffer and Jones 1989; Waldorf, Reinarman and Murphy 1991), heroin (Biernacki 1986; Klingemann 1991, 1992; Waldorf 1983), and marijuana (Kandel and Raveis 1989).

One of the first and most widely cited descriptions of the natural recovery process of narcotic addiction is the "maturing out" theory by Winick (1962, p. 6). According to Winick, for the majority of addicts, addiction is a self-limiting process in which up to two thirds of addicts "mature out" naturally of their addiction by the time they reach their midthirties. He speculated that addicts began using narcotics in their late teens or early twenties as their method of coping with the challenges and problems present in early adulthood. Thus, by their midthirties the problems for which the addict originally began taking drugs become less significant and they "mature out" of their addiction cycle.

While it may be a fact that a large number of addicts do indeed appear to cease their addiction cycles in their midthirties (Biernacki 1986; Winick 1962), the maturation thesis is one of only several explanations of how addicts process their recovery. For example, Waldorf (1983) identifies five routes out of narcotic addiction in addition to "maturing out." Waldorf (1983) argued that individuals can also "drift" out of addiction; become alcoholic or mentally ill; give up due to religious/political conversion; "retire" by giving up the drug while retaining certain aspects of the lifestyle; or change because their situation or environment has changed.

Biernacki (1986) interviewed 101 heroin users who had overcome heroin dependence on their own. He described how a small proportion of users (5 percent) did not make a firm decision to stop using heroin. They drifted out of dependence either because of work commitments or because of lifestyle changes. A larger group (20 percent) hit rock bottom or experienced what he regarded as an existential crisis; that is, a profound emotional and psychological event that led them to question their lifestyle and identity as a heroin user. The largest group (75 percent) made a rational and explicit decision to stop using heroin either in response to an accumulation of negative experiences or because an

event occurred (an overdose of a friend for example) that was particularly significant or disturbing on a personal level.

A significant number of people with drug-related problems have recovered independently of treatment (Biernacki 1986; Granfield and Cloud 1999). Waldorf et al. (1991) found that of the 106 recovering problem cocaine users in their study just over 71 percent stopped drug use without treatment.

The prevalence of untreated recovery among alcohol addicts is no less significant. In two surveys conducted in Canada, to determine the prevalence rate of recovery without treatment, Sobell et al. (1996) found that over three quarters of problem drinkers who have recovered from their problem for one year or more do so without treatment. An earlier study by Sobell et al. (1993) found that a considerable majority of alcohol abusers (82 percent) recovered on their own.

Miller (1998) and Marlatt et al. (1988) suggest that natural recoverers may not seek treatment because of preconceived attitudes and judgments toward treatment, nonconformity to these more accepted modes of rehabilitation, and a wish to avoid the labeling process (Marlatt et al. 1988). Miller (1998) and Marlatt et al. (1988) suggest that many addicts perceive themselves as having been responsible for the development of their addictions. They assume they are capable and thus have the desire to regain control of themselves on their own.

Even though research suggests that there are people who recover without the need for treatment, there is still a significant proportion that requires it. This has led to the conclusion by some that treatment is a modest but worthwhile facilitator of natural recovery. According to Edwards et al. (1997), formal treatment can be helpful in many ways that natural recovery cannot. For example, it can help to nudge the person towards a more constructive way of seeing things or enhance self-efficacy. Edwards (2000) has drawn together relevant research to provide a useful summary of how people usually get better from drinking problems and some of the ways that treatment can support recovery. First, addicts have to believe that change is feasible, and skilled therapists can be helpful in enhancing self-efficacy. Second, addicts need to be motivated, and specific treatments such as motivational interviewing can be used here. Third, since recovery involves movement towards a goal, therapists can also be helpful in clarifying appropriate goals. Next, it is clear that successful recovery involves avoiding relapse, which can be done through learning various psychological skills and with building of supportive networks, which can be achieved through groups like Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA). Finally, since change must feel

good for it to be held, a major part of treatment often involves helping people to find rewarding substitutes for their use.

In conceptualizing the process of recovery from dependent alcohol or drug use, by way of natural recovery or seeking treatment help, many researchers have used the notion of a series of stages through which the individual may pass on the road to recovery (Anderson and Bondi 1998; Biernacki 1986; Ebaugh 1988; Frykholm 1985; Prochaska et al. 1992; Waldorf 1983).

As mentioned earlier, Ebaugh (1988) and Anderson and Bondi (1998) identified four stages of exiting the drug-role; first doubts, seeking alternatives, turning points and creating an ex-role. Frykholm (1985) proposed three phases of recovery from addiction; ambivalence (negative effects of drug use are increasingly felt resulting in a gradual desire to stop using drugs); treatment (attempts at detoxification become more sustained and drug-free periods grow longer); and emancipatory (addict effectively becomes an ex-addict and can remain "clean" without external assistance).

Specifically for natural recoverers, Biernacki (1986) identified four stages. The first stage is resolving to stop using. The resolution to stop is most frequently accompanied by a "rock bottom" experience or an existential crisis. The second stage is breaking away from the addiction. This involves the decision to change a lifestyle which requires modifying one's accommodation, friends and social life. The third stage is staying abstinent. This involves a relapse-prevention plan to deal with the cravings. The final stage identified by Biernacki (1986) is becoming and being ordinary. This requires dealing with the long-term changes in identity from being a member of a deviant subgroup to entering "conventional" society.

One of the most popular stage models of recovery was developed by Prochaska et al. (1992) who propose that there are five stages in the process of recovery. The first stage is precontemplation. In this stage there is no intention to change behavior in the foreseeable future. Many individuals in this stage are unaware of their problems and it is families, friends, neighbors, or employees who often pressure the addicts to enter into recovery. Usually they feel coerced into changing the addictive behavior by a spouse who threatens to leave, an employer who threatens to dismiss them, parents who threaten to disown them, or courts who threaten to punish them. They may even demonstrate change as long as the pressure is on. Once the pressure is off, however, they often quickly return to their old habits (Prochaska et al. 1992).

Contemplation is the second stage. In this stage people are aware that a problem exists and are seriously thinking about overcoming it but

have not yet made a commitment to take action. People can remain stuck in the contemplation stage for long periods. An important aspect of the contemplation stage is the weighing of the pros and cons of the problem and the solution to the problem. Serious consideration of problem resolution is the central element of contemplation (Prochaska et al. 1992).

Preparation, the third stage, combines intention and behavioral criteria. Individuals in this stage are seriously intending to take action. As a group, individuals who are prepared for action report some small behavioral changes. Although they have made some reductions in their problem behaviors, individuals in the preparation stage have not yet reached a criterion for effective action, such as abstinence. They are intending, however, to take such action in the very near future (Prochaska et al. 1992).

Action is the fourth stage in which individuals modify their behavior, experiences, or environment in order to overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy. Individuals are classified in the action stage if they have successfully altered the addictive behavior for a period of one day to six months. Successfully altering the addictive behavior means reaching a particular criterion, such as abstinence (Prochaska et al. 1992).

Maintenance is the fifth and final stage in which people work to prevent relapse. Maintenance is not a static stage. Changing addictive behaviors is a continuation of change. This stage is considered to last a lifetime. Being able to remain free of the addictive behavior and being able to consistently engage in a new incompatible behavior for more than six months are the criteria for considering someone to be in the maintenance stage (Prochaska et al. 1992).

Clearly addiction and recovery are contentious and complex issues, and there is a great variation between individuals; however, there is no one single pathway into addiction or recovery.

Chapter Outlines

Chapter 2 explores the theoretical and empirical research that provides the framework for this study along with the methods used in this research. Chapter 3 considers the findings from this research providing an overview of each participant's preaddiction experiences. Chapter 4 entails the findings gleaned from the stories of the men's addicted selves. In Chapter 5, I highlight the findings from the men's recovery experiences, including how they become abstinent and resolved to live

clean lives. Chapter 6 draws together my research incorporating a discussion of the lessons learned in this study including a conclusion of participants' insights into their feelings about substances now that they are in recovery. In other words, I give my participants the "last word" on the topic of addiction and recovery for them. Following these insights, thoughts on their achievements as they recovered are documented. I also offer their ideas of what recovery means to them and also what factors need to be in place for men to enter recovery including the following: individual decisions for change, the significance of a support system, and the importance of realizing that recovery is a lifelong process. Further, participants' insights into their opinions of the differences between their use/abuse of substances and that of women are offered. Finally, I conclude with participants' suggestions for change for other individuals who may be thinking of recovery coupled with my suggestions for changes in policies in the field of men's addiction and recovery processes.