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Substance Abuse and Rehabilitation: Understanding the Issue from First-hand Accounts

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SUBSTANCE ABUSE AND REHABILITATION: UNDERSTANDING THE ISSUE FROM FIRST-HAND ACCOUNTS

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Mauricio E. Austin

2013
Dedication

To my parents Alfredo and Maria Austin, and my brother Alfredo Austin Jr., without your love and support this work would have never been completed.
SUBSTANCE ABUSE AND REHABILITATION: UNDERSTANDING THE ISSUE FROM FIRST-HAND ACCOUNTS

by

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THESIS

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Abstract

This study clarifies understanding of factors influencing substance abuse and rehabilitation from the perspective of the substance abuser. The data collection and analysis methods employed include single and cross-case analyses, based on data gathered through semi-structured, face-to-face life history interviews with thirteen individuals who had substance abuse histories. In some respects, study results coincide with the extant literature on the subject. For example, most study participants first used drugs and/or alcohol while they were children or adolescents; experienced family and/or peer influence to start using; suffered from illnesses and/or loss of employment in association with their substance abuse; experienced a low point in their social lives due to their substance abuse that influenced their transition toward and commitment to the rehabilitation process; and have drawn upon multiple forms of social support in recovery. Study results also support novel insights, owing to the qualitative life history interview approach employed. Most behavioral literature on the topic is quantitative, which limits understanding of the complex and dynamic role that social contextual factors play in shaping trajectories of substance abuse and rehabilitation throughout people’s life courses. For example, the approach employed here supports the inference that the social relations originally placing participants at risk of substance abuse emerged later on in life as the key protective factors influencing their successful efforts toward recovery. Quantitative studies cannot yield such findings, since they do not focus on people’s life histories in a nuanced enough manner to elucidate how social relational dynamics shape experiences of substance abuse and rehabilitation through time. Thus, more systematic qualitative research on the topic of substance abuse and rehabilitation, focused on social contextual dynamics in people’s life courses, is needed to improve understanding.
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Chapter 1: Introduction and Background

When conducting research on the issue of substance abuse there are many questions about drug use in the US/Mexico border region. I have long been intrigued with the reasons behind people using drugs. During my years working with people with substance abuse problems I have encountered hundreds, if not thousands, of individuals who have dealt with some kind of drug or substance abuse trouble in their life. I have also had many personal experiences with family members and friends who have used either drugs or alcohol, or a combination of both. It is important to analyze this issue in order to understand whether the model established to help people overcome their substance abuse is working or not, and to determine if the assumptions about the causes of substance abuse that underpin the established model are empirically grounded and theoretically tenable.

Having never used and abuse illicit drugs myself, I have always had an outsider’s point of view on why people use such drugs. I have never understood the allure of getting high. I have also seen firsthand the destructive consequences of substance abuse. I am not by any means making an argument that illegal drugs are good or bad, or that they should be legalized or remain illegal. Those two issues can be studied and analyzed on their own. The goal of my research then is to try to understand the issue of substance abuse as well as what influences people to seek help, gain control, and stay “clean”.

Substance abuse has been responsible for people losing their health, their families, their jobs, and even their lives; yet substance abuse is an illness that our society has not been able to remedy, and one that has grown even more prevalent.

The problem of substance abuse affects our society on a very large scale. It is estimated that there are approximately 20 million people in the United States (over the age of 12 years) who are in need of treatment for substance abuse disorders (Oser, et al., 2012; Substance Abuse and Mental Health, 2010). This figure does not include the people that use drugs or alcohol and risk becoming addicted and developing substance abuse disorder in the future. It is estimated that the annual cost associated with
substance abuse is $484 billion dollars, mainly accounted for in lost wages, substance abuse treatment, and health care expenses, among other costs (Morgan, et al., 2011).

In addition to the problem of abusing illegal drugs and alcohol, the abuse of prescription medications has risen as a new problem to solve. In 2007, 3.7 million people filled 21 million legal prescriptions for opioid painkillers, and 5.2 million people over the age of 12 reported using prescription painkillers nonmedical. Furthermore, from 2004 to 2008, emergency-room visits for opioid misuse doubled (Kluger, 2010). Staying clean is hard enough under any circumstance for people addicted to drugs; however, individuals directly affected by substance abuse must also contend with other long term repercussions, which include direct and indirect impacts on their social and economic capital. If we add to this the fact that there are few options for rehabilitation, then some of the challenges confronting those with substance abuse disorders become clearer.

The goal of this study is to improve understanding based on firsthand accounts of people’s struggles with substance abuse. This study focuses on clarifying resources that the individuals rely on in order to combat theirs substance abuse. In addition, this study establishes links and patterns that can help with understanding what helps people stay clean, was well as what factors lead them to relapse. This study in turn contributes to the knowledge base that has already been established in the field of substance abuse. Finally, this study aims to allow participants to share their stories, experiences, and their opinions on how to improve resources for substance abuse treatment.

This study encompasses people who have dealt with substance abuse from the time of their first experience, through the problems that they have faced due to substance abuse, through the process of rehabilitation. This study includes enough data to support a cross-case comparison of all the participating subjects in order to clarify patterns in their life histories, in terms of similarities and differences in their trajectories through the experience of substance abuse. Based on the data analysis this study establishes patterns and similarities in order to add to the knowledge base on this subject.
There is ample research in this topic, and this study contributes to that knowledge base through the analysis of the life histories of individuals who face the issue of substance abuse in their everyday lives by collecting their experiences with substance abuse and rehabilitation.

1.1 Literature Review

Substance abuse is a very serious issue that our society has had problems handling, especially in the US/Mexico border. As one drug agent in the border put it; “In El Paso, everyone knows someone, or is related to someone, who is a drug trafficker or a consumer” (Campbell, 2009, p. 180). We are currently faced with a plethora of problems that relate back to drugs and the trafficking of drugs across our borders, and this drug trafficking leads to violence on a scale that has never been seen before in this region. Campbell (2009) states that:

“… the US government is quick to blame Mexico for the problems created by drugs, even though the number one factor in generating the Mexican drug business is the huge demand for illicit drugs in the United States. This massive demand for narcotics fuels organized crime across Latin America” (p. 201).

While drug trafficking makes headline news every day, historically there has never been a strong push for rehabilitation programs and drug education; most of the money allocated by US policy to fight the war on drugs goes to the war, and not to prevention management.

Although funding has always been an issue, there have been changes that have been taking place over the past decades. In the US today substance abuse peer support groups, or communities, play a major role in attempting to help people to stop using drugs. The communities have become an integral part of formal substance abuse and rehabilitation, supporting housing programs that help individuals in their communities to become drug free (Boisvert et al., 2008). These community programs are a key component of the substance abuse treatment design for helping people to overcome their substance abuse. Peers in particular, play a
key role in influencing change as they are members of the community, and serve as role models in regular attendance peer-encounter groups that are designed to bring awareness and change the specific attitudes and patterns of the behavior that needs changing in order to overcome the problem (Boisvert, 2008).

Research on the subject of substance abuse has provided information that has helped improve understanding of the substance abuse problem as well as how to improve rehabilitation programs. There is a trend that has taken hold over the past 40 years, which is to treat substance abuse in community programs instead of prison or institutional settings; this exemplifies the importance that has been placed on cravings and relapse as a direct response to environmental influences. These environmental influences can affect the user weeks or even years after a person has stopping using any drugs or alcohol (Harrawood et al., 2011).

When looking at the types of social support groups available to the individuals that engage in substance abuse, it is also important to understand that it is not the number of support groups available, but rather the quality of those groups (Orford et al., 2010). Having support groups that are helpful and supportive of the individual are key in having a profound and lasting effect on the individual. These groups would be the ones that help the individual to curb their desire to use drugs, while also providing emotional and psychological support. These peer-support relationships and the quality of such are important to understand when looking at substance abuse patterns for adults, as they help people to overcome the issues that are at the source of their substance abuse.

One of the most important things to understand about substance abuse is the origination of the problem in the individual. Research has shown that substance abuse onset can be linked to adolescence, an age when young kids face a series of changes that can shape the rest of their lives (Zimic & Jukie, 2012). Understanding peer relationships, including how peer influences shape substance abuse in early adolescence, is also important for explaining substance use initiation, abuse, addiction, treatments, and
causes for relapse and continued substance abuse (Ciesla & Ping, 2011). Analyzing early adolescence influences on substance abuse can help clarify the initial factors that lead people to engage in substance use for the first time. Proving oneself within the local community and among peer groups is also essential in the development of a child, and this can also become a source for drug and alcohol use if the child or adolescent chooses to associate with people that will also engage in those activities (Zimic & Jukie, 2012).

Another aspect that needs to be taken into account when studying substance abuse is the effect of the family environment in shaping the life of a child or adolescent. Research has shown that there is a strong link between alcohol and other drug-related problems and disrupted family relationships, and it has also found that substance abuse can have generational transference within the family, which means that the higher the substance abuse is among the parents, the higher the chances are of substance abuse being a problem for the child later in life (Zimic & Jukie, 2012; Schafer, 2011). This is especially true when family issues include divorce, distant parents that do not have involvement in the child’s life, or abuse and physical trauma (Bailey, et al., 2010). Early separation from the parents may also cause stress and psychological trauma that can then cause anxiety and other issues that might trigger drug consumption in order to alleviate the stress and to forget about the stressors. Therefore it is extremely important that child development include a balanced and healthy parental relationship (Zimic & Jukie, 2012).

Once substance abuse has become a prevalent part of a person’s life, a shift in the focus of intervention has to be made from prevention to rehabilitation. At this point, it is important to understand the effects that substance abuse has not only on the user, but also on the family and friends of the user. A 2011 study of substance abuse in New Zealand found that participants were unable to develop functional relationships with family members. Furthermore, alcohol and drug substance abuse affected all areas of the study participant’s lives, including health, finances, and relationships with others. Also,
the study found that there was transference of abusive behavior and drug abuse from the parents to the participants, and from the participants to their children (Schafer, 2011). Understanding the issues of family influence in the rehabilitation process is very complicated because some of the things that are helpful for the person trying to overcome their substance abuse can also be harmful.

The problem of drug use is referred to in law enforcement and policy circles as a victimless crime, i.e., a vice. This could not be further from the truth. When an individual is engaged and succumbs to substance abuse and addiction, is not only the individual that suffers. Family and friends are also affected by the individual’s drug use. An individual’s substance abuse often undermines his or her commitment to the family and other obligations in the individual’s life (Orford et al., 2010). In this case, the individual’s substance abuse can lead to loss of employment, health problems, and financial complications that will in turn negatively affect the rest of the family members.

Even though hurting family members and friends is one of the main issues these individuals face, family and friends are the main source of help and support in the rehabilitation process. One of the main goals of rehabilitation programs is for individuals to reconnect with family and friends that will provide support through the rehabilitation process. Family support not only includes having family members that support the rehabilitating user, but also making sure that there are no negative influences such as family members that shun the drug user, or family members that continue to abuse substances while the individual is attempting to quit. Having family members in the rehabilitating user’s life is very important, as is a supportive and healthy family network (Harrawood, et al., 2011; Zimic & Jukie, 2012).

Cutting ties with people that are abusing any type of substance is just as important as avoiding triggers that can lead a person into relapse. It is also important that the individual drug user avoid social and environmental triggers such as places where the person used to engage in substance abuse, or places where the user knows that drugs and alcohol will become easily available (Comar, 2011; Harrawood et
al., 2011). Avoiding these places and people can make it easier for a person to overcome their problem with substance abuse, but it can also have negative effect on that person.

Even though a recovering individual can find it easier to cut their ties with friends than with family, the loss of friends can be detrimental and it can create a feeling of loneliness, depression, and stress at the loss of valued relationships (Harrawood, et al., 2011). This can lead to feelings of depression and anxiety, which can in turn lead the person to relapse into substance abuse. This can further increase problems, as substance abuse and mental illness often go hand-in-hand. There is evidence that suggests that mental illness and substance abuse are a possible cause of each other, and that mental illness can lead to substance abuse and vice versa (Isorna et al., 2010). Substance abuse has also been associated with mental illnesses such as depression and anxiety, as well as disorders such as borderline, impulsive, and thrill seeking personalities (Bailey et al., 2010).

Although it is unclear whether substance abuse causes mental illness, or mental illness is caused by substance abuse, it is clear that the two are so closely tied to each other that mental illness and substance abuse have been studied together and have been given a “dual disorder” diagnosis (Isorna et al., 2010). It is very important to take into account the issues that substance abuse and mental illness can generate. Substance abuse rates in 2010 for people with mental illness were double that of people who did not suffer a mental illness. In the survey conducted by the Substance Abuse and Mental Health Services Administration in 2010, 25.8 percent of people with mental illness used illicit drugs, compared to 12.1 of respondents with no mental illness who used illicit drugs (Substance Abuse and Mental Health, 2010).

Substance abuse combined with mental illness poses a grave danger as it has been linked to a substantial increase in suicide rates among substance abusers who are mentally ill. In the same survey, data showed that 12.2 percent of mentally ill respondents with substance abuse issues had serious thoughts of suicide, while only 3.0 percent of respondents who had a mental illness but no history of
substance abuse did (Substance Abuse and Mental Health, 2010). Furthermore, 3.1 percent of mentally ill respondents with substance abuse problems made suicide plans, compared to 0.9 percent of respondents who were mentally ill but did not have a substance abuse history. Similarly, 1.7 percent of mentally ill substance abusers attempted suicide, compared to 0.4 percent of mentally ill respondents with no history of substance abuse.

While these numbers do not reveal a causal link between substance abuse and mental illness, they indicate that there is an important relationship between substance abuse and the worsening of mental illness symptoms for substance abusers. These statistics also indicate that thoughts of suicide and attempts at suicide are also more prevalent among mentally ill people who suffer from substance abuse than those that are mentally ill and do not have problems with substance abuse. The linkage between substance abuse and mental health was taken into account in my study, as I inquired about it through probes in a semi-structured interview guide.

Considering the issues discussed above, it is not particularly surprising that there is a documented connection between substance abuse and criminality. Research shows that individuals with substance abuse problems are more likely to engage in criminal activities (separate from illegal drug use) than those who do not engage in illegal drug use (Oser et al, 2008; Rodriguez et al., 2011). Furthermore, research has also found that antisocial behavior that appears before the age of 15, as well as going through the criminal justice system, are important predictors of criminal activity at a later age, as well as recidivism once institutionalization has been established (Rodriguez et al., 2011; Oser et al., 2012). Drug abuse from an early age then becomes a predictor of the future quality of life for an individual.

1.2 Conceptual Definitions

In order to conduct research on substance abuse, it is important to understand what substance abuse is. Substance abuse can be understood in very basic terms as addiction to a variety of drugs, or
multiple drugs, which are used in order to get some kind of “high” (Rodriguez et al, 2011; Boisvert et al, 2008) The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), provides a technical definition. This guide book is compiled and printed by the American Psychological Association, and provides criteria and steps on how to diagnose mental illnesses. The DSM-IV (American Psychiatric Association, 2000) labels substance abuse as a Substance Related Disorder (SRD) in which the user is affected by the taking of a drug of abuse that can include alcohol, side effects of medications, and/or exposure to toxins. Physical dependence is also characterized by withdrawals experienced directly as an effect of immediate or sudden stoppage of the use of any substance, while substance abuse includes impaired control over drug use, compulsive use, craving, and using even though it becomes harmful (Bailey et. al., 2010)

Furthermore, the DSM-IV brakes down SRDs into two categories which are “substance dependence” and “substance abuse” (APA, 2000. p. 197). In order to qualify as substance dependent, the individual must meet at least 3 of the following criteria that develop over the period of 12 months: tolerance build up, withdrawals, larger amounts ingested over longer periods, persistent yet unsuccessful attempts to quit, large amounts of time spent acquiring the substance to be abused, the giving up of social and family activities, and using due to a condition that is in turn augmented by the use of said substance. In order to meet the criteria: for the substance abuse category, the user must meet at least one of the following criteria; use results in failure to fulfill role obligations at home, school, or work, use in situations in which it is physically hazardous, recurring legal problems, and/or persistent social and interpersonal problems (APA, 2000).

Additionally, substance abuse can be described as using any substance despite the consequences, preoccupation with getting the substance, loss of control during use, and thinking changes that often involve denial and rationalizations that justify continued use despite sometimes severe consequences (Bailey et. al., 2010). Understanding these differences is important because working definitions need to
be adopted as a basis for interpretation. As far this study is concerned, focus will be placed on people who fall under the “substance abuse” category; it is important to note, however, that people who exhibit the characteristics of substance abuse will also exhibit the characteristics of substance dependence.

Another aspect that needs to be considered when discussing substance abuse is that alcohol, while not illegal, can also be abused in the same way as an illegal drug or controlled substance. Because of this issue, alcohol will also be included in this study as a substance of abuse. Although alcohol can be consumed in a social setting, or in small amounts that will not have negative effects on an individual, alcohol abuse can be destructive to an individual’s emotional and physical health. In order to draw a line between “social drinker” and an “alcohol abuser,” the questionnaire used in this study follows guidelines established by the Substance Abuse and Mental Health Services Administration (2010) survey used to study drug use and mental health in 2010 which stipulates that a person who abuses alcohol is one who engages in alcohol binging. Alcohol binging is further defined as “…drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days (Substance Abuse and Mental Health, 2010, p. 33). One variation that is applied in the questionnaire for this study is that inquiries are made about abuse not just in the past 30 days, but instances of alcohol binging that the respondent can remember and that have negatively affected the individuals life or substance abuse history.

Other individual characteristics that are accounted for in the questionnaire are demographic and social attributes that may represent important factors influencing the respondent’s substance abuse history. These characteristics include race, age, and educational attainment, among others (Oser et al, 2012). Also, research shows that family history is a big influence in the substance abuse history of individuals engaged in substance abuse (Rodriguez et al, 2011). For this reason, the questionnaire employed for data collection also makes inquiries into family history of substance abuse, as well as peer influence. Also, based on the information provided on the literature review above, criminal history, as
well as substance abuse rehabilitation histories are included in the data that are collected from the subjects.
Chapter 2: Methodology

This study focuses on individual experiences of drug abuse and rehabilitation with the goal of understanding contextual factors influencing the substance abuse dynamics of multiple respondents through time. The focus of this study is on the US/Mexico border, the El Paso and Juarez area to be exact. This study relies on the use of qualitative methods that have been previously used in research conducted on the subject of substance abuse and include semi-structured interviews, participant observation, and life history interviews (Boisvert et al, 2008; Rodriguez et al, 2011). Other data analysis tools used include process tracing, and cross-case comparisons during the analysis phase of this study.

Participants for this study were recruited from El Paso area substance abuse peer support groups, as well as through personal contacts with people that meet criteria for the study. It is well-known that substance abuse peer support groups are guarded and secretive when it comes to what happens in community meetings. Demands for privacy and confidentiality made it difficult to access people participating in these programs. There was no database that I could easily tap into, or a list of people was available to me, in order to recruit study participants. Due to this issue, it was impossible to obtain a true random sample of subjects. Thus, for data collection purposes, recruitment was conducted at local substance abuse peer support groups that agreed to allow me to participate and recruit in their group meetings. This recruitment process was used to ensure that participants of this study had a history of substance abuse that met the criteria established for this study.

As Berg and Lune (2012) explain “all field investigations begin with the problem of getting in” (p.200). This is especially true in the field study of substance abuse. Although substance abuse permeates many aspects of today’s society, it is still something that is highly stigmatized. The first step towards “getting in” in order to recruit research subjects was to contact an acquaintance who is very involved in a peer support group here in El Paso; he acted as what is known in research as a “gatekeeper” (Berg & Lune, 20120). This person was useful in introducing me into the world of peer
support groups which I was not entirely familiar with. Once initial entry into these groups was made the recruitment continued through a snowball sampling process. Prior to the beginning of this study I had already attended several sessions with this individual, and had met some people involved in one particular group in the city. I then proceeded to recruit people from that group who could then lead me to other individuals who were willing to participate in this study.

The sample for this study includes 13 participants who voluntarily agreed to participate. All participants volunteered to participate in this study after the purpose of this study was explained to them. Out of the 13 participants of this study, 12 participants were male and one participant was female. The lowest income reported was $0 a year by one respondent who was unemployed at the time of the interview and was supporting himself through his savings from the time he was employed. The highest reported income was $52,000 a year, with an average yearly income for 12 respondents being $19,333 a year. One respondent did not provide his annual income. The lowest age of any respondent was 33 years old while the oldest respondent was 65 years old, the average age of the participants in this study was 47 years of age.

As far as employment is concerned one participant was unemployed, one respondent was unemployed and received disability income, two respondents were retired, and the rest were employed full time. Education levels ranged from less than high school education to college level education with one respondent having a 7th grade level education, three participants having only completed high school (or obtained a GED), one participant having completed vocational school after high school, two respondents having some college education, three having a bachelor’s degree, and two respondents enrolled in graduate school. One respondent did not provide his education level (see Table-1).

All participants were informed that this study was approved by the Institutional Review Board (IRB) at the University of Texas at El Paso (UTEP), and provided their informed consent to participate (see Appendix A) after being made aware of their rights as participants in this study. Approval was
obtained from UTEP’s IRB on November 16, 2013 under reference number 397857-1. The interviews were recorded with the participants consent and the recordings were deleted after being transcribed due to confidentiality issues as these recording contained names that were provided by the respondents during the interview process. All the names of the participants were changed for anonymity purposes and all names of any other people provided during the interview were deleted. In total, the average time for the interviews was 61 minutes, with the shortest interview being 41 minutes long and the longest interview being 1 hour and 40 minutes long.

2.1 Life History Interviews

The main data collection technique involved semi-structured “Life History Interviewing” that was employed to collect personal information for each respondent regarding their social and demographic attributes, family characteristics, and drug consumption histories. This technique is based on previous research (Rodriguez et al, 2011; Rodriguez et al., 1997). The life history interviews allowed for collection of data on the historical aspects of the substance abuse process that the respondents have engaged in throughout their lives. These life histories not only focused on the “facts” about the history of the respondent’s substance abuse history, but also focused on the reflections of the respondents on their substance abuse history. There was a screening questionnaire that was design to assess the participant’s substance abuse history prior to conducting the interview in order to ensure that participants met the criteria that were established for participation in this study. The screening questionnaire was implemented in an informal way through probes during the recruitment process and initial contact with prospective participants. Thus, the screening questionnaire enabled my verification of participant qualifications for the study prior to the formal interviews being conducted.

The first task of data collection was to implement a questionnaire with each subject that was semi-structured in nature (see Appendix B). This questionnaire and interview format was chosen over other data collection methods because as Berg and Lune explain (2012, p. 331), “the most effective
ways to learn about the circumstances of people’s lives is to ask them.” This questionnaire provided a guideline to follow in order to ensure that all respondents had the same issues to respond to, in order to ensure some linear cohesion among all the responses in the interview. The questionnaire’s first section was designed to obtain socio-demographic data including age, sex, socioeconomic status, family size, ethnicity (i.e. Hispanic or non-Hispanic), level of education, and migration history. This questionnaire was not handed over to the respondents to answer on their own, but rather it was used a guide to follow when interviewing participants. This interview format allowed me to guide the conversation, while allowing the participant to elaborate on any questions as they saw fit. By using this method I was also able to probe depending on the answer that the participants gave to each question.

The questionnaire itself was semi-standardized. Questions were asked to all respondents in order to achieve validity in the response analysis. This method of interviewing is ideal in this situation because it is systematic and ordered, yet it allowed freedom to deviate somewhat from the questions if any issues arose that were of particular importance to the subject (Berg & Lune, 2012). This method of semi-standardized questions allowed for a qualitative approach as it guided the flow of the questions and answers, while providing a protocol to follow during the interviews. Also, this format allowed the respondents a certain degree of freedom to respond and elaborate on the issues that were important to them.

The semi-standardized format in turn resulted in a “…much more textured set of accounts from participants than would have resulted had only scheduled questions been asked” (Berg & Lune, 2012, pg. 114). This format also allowed a sense of reflection from the respondent that allowed them to open up and share important moments in their substance abuse history. It also allowed the respondents to feel as if they were not just study subjects, but part of a dialogue about something that was important to them. In addition, it allowed them to provide information that they felt was of value and importance, and not just conforming answers to be coded and analyzed. This was important as previous experience with
Peer support groups showed that reflection and sharing allows the person battling substance abuse problems to be able to overcome their fears and problems.

Focus was also placed on the positive aspects of their history and the things that have helped them overcome their substance abuse, or what led them to relapsing into substance abuse again. This narrative interview approach can be positive in that it can help the respondent analyze the issues influencing his/her substance abuse; they can externalize their experiences, identify successful outcomes, and reconstruct positive outcomes (Morgan et al., 2011). It not only enabled data gathering on what people have done to overcome substance abuse, but also helped the respondent to put into perspective all the positive things that happened to them even when dealing with the very negative realities of substance abuse. It also facilitated identification of barriers that participants have come up against that has led them back into substance abuse. This helped to establish factors that led the participants into relapsing, and in some cases highlighted for participants how they could recognize and cope with those factors in a more appropriate manner in the future.

The questions in the life history interviews began by asking respondents about their first experiences with drug use. They focused on specific issues about what led to their first time using drugs, when the respondent considered that they became addicted to the substance that they abused, and why. Specific information was obtained on what the respondent believed were the most important factors shaping their substance abuse. These questions included factors such as family or peer influences, as well as emotional and psychological issues that might have led to the substance abuse. The questionnaire included similar questions about their current substance abuse. These questions focused on the current factors that prevent them from stopping their substance abuse. Questions also inquired about what made them want to stop abusing any particular substance (Rodriguez et al, 2011; Rodriguez et al., 1997; Ciesla & Yao, 2011).
Focusing on this part of their lives was the first important step in the study. This focus has the aim of facilitating understanding of what factors came into play when each respondent decided to use drugs for the first time. By comparing the cases to each other, relationships were established to identify any similarities between the cases, and what the differences among participants were. This approach provided for a coherent way of coding the data and uncovering emerging patterns.

Additional questions focused on the transitional phase of the substance abuse process, or the time in which respondents considered that their substance use histories became “abusive.” Focus was placed on the factors that coincided with (immediately before and after) the turning point in their substance abuse histories, such as traumatic personal events, family conflict, work-related problems, or anything else. Additional questions were added in order to gauge respondent’s perceptions of variations in their quality of life throughout their substance abuse history. These questions were based on a scale validated through previous research: the Quality of Life Scale or GQLS (Ivarsson, et al., 2010).

GQLS questions focus on economic status, personal health and safety, satisfaction with professional career, satisfaction with family members, and satisfaction with interpersonal relationships with friends and acquaintances, among others (Ivarsson et al., 2010). These types of questions allowed for analysis not only of the factual status of the substance abuse level of the respondent, but also the perceived emotional, social, and psychological issues that affected their state of mind as they have gone through the rehabilitation process, and battled their substance abuse.

Another issue of importance in this study is the fact that most respondents have decided to participate in some kind of substance abuse program. The fact that respondents have made this choice means that they have hit a point in their lives where they have made a choice to stop using drugs or abusing substances. At this point, the respondents all had a negative perspective of substance abuse, or at least realized the negative effects that their substance abuse had in their lives. This issue is important to understand, so questions in the latter part of the questionnaire covered the topic of the moments or
issues that were critical in changing the perspective of the respondent. Questions focused on the key moments where a respondent decided that the substance they were abusing was no longer a welcomed part of their life. Questions also focused on the current struggles that they face, and what expectations they have for their lives ahead of them.

The questionnaire also included questions on the participant’s specific substance of abuse as well as the effects of that substance abuse. Questions that were included in the questionnaire on specific drug use and effects were obtained from the Appendix B.4.1 of the Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings (Substance abuse and Mental Health, 2010). These questions allowed for the identification of specific reasons and patterns for the individual’s substance abuse as well as the outcome of the substance abuse. These questions included types of drug use, amount of drug use variation, mental and emotional effects, as well as social and family issues that arose from the respondent’s substance abuse.

2.2 Participant Observation

A secondary and supporting method of data collection used was participant observation. I conducted eight sessions of peer support group observation in order to be able to understand the dynamics of the peer support group sessions. These observations took place at two different locations around the city that conduct Narcotics Anonymous (NA) meetings. I also participated in two meetings at a local district of Alcoholics Anonymous (AA). The observations at NA did not provide any recorded personal information on any persons due to anonymity and confidentiality purposes but were instrumental in helping me understand the purpose and dynamics of support groups (see participant observation sections below). The meetings with members from AA were not actual group sessions but they provided information that helped me establish and understand the basic differences between AA and NA. These sessions were also instrumental in the recruitment process as they become a source of networking for the snowball sampling process.
These participant observation sessions also allowed me to relate the responses of individuals to the dynamics of the group in order to be able to see how respondents apply the tools of a peer support group into their individual rehabilitation process. Although responses were obtained from people of different backgrounds, the participant observation sessions were a good way to assess the correspondence of individual responses to dynamics in the group setting. Participant observation was also a way to partially immerse myself in the lives of people with substance histories, without having to abuse any substances, in order to better see things form their perspectives. This helped me to gain some insight into the lives of the participants that I might have otherwise missed.

Although these participant observation sessions are not as central to this study as the individual interviews are, they helped provide me with an insider perspective into a world that I did not have much experiential knowledge of. Participant observations provided me with an understanding from the “emic” point of view (Berg & Lune, 2012). This in turn helped me connect with the participants, and provided me with experiential knowledge that validated my interest in this specific topic, as I was not only a data collector, but also a participant in the process.

2.3 Analysis Methods

Once all data were collected, they were analyzed using several methods. The first method that was used was single case analysis, which helped to establish contextual drug abuse and rehabilitation history for each case. The second method that was used was cross-case analysis, which involved comparing cases to each other in order to uncover patterns across the 13 life histories. This allowed me to identify main themes across the cases. As George and Bennett (2005) explain, single case studies allow the researcher to “… identify and measure the indicators that best represent the theoretical concepts the researcher intends to measure” (p. 19). Single case study analysis allowed me not only to discern what the main ideas were, but also to interpret them in relation to the rest of the indicators found through the whole interview of each case.
Conducting initial single case-by-case analyses also allowed me to be able to explore the causal mechanisms that were at play in the experiences of each respondent. By conducting the single case analysis, I was able to examine intervening variables in the outcome of each of the cases, observe outcomes that were unexpected, and gain some sense of the causal mechanisms in each case (George and Bennett, 2005). This helped later when the cross-case analysis was conducted because, by then, causal mechanisms for each of the cases were identified which allowed me to compare them more easily.

Another aspect of importance in conducting single case analysis is that it allowed me to investigate equifinality (George and Bennett, 2005). Case studies are important in this aspect because they can help to explain why there are different causal mechanisms that may lead to the same outcome. Due to the qualitative nature of this study, it was not expected that the same effects would be caused by the same mechanisms. In this case, the finality of the outcomes measured is the participation of the respondent in substance abuse programs. This however, does not mean that all respondents ended up in the same place by the same influence. It was expected that all respondents would have different accounts and different experiences. Indeed, there were no two cases that were identical, but there were cases that had similar stories and similar outcomes. By conducting similar case analysis though, and conducting case comparisons, I was able to obtain a clearer picture of the issue of equifinality in this study.

In order to conduct the single case studies an approach of process tracing was used. Process tracing was applied to this analysis as a tool for examining causal mechanisms and how they affect the process that each case has gone through in order to get to the point where they are in the present. Process tracing helped to generate multiple observations within each case, and it helped to link observations in a specific way that enabled development of an explanation for each case (George and Bennett, 2005). Using process tracing, I was able to analyze each case independently, by examining factors that influenced the outcome. This supported inferences about how different factors influenced the process in
each case. These connections are important because they can help to demonstrate that the factors are in fact influential for an outcome, and that it is not other unknown factors that are actually shaping the outcome. This provided me with some measure of confidence in the validity of the data analysis and interpretation.

Process tracing also allowed me to establish linear causality in each case, which is the direct chain of events that characterizes each case (George and Bennett, 2005). Establishing linear causality was important because it allowed me to establish the order in which life events had occurred and in which contextual factors had operated. This is important because my goal is to understand what causes substance abuse and what leads people to seek help with their substance abuse.

Once models of causality that helped explain outcomes of individual cases were established I proceeded to conduct a cross-case analysis of the data, in which a comparison was made of all of the cases to each other. This enabled me to characterize patterns and recurring themes in the data collected across the cases, and to develop a more general understanding of the factors that influence the substance abuse process. This cross-case analysis was used clarify what patterns emerged that could be applied to all the cases in order to theorize about the causes behind people becoming substance abusers and eventually turning to a counseling program in order to address their substance abuse.
Chapter 3: Results: Participant Observation and Single Case Synopses

3.1 Participant Observation

The first method I used to conduct field research for this study was participant observation. Participant observation was crucial in the research process because it allowed me to begin to understand the issue of substance abuse from people who were actually going through the process of substance abuse and recovery. While the literature review provided insights into the main themes of research on the topic, participant observation allowed me to be able to understand what these individuals experience first-hand. Participant observation ultimately allowed me to be able to verify which issues found in the literature review applied (and which did not) to the themes that I was developing as I talked to people that are on the front lines of the battle to overcome substance abuse.

The NA group that I attended provides support and recovery tools based on the traditional 12 step recovery process. This process is based on materials that are provided to each member of NA and is based on the tradition of the NA programs that was established decades ago. This step work focuses on admitting substance abuse, seeking spiritual help through recovery, making inventory of damages caused to self and others, making amends for those damages whenever possible, accepting one’s shortcoming and character defects, and taking the message of recovery to other recovering addicts, among other steps (Narcotics Anonymous, 1993). These 12 steps combined with the 12 traditions of NA, which were always covered in the opening proceedings at every meeting, are the tools that guide the recovery process. I will not be focusing on the aspects of each step or tradition as the focus of this study is not to analyze the 12 steps or traditions of the recovery process. These concepts and ideas provided by this 12 steps and traditions will be covered only as they apply to my examination of the recovery process.

To conduct participant observation I began by making contact with a person whom I knew was in recovery due to substance abuse. I also knew that this person was attending community support groups in order to be able to remain drug and alcohol free. This person in turn became my “inside
source” into a local NA group. This person became important to the research because he is very knowledgeable of the recovery process as he had experienced substance abuse for a very long time, and he had also experienced the recovery process for almost one decade, having been clean for over 9 years. He also had personal experience with many of the treatment programs that are available to people who are battling substance abuse.

This source was also invaluable because he was able to provide insight into the major issues that an individual has to face when trying to stay clean. He was also able to de-bunk certain “myths” that I believed to be true about substance abuse, while also educating me about the recovery process. After having met with this individual on several occasions he invited me to participate in a meeting group of NA. He told me that since I did not have a history of substance abuse that the only way that I would be able to understand the issue of substance abuse would be to get involved in the recovery process and meet real people that were living the life of recovery. This person was right and as soon as I started attending this NA group I realized that the struggle that these individuals face goes beyond just stopping the substance abuse. The battle to overcome substance abuse does not end when the drug or alcohol use stops; that is when the battle begins.

The participant observation phase of the data collection process served two purposes; one was to collect data on overall dynamics of addiction and recovery while learning as much as I could about the subject and the other was to begin the recruitment process. Participants for this study were recruited from this community support group as new contacts were made and I started to meet people that would be ideal participants for the study. There were several issues that I had to deal with during the recruitment process of the study because of my lack of knowledge of how support groups work. The main issue that I had to deal with was the fact that the issue of substance abuse is a very sensitive subject that has to be dealt with in a careful and confidential way. As the name itself implies NA is an anonymous group that does not share any of the issues discussed at the meeting with the outside world.
One of the rules of NA is that there is to be no discussion of whatever goes on or is said inside the meeting rooms.

Before I even began attending these support groups I had developed a recruitment plan that I believed would help me to get a good number of participants to begin the interview stage of the data collection process. I assumed that once I presented my study to the members of the NA group that I was attending they would be excited about participating in my study. This assumption was made due to the fact that I was trying to shed light into the issue of substance abuse and recovery by using first-hand stories from people who have dealt with this experience. One thing that I did not know about NA groups however, is that a rule is that each group is an independent entity with no associations with any outside groups or agencies. This meant that as a university student I could not present my study to the group as a whole as this NA group as a whole could not have any association with me or my study.

NA also does not encourage or promote participation in any activities other than the activities that occur during the normal course of the NA meetings. NA groups are based on the concept of attraction of individuals that want to change their way of life, so they do not promote anything that an individual might feel is being forced upon them. Due to this issue I had to change the process by which I would begin my recruitment. One thing that helped the recruitment process is that one of the main tools for recovery in NA is the principle of service to the group and the group members. On the first day that I attended this NA group I was approached by several group members who were curious about the reason why I was attending the meeting for the first time which made me a “newcomer.” I would learn later that one of the mantras of the NA experience is that the “newcomer” is the most important person in the group.

This concept is important to understand not only because it is crucial to a successful recovery experience, but because it was also useful in my recruitment effort. The newcomer to NA is the person who walks into an NA room for the first time, becoming the most important person in the group due to
this being a critical moment in their struggle with substance abuse. The newcomer is at a point where the need to stop using drugs and alcohol is now greater than the desire to use. The newcomer is viewed at this point as someone in needs of all the help that he/she can get, and the members of the group that are already regulars are there to help this newcomer to understand the life of recovery. The group that I joined had several members who have multiple years of clean time and they were the first ones to approach me my first day there.

Although the NA meetings are held in private rooms where anonymity is of the utmost concern, the group that I joined is also open to the public and welcomes anybody who wants to join the meeting, regardless of whether they have problems of substance abuse or not. The only requirement to sit in at a meeting is that nothing of what was said in the meeting will be disclosed outside of the NA room. The non-addict who attends these meetings is asked to participate by listening and is also thanked for his/her interest in substance abuse and recovery. When the group’s members approached me for the first time they wanted to make sure that I had all the help I needed in order to overcome my substance abuse. I had to explain to them that I was not at the meeting to overcome any issues of substance abuse and that I did not have any history of substance abuse. I explained to them that I was there because I was invited by a group member. I explained to them that I was a graduate student interested in learning as much as I could about substance abuse and recovery.

This became a crucial moment in my new recruitment plan as it turned out that some of the people whom I met that day were officers in that particular group and had a considerable experience with substance abuse and the process of recovery. Several of these members later volunteered to participate in my study. I was able to recruit participants from this group as members started talking to each other about my project and the reason why I was attending the groups. All the recruitment was done after the meetings when I met with members of this group individually and I explained my research to them. Through this networking I also met some group members who participated in meetings
with other groups. These contacts led me to another group in the city with which I attended a couple of meetings and from which I was able to recruit a couple of participants.

As I stated previously, there were two main purposes to the participant observation phase of my study and I have covered one, which was to recruit participants for the semi-structured interviews. The second purpose of participant observation was to learn as much as I could about my subject of study. Participant observation was crucial because it taught me many things that I could not have learned about support groups had I relied on examining the textual materials that these groups use. I say this because I did review the materials used in these support groups by reading the NA books, flyers, and pamphlets that explain what their framework for recovery is all about. Although I read the literature on the subject, I was not able to understand it until I saw the framework being applied during the meetings of NA. It quickly became clear to me that community support groups are crucial in the recovery process, and it also became clear to me that I did not know much about how these groups worked.

“Keep coming back” was a phrase that I heard several times during the first meeting that I attended. This phrase would turn out to be one of the main concepts emphasized during the meetings. The concepts of “keep coming back” combined with the NA concept that reminded members that “it works if you work it” are the most important cues that are provided to all members every day as they attend the meetings. These two concepts are important in the recovery process because they emphasize that addictions do not go away overnight nor do they go away as soon as the individual stops using drugs or alcohol. Attending these NA meetings was an enlightening experience because it reinforced a sense that people who are successful in overcoming substance abuse view the battle with addiction (to stay clean) as a life-long struggle that has to be waged daily.

In order to see specifically how these groups facilitate the recovery process one must understand the concepts and terminologies used in recovery as well as the dynamics of NA meetings. This understanding is important because it clarifies misconceptions that the uninitiated might have about
substance abuse and the NA recovery process. The first thing that needs to be understood about substance abuse as seen from the perspective of group members is that *substance abuse is an illness*, which aligns with our society’s medicalization of this behavior. As mentioned in the literature review, the American Psychiatric Association labels substance abuse as a mental disorder (American Psychiatric Association, 2000). Substance abuse is not only recognized by the APA as a mental disorder but is also recognized as a disease by all the members of recovery groups. Understanding one’s own substance abuse as an illness is a crucial step in the NA recovery process, as many individuals cannot successfully overcome their substance abuse in this treatment context until they objectify their condition through recognition of their “disease.” Labeling substance abuse as a disease is not taboo as I originally thought, but rather it is integral to the process of recovery.

Another misconception that was rectified for me by attending these meetings and talking to people in the NA recovery process is that the identity of being an “addict” must be embraced by those in recovery. In the NA meetings every participant identified himself/herself by first stating their first name and, second, by identifying themselves as an addict. This sets the stage for each of the meetings, which are based on the premise that each participant must openly acknowledge that he/she suffers from the disease of addiction. Coming to terms with one’s “disease” is viewed as a requisite condition for successful recovery, because only once this has happens can the process of healing begin.

NA groups make no distinction between types of drugs, alcohol, or prescription medications (the same cannot be said about AA groups). NA groups avoid making distinctions between substances in order to avoid minimizing the seriousness of any type of addiction. One point of emphasis during the opening ceremony of each NA meeting is that alcohol is a drug that is just as harmful as any substance that can be abused. This negates the social label of alcohol as an accepted substance of abuse, based on the recognition that it can have just as many detrimental effects on the individual as any other substance. Since the main goal of NA is for its participants to remain clean of any mind-altering substance, the
consumption of alcohol is also viewed as a relapse into substance abuse.

Participant observation also revealed the shared recognition among participants that a relapse into substance abuse is not something unexpected; instead it is understood as something that will happen if the individual is not ready to begin their recovery. This does not mean however that a relapse is seen as a sign of failure. Certainly relapsing into substance abuse is not something that will lead a participant to being shunned from the group. Relapsing into addiction is viewed as something that should encourage the individual to try harder and is also something that will encourage the NA group to continue to provide support for the individual through their recovery process. This is the reason why people in these groups are always reminded to keep coming back to the groups.

Additionally, strong emphasis is placed on the fact that recovery is a struggle that needs to be waged every single day. For example, the first meeting I attended was with a support group in which all recovering individuals were given a chance to participate and to share anything that they wanted to share. The meeting, as always, began with an opening ceremony in which all the rules and principles of NA were read by the participating members. The concepts of addiction and the process of recovery were also covered, as they are in every meeting, as a reminder that the battle against addiction is an ongoing process that must be continued every day. After all the meeting’s opening procedures were completed, a reading took place by a member of the group from a book called *Just for Today*.

In NA meetings the information materials that are provided are central to the recovery process. The book *Just for Today* was a tool used in the recovery process that reminds the participants of the daily battle to overcome substance abuse. This book emphasizes an important concept in the recovery process which states that the individuals must not look to stay clean in the future; rather he/she must fight to remain clean “just for today.” Within the NA framework, recovery must in effect be practiced perpetually through the course of everyday life for the individual to successfully abstain from using drugs or alcohol. If recovery is treated as an everyday practice then the individuals can stay clean for a
long time; if not, then the individual will undoubtedly suffer frequent relapses. The book *Just for Today* provides a daily reading that each individual reflects upon. During the meetings a group member will read from that day’s assigned reading that covers some aspect at random of the NA 12 step recovery framework.

Once the reading for that day is covered the reader will then prompt a discussion by sharing his/her reflections on the reading and how it applies to daily life situations that might contribute to a relapse. Some of the issues covered by these readings include applications of the NA 12 steps of recovery to everyday life, stressful situations that might challenge the individual and their recovery, or family and work issues that might prove stressful, among other examples. After the initial reader has finished the floor is opened up to whoever wants to share their thoughts on the daily reading as well as how they have applied it to their lives.

The actual stories and experiences provided by individual group members were not recorded, and they will not be reported here due to the fact that I was allowed to participate in these meetings under the agreement that any of the stories shared in the meetings would remain confidential. I can, however, generally describe the themes covered in the meetings, which are not tied to any group individual group member, but instead represent the main issues that are collectively dealt on a daily basis by group members inside and outside the NA meeting rooms. These issues encompassed a broad spectrum of life challenges ranging from family and peer influences, to social stressors such as employment or education difficulties, and other obstacles that people face in everyday life as they struggled to continue with their recovery.

Congruent with the literature review, issues that arose from these group meetings dealt with family problems and stressors that every human might deal with, but that can be more easily handled by what people in NA support groups refer to as a normal person or “normy” (i.e., a non-“addict”). Other challenges faced by people in the meetings included health problems, mental stress, and for some,
having to deal with the repercussions of criminal histories. It is important to note that there were strong similarities and a general congruency between the stories told in the rooms and the stories told during the semi-structured interviews. This provides some measure of confidence in the validity of the data I collected via semi-structured interviews.

In order to provide support and encouragement the NA groups offer token gifts symbolizing the amount of time that an individual has been clean. They do this by providing key chains to members who have reached milestones of clean time and they also have celebrations once a member of their group has met several such milestones in their recovery process. This form of encouragement provides recognition of the efforts of every person attending the groups toward their continuing recovery. Once a token of recognition was given to any member of the group for having achieved a milestone of sobriety, they were always reminded by all other group members to “keep coming back, it works if you work it.” This reminder was also provided as a sign of support and encouragement to any person who reported having relapsed into drug or alcohol use.

Through my participant observation at one particular group’s meetings I was able to make a personal contact that provided entry to another group’s meetings, which revealed different aspects of NA recovery support group processes. I attended several meetings of this separate NA group, which had a somewhat different dynamic than the group meetings that I had first attended. While the first group shared stories and provided support based on the readings of the book Just for Today, the second group’s meetings were based on a study group model. The initial proceedings for the two groups were the same, but the discussion components of the meetings were different. In the second group’s meetings the participants used a different book which explained the 12 steps of recovery in detail. A member of the group was selected to read a page from the book and then to apply the content to any aspect of his/her recovery experience. Similar to the first group’s meetings, once the reader was done sharing his/her experience, the floor was opened up to any members who wanted to share their experiences.
One aspect of the NA recovery framework that I mentioned previously is the perspective that the individual needs constant support to maintain sobriety. The NA groups are designed to provide this daily support. By attending meetings and learning about the process I was able to learn about the ways in which this daily support is provided. The NA groups provide support meetings every day of the week. Although I attended meetings for two different groups, there are dozens of group meetings all around El Paso. Each member is encouraged to select his/her “home group.” This home group then provides other supportive members who share their constant assistance. Choosing a home group does not mean that person is relegated to only attending that group for support. Members are instead encouraged to attend other groups in order to meet more people who will in turn become members of the support circle.

Not all meetings were open to the public and to non-addicts; there are some “closed” meetings. In order to attend these meetings a person attending must be in recovery and a member of that group. These meetings are also closed to family members and friends. Closed meetings provide a more intimate setting where members can feel comfortable sharing stories that they might not want to share with strangers or members of any other group. These meetings provide a forum for the members to share openly without fear of being judged by other participants.

Another fundamental aspect of the NA recovery process is the designation of a “sponsor” for each member. Each member of an NA group is encouraged to choose a member of the group to become their sponsor. The sponsor must be someone currently in recovery and who has achieved a substantial amount of time clean from the use of drugs or alcohol. This sponsor must also have completed all 12 steps of the recovery process. This requirement is very important because the sponsor is responsible for helping guide the mentee through the 12 steps. The sponsor also provides the mentee an additional source of confidential support in their life. The sponsor becomes available for the mentee at all times when support is required. The sponsor also provides an outlet for the mentee in sharing their most intimate stories based on the assurance that those stories will not be shared with anyone else.
Grasping the concepts and dynamics of the NA recovery groups is important in order to understand how they are designed to facilitate members in their pursuit of wellbeing. Once the NA recovery framework is understood, it becomes clear by extension that NA is premised on the idea that it is important not only to stop using drugs and alcohol but also to build a lifelong support system that will help in maintaining sobriety. Recovery groups are designed to provide emotional and psychological support that might not be found anywhere else for some individuals. Finally, the support groups focus on helping members come to terms with their personal shortcomings and character defects. They teach to embrace one’s own shortcomings in order to avoid relapse into substance abuse.

My participant observation was conducted in NA groups that are designed to help drug users and alcoholics alike. There are also a large number of AA groups around the city that target people who want help with their addiction to alcohol. Although no participant observation was conducted at any of these AA groups I was able to meet with several members of an AA district group in El Paso who explained the concept of AA to me. Overall, the differences between AA and NA are minimal and both types of support groups are designed based on similar framework with the same purpose - to help members halt their abuse of alcohol or drugs.

Once the structure, purpose and strategies of these community support groups were understood, it was easier to comprehend the issues that were covered in the literature review because these issues were no longer impersonal results from other studies conducted. By conducting participant observation in support groups I was able to understand the concepts of substance abuse and recovery from a first-hand perspective, which is the ultimate purpose of this study. After having conducted participant observation I was also able to focus on emergent themes more quickly during the interview phase of the data collection. During the semi-structured interview phase of data collection, I was able to build upon knowledge I had developed through participant observation, as I had already learned a good deal about substance abuse in general and recovery within NA support groups in particular. The next chapter builds
upon the single case analyses (to be presented next) by reporting results of cross-case comparisons, which reveal how similar patterns of substance abuse develop through different participants’ experiences.

3.2 Individual Case Synopsis

All participants interviewed for this study were residing in El Paso, Texas, at the time that they were interviewed. Single case analysis of each case is based on participant’s semi-structured interview responses. Below I provide an overview of each interview highlighting the most relevant issues that arose based on the factors that influence substance abuse as identified in the literature review as well as the participant observation data collected. These factors include family and peer influence on first experience of substance abuse, as well as continued use. Additional factors include education, employment, physical and/or mental illness, and criminal history. These factors are important because they affect every aspect of the person’s life and also influence his/her decision to continue to abuse drugs and alcohol, or to stop this use and seek recovery. They can lead an individual to turn to substance abuse as an escape from their reality, but they later help an individual realize that their substance abuse is not only affecting them, but is also affecting all the people around them. These factors can help to analyze the issue of substance abuse from a social perspective in order to better understand the issue of substance abuse. A later section will include cross-case comparison and analysis of all the cases together.

Neville

Neville is a White male participant who is 57 years old. He has a high school education and is currently enrolled in college. He reported an income of $18,000 a year. Although not originally from El Paso, he is now married and has resided in El Paso for over a decade. He ended up in El Paso after battling his drug addiction for almost two decades. Neville’s history of substance abuse includes using alcohol, marijuana, cocaine, mescaline, acid, PCP, and he reported his drug of choice as heroin. There
was no history of substance abuse within his immediate family as his father drank alcohol, but did so only in very limited occasions. He did report however that some members of his extended family have a history of substance abuse. He was first introduced to marijuana at the age of 12 by a friend from his neighborhood.

He dropped out of high school and he reported heavy use of marijuana and some use of cocaine both in powder and rock form. He also reported that because of drug tests at work he switched to using heroin instead of marijuana as heroin is physically metabolized by the body faster than marijuana. This allowed him to test negative on the drug tests that he had to submit to at work. After a long battle with substance abuse he joined a recovery group after going through several rehabilitation and detoxification programs. He reports that he has now been clean for 9 years. Upon ending his drug use Neville obtained his GED and enrolled in college

**Antonio**

Antonio is a Hispanic male who is 49 years old. He dropped out of high school at an early age but later obtained his GED from a local college. He worked in construction at the time of the interview and reported an annual income of $52,000. Antonio is originally from El Paso and has resided here his whole life while leaving El Paso only for temporary construction jobs when he was younger. He is legally married to his wife from whom he separated a long time ago and now resides with another partner in a common law union. Antonio is a self-reported recovering alcoholic and drug addict.

When asked to name the drugs that he has used in the past he responded; “what haven’t I used”? His substance use history included the use of alcohol, marijuana, cocaine, LSD, and a large amount of pills which he referred to as goofies, rock candy, window panes, and white barrels. Antonio reported that his family had an extensive history of substance abuse which influenced his substance abuse in large part. He also reported that his friends also influenced his own substance abuse. He reported that he never
attended any rehabilitation programs other that recovery groups at AA. He has now been clean of any substance use for about 11 years.

**Maria**

Maria is a Hispanic female who is 50 years old. Maria’s highest level of education is high school and she has obtained her GED. She reports that her annual income is $6,000 and she is employed part time. She is originally from El Paso. Maria was at one point married but she divorced her husband due to issues that arose from the alcoholism of both her and her husband. She now lives in a common law union and has two children. Maria reported in her interview that she is not a drug addict, but she is a recovering alcoholic. Her interview responses showed that her family has an extensive history of alcohol use. She began consuming alcohol at the age of 17, as she was introduced to alcohol by her schoolmates. Although friends played a key role in her alcohol use, her family also had a major influence in her using alcohol.

In the early stages of her alcoholism, family gatherings and celebrations were very important in her family and she stated that those occasions were always used by her family to consume alcohol. She was influenced by her family to the point that she would be the one that they would send to buy the alcohol when the family wanted to drink. Later, once married, her husband was also an influence in her drinking. In the later part of her history with substance abuse, once divorced, she would get intoxicated by herself or with her neighbors. The main issues that she deals with throughout her addiction history are health issues and family relations that she had to mend after she began her recovery. The only resources that she utilizes for her recovery are AA groups and she reported being clean for 9 years at the time of the interview.

**Alfonso**

Alfonso is a Hispanic male who is 65 years old. His education consists of high school and one year of college. He was retired and receiving social security income in the amount of $8,500 a month at
the time of the interview. Alfonso is originally from Mexico and has been residing in El Paso for approximately 23 years. He reported that at the time of the interview he was married but was separated from his wife, although he still has regular contact with her and with his sons. He has tried some illegal drugs in his lifetime, but his drug of choice was alcohol. He referred to himself as a recovering alcoholic.

His alcohol use history began at age 12 when he got a hold of alcohol on his own; his family found him passed out on the floor in his house in Mexico. He reported that his family did not have a history of substance abuse. He did report however, that he did not have any family to stop him from drinking as his older brothers and sister had all immigrated to the United States and his parents were separated. He also reported that he had an aunt that would allow him and his cousins to consume alcohol at her residence. Throughout the years his alcoholism progressed to the point that he lost several jobs, and was arrested three times for driving while intoxicated. At one point he became homeless due to his alcoholism. He has now been clean for 4 years since joining a local group of AA.

Miguel

Miguel is a Hispanic male who is 55 years old. The highest level of education he completed was the 7th grade; he then dropped out of school. At the time of the interview he reported that he was retired and receiving social security income (he did not report his actual yearly income). He also reported that he was working part time in landscaping to supplement his income. He is originally from Mexico and immigrated to the United States, crossing over illegally several times between the ages of 18 to 30, until he was able to become a documented immigrant. He reports that he was married in the past but his wife sought and obtained a divorce due to his alcoholism. He has resided with a new partner in a common law union for the past 3 years.

Miguel referred to himself as a recovering alcoholic and reported that he drank alcohol on a daily basis for approximately 7 years. Due to his alcoholism, he was arrested 6 times for driving while
intoxicated. He also reported that he had been arrested another 6 times but he did not disclose what those other 6 arrests were for. He recounted how during his most severe periods of alcoholism he suffered from severe depression to the point where he was constantly thinking of committing suicide due to his desire to quit drinking but his inability to do so. He also denied having ever used any illegal drugs, stating that his only substance of abuse was alcohol.

Miguel first tried alcohol at the age of 17. He reported that although his family had a history of drinking alcohol, he did not consider them to be an influence as his family would get together and drink only every other weekend during special occasions. Through his responses in the interview it is apparent that the major influences on his abusive drinking were his friends and co-workers. He has been sober for two and half years and attends a local group of AA.

Abel

Abel is a Hispanic male who is 44 years old. He has a college education and has obtained a bachelor’s degree. He was unemployed at the time of the interview and his only income was derived from money that he had saved from his previous employment. Abel is not originally from El Paso and has been residing in El Paso since 1991. He is single and has never been married. He described himself as an alcoholic and a drug addict.

Abel has a history of substance abuse that includes include the use of alcohol, cocaine, methamphetamine, and marijuana. He was first introduced to alcohol at the age of 14 years by his uncle. His family did not have an extensive history of substance abuse and his own abuse was mostly influenced by friends and co-workers. Abel reported that substance abuse was not an issue during his high school or college education years during which time he described himself as a social drinker. Although he worked part time when in college, it was not until he moved to El Paso after college that his alcohol use became a problem for him, once he began working full time.
He described his alcohol use as being influenced by co-workers with whom he would go drinking after work. During that period of time he did not feel that the alcohol use was problem for him; however, looking back on his substance abuse history, he feels that he engaged in a lot of compulsive behavior that put him at risk for alcohol abuse. After years of abusing alcohol Abel became addicted to cocaine which he was also introduced to by friends. He ended up losing his job due to his drug use, which prompted him to seek help in recovery. He now attends recovery meeting of a local NA group and had been clean for 74 days at the time of the interview.

**Fernando**

Fernando is a Hispanic male who is 66 years of age. He dropped out of high school and attended several alternative schools before obtaining his GED. He later completed 3 years of college. He was self-employed at the time of the interview and reported an annual income of $18,000. He is from El Paso and has resided in El Paso all his life. He is currently legally married and living with his spouse. He reported that in his family alcohol was always consumed and that it was almost a requirement for everyone to drink at the family gatherings. He was also influenced by his friends to drink and use drugs.

When asked what drugs he had used he reported that he had used alcohol, which was his drug of choice. He had also used cocaine, different illegally-obtained prescription pills, acid as well as inhalants such as glue and spray paints. He reported that his first experience with alcohol was at age 12, soon after which drinking became a habit. He also reported sniffing glues and paints at 13 years of age. Because of his addiction Fernando dropped out of high school and had problems obtaining his GED. He was able to stop drinking and using drugs for about seven years, but he relapsed. Due to this substance abuse and his relapse Fernando turned to criminal activity and got arrested. He spent time in a state penitentiary in Texas and upon his release while on parole he decided to stop using any drugs. He began attending a local AA group and he had been clean for 22 years as of the time of the interview.

**Emilio**
Emilio is a Hispanic male who is 57 years old. Emilio has obtained a bachelor’s degree as well as a vocational degree and is employed full time. He reported an annual income of around $50,000 a year. He is originally from El Paso but he lived in several other cities in the United States during his years of college education. He was married but is now divorced. His history of substance abuse includes the abuse of alcohol, hallucinogens, and amphetamines. He reported that his drug of choice however was cocaine. His first experience with using any substance of abuse was in the 7th grade when he was with some of his friend’s and they drank beer and used inhalants. During his interview he stated that he became hooked immediately and that it all got worse from there.

Although he graduated from high school and college he reported that during his high school and college years his substance abuse only got worse. He did not view his family as an active influence in his drinking even though they did drink. Instead, he saw their weak presence in his life as a risk factor, since it enabled him to be out on the streets with his friends using drugs. Later in his life cocaine became a drug of choice, which led to his divorce the break-up of relationships with his children. The loss of his wife and kids was the determining factor in his choice to stop using drugs. He began attend NA after his divorce and he has now been clean for 22 years. He continues to attend support group meetings.

Lester

Lester is White male who is 34 years old. He has a high school diploma and is currently enrolled in college. He reported that his annual income is about $25,000 a year. He is not from El Paso and he lived most of his life in the northeastern United States. He has resided in El Paso while attending college for the past two and a half years. He is single and has never been married.

Although his drugs of choice were alcohol and marijuana, he reported that he has also used mushrooms and acid, as well as various illegally-obtained pills. His first experience with any substance was at age 16 in high school with his friends while attending a party. He became immediately hooked on alcohol and began using marijuana a year later. His substance abuse grew to a point where he was
smoking marijuana up to 15 times a day, beginning the moment he woke up. His family has a history of substance abuse. He claimed however, that his family was not an influence on his substance abuse as he engaged in this activity with his friends in high school and college. He was addicted to marijuana and alcohol, although he never saw his marijuana addiction as a problem due to greater societal acceptance of that drug. His substance abuse was such an integral part of his identity that it influenced his decision on which college to attend for his master’s degree. He chose which college to attend based on the fact that it had a famous pot culture, not because of the academic programs it had to offer. He now attends a local NA group and had been clean for one year and two months at the time of the interview.

Wilson

Wilson is a White male who is 48 years old. He graduated from college and also attended a vocational school where he obtained a license to be a barber. He is not currently employed and is receiving disability benefits due to his many health issues; he receives around $8,500 dollars a year as his only source of income. He is not originally from El Paso and resided in the southeastern United States until he finished high school. He is single and he has never been married. He currently resides by himself as he is not in contact with his family. He has a nurse that attends to him during the day. He was 18 years old at the time that he first tried any drug.

Wilson is on a number of medications to treat physical and mental illnesses, and he deals with many physical effects that stem from his drug use. His father was an alcoholic who abused his family mentally and emotionally. He stated that, due to hatred of his father, he left his house after high school and ended up in El Paso where he has resided since. Although his drug use began in his hometown after high school when he experienced marijuana for the first time, his addiction started in El Paso when he became addicted to cocaine. He has also overdosed on heroin. Due to his drug use he has not been able to work and is very ill. He now attends a local NA. At the time of the interview he had been clean for 9 months.
Benito

Benito is a Hispanic male who is 33 years old. He completed high school and attended college, obtaining a bachelor’s degree. He is currently employed full time and reported his income to be $24,000 a year. He is originally from El Paso and has resided in El Paso his entire life. He was single at the time of the interview and has never married. He reported that his family’s substance abuse history is what originally influenced him to drink, but that he was also influenced by what he called “social expectations” of our culture that make young kids excited to get drunk. Ultimately it was his friends and peers who influenced him into his addiction and who also influenced him into getting clean and to stop using drugs.

He reported that his history with substance abuse included using alcohol, marijuana, mushrooms, and cocaine. Due to his substance abuse, he had problems holding down jobs; in fact, he lost several jobs because of his substance abuse. He also reported that because of his substance abuse he started to have heart problems, which was one of the main factors that led him to stop using cocaine. Because of his drug use, he also started suffering from paranoia and severe depression to the point that he began having thoughts of suicide. While he attributed his social status as a popular guy in college to his substance abuse, it was later in his life that his substance abuse began to drive his friends away, which led him to make the decision to stop using drugs. He had been clean for one year and 4 months at the time of the interview. He did not attend any recovery groups or programs and instead stopped using drugs out of his own will.

Hector

Hector is Hispanic male who is 56 years of age. His has a high school education. He is now retired and reported that his annual income is $20,000. He is originally from El Paso and has resided in El Paso all of his life. He was married for 12 years and is now divorced. He reported an extensive history of drug use, including alcohol, marijuana, pills, acid, cocaine, and heroin. His history of
substance abuse began at the age of 11 when he would sneak out alcohol from his house in order to drink with his neighborhood friends.

Hector reported during his interview that his family had a history of substance abuse on his mother’s side; his mother specifically had a history of alcohol and psychiatric medication abuse, and she had attempted to commit suicide on multiple occasions. His mother took him out to the backyard and made him drink the beer that he had attempted to sneak-out so that he could “learn his lesson.” Instead of deterring him, he stated that his mother’s “punishment” actually led him to want more. Later in his life he became addicted to heroin and cocaine.

Hector commented during his interview that, unlike his friends who loved to be high on heroin, he never liked heroin. However, he could not stop using it as he was immediately hooked after the first time he tried it. Hector also mentioned several times that his addiction to heroin and cocaine became so strong that he was using drugs every day at work. He would go and score a hit during his lunch break if he did not have any heroin and the need to use became too great. Ultimately his substance abuse became apparent at work and he was forced to retire after working 22 years for the same employer. He is still an active substance abuser and uses cocaine every other day while using alcohol every day. The only reason he was able to stop using heroin is due to the fact that he is enrolled in a methadone clinic, which provides him medications every day. He has participated in AA, but these groups have not helped him; so he has stopped attending meetings of AA groups.

Manuel

Manuel is a Hispanic male who is 52 years old. He has a high school diploma. He is employed full time and reports an annual income of $26,000. He is originally from El Paso and has resided here his whole life. He is currently married, but has been married and divorced on 5 different occasions with different partners. He attributes all of his previous marital problems to substance abuse. His substance abuse history includes the use of alcohol, marijuana, cocaine, and LSD.
Manuel reported a serious history of substance abuse in his family, especially his father. He reported that his father owned a bar and that his father also drank heavily. His dad later died of cirrhosis of the liver due to his alcoholism. His first experience with substance abuse occurred when he was 12 years old and it was directly influenced by his father’s alcoholism. Thinking that his father was cool, he wanted to try alcohol too. He was able to get a hold of one of his father’s whiskey bottles and drank from it and he immediately liked it. He also had older friends who were partying and with whom he started drinking.

During high school he reported that he had good grades and also started working at his father’s bar in the evenings, which deepened his addiction. His father did not approve of Manuel’s underage drinking, but he also did not try to put a stop to it. Manuel turned several scholarships down and decided not to go to college in order to continue working, partying, and to get married. He attributes all of his marital problems to his substance abuse and the associated illegal activity with which he was engaged. He decided to stop using illegal drugs when he got married for the last time. He reported suffering from severe depression and paranoia as well as anxiety. Although he had been off cocaine for over a decade at the time of the interview, he still continued to consume alcohol in limited amounts. He has never attended any recovery support groups or other rehabilitation programs.
**Chapter 4: Results: Cross-Case Analysis**

This chapter focuses on a cross-case comparison based on all of the interviews. The analysis helps establish recurring patterns among the cases that were evaluated in reference to the factors identified in the literature review. This chapter helps to establish more general causal mechanisms as well as similarities in experiences across the participant’s histories; it also clarifies differences across the cases that highlight the issues of equifinality. Several factors shaping experiences of substance abuse and rehabilitation are examined in this chapter including the age of first use, as well as the effects of substance abuse and addiction on participant’s social lives, physical and mental health, work performance and family relations.

### 4.1 First Experience of Use

All participants were asked to describe their first experience with any substance abuse. The age of first use for participants varied, but all participants had their first experience at a relatively young age. Most participants had their first experience during their very early teenage years and some even before they became teenagers. The earliest age that any participant reported having used any substance of abuse was 11 years old; the oldest participant stated that he began using substances of abuse at 18 years old.

Participants’ consistent descriptions of their first experiences with drugs in youth demonstrate that use in childhood is important to detect, as it appears to play a role in future substance abuse. All of the respondents proceeded to abuse some type of substance for at least a decade after having used drugs for the first time. The experience of first use for all participants also provides insight into factors that influenced participants’ early drug use. These influencing factors include family and peer pressure as well as a culture that passively condones the use of drugs and alcohol.

In Fernando’s case family influence was the most important factor in his use of drugs and alcohol. Fernando first tried alcohol when he was 12 years old, and he did so while in the company of his family. In describing his first experience with alcohol he remembered that, although his family did
not encourage his early use of alcohol, the fact that alcohol use in his family was prevalent gave him an opportunity to begin drinking. At the age of 12 he began to steal alcohol from his family during gatherings and would drink with his cousins. Fernando stated: “I didn’t have to go outside my house, or the vicinity of my area where I grew up, alcohol was always there” (Fernando, personal communication, February 26th, 2013).

Unlike Fernando, Alfonso did not describe any family influence on his substance abuse history, but he did recount that he tried alcohol for the first time when his parents were going through divorce. He was not able to describe the reasoning behind his wanting to drink for the first time since he was only 12 years old. Like Fernando however, Alfonso did recall that at that age he stole liquor from his parents. He said that he wanted to see what drinking was like. While he could not recall what his experience with alcohol felt like, he did know that his mother found him passed out on the floor in their residence completely intoxicated.

Family influence on drinking at an early age is also found in Antonio’s case. He started drinking at the age of 13 years old, but unlike Fernando he was encouraged by his family to drink and use drugs at this early stage in his life. When he was young and began drinking he would imbibe at family gatherings, where he was encouraged by his cousins who looked up to him because he could drink a lot. Antonio noted that his mother used to provide him with painkillers that he would use in conjunction with alcohol. He would fake headaches before going to parties so that his mother would give him some, as she obtained them by prescription. Although he began drinking at an early age, Antonio does not regret it; he remembers having many good times drinking with his family.

Abel’s case is also relevant when looking at family influence during the first experience of drug or alcohol use. Abel’s first experience with using alcohol was at age 14 and was also encouraged by family members. As he described in his interview:
My uncle was real nice to me and kept giving me beers at the dinner table. Like, I wanted to impress my new uncle, so I drank for him. But no, I just talked a lot, and my dad made me throw up that night before I went to bed, because I wouldn’t let anybody sleep, And that was it - it was actually harmless (Abel, personal communication, February 18, 2013).

Although Abel described this first experience with alcohol as “harmless,” he also emphasized later in the interview that drinking for him became a trigger that leads him to abuse other drugs, and that he can no longer safely drink any alcohol.

Perhaps the best example of family influence on substance abuse out of all participants would be the case of Manuel. Manuel first tried alcohol when he was 12 years of age. When describing his family history of substance abuse, the only family member he mentioned was his father. He recalled that his father, who died of cirrhosis of the liver due to this alcoholism, stashed bottles of whiskey in his car, in his office, in his bedroom, and elsewhere so he could quickly get a drink of alcohol when he needed. Manuel remembers his father as an alcohol, although his father always denied being one.

Manuel said that he looked up to his dad and he stated; “When you are little, you see your dad drinking and you think that it is something cool. You think your dad is cool” (Manuel, personal communication, April 3rd, 2013). This is the family context that shaped Manuel’s first use of alcohol. He recalled taking one of his dad’s bottles, as they were readily available everywhere around the house. When he drank whiskey for the first time, he actually liked it. He remembers the smoothness of the drink and taste. This differs from other participants who stated that they disliked the taste of alcohol, but would drink because of the effects. This case is interesting because of the 13 participants in the study, only 2 are still actively consuming drugs or alcohol; Manuel is one of them.

Although family influence is a key factor in instances of first use as established in the cases of Antonio, Fernando, Alfonso and Manuel, peer influence also plays an important role in first use. Family influence was sometimes not a factor in cases in which peer influence was the primary determinant of
first use. Even though all participants expressed having some history of substance abuse in their families, not all were influenced by family member. In some cases, substance use was discouraged by family members. In such cases, participants were often influenced by people outside of the home when they start using drugs or alcohol.

The first participant whose experience of first use exemplifies the role of peer influence is Hector. While Hector’s inclination to use was influenced by the fact that members of his family consumed alcohol on a regular basis, he first tried alcohol due to peer influence. Note that Hector tried a substance of abuse at the earliest age of all participants when he was 11 years old. Hector’s family had a history of alcohol use and alcohol was available at the house pretty much at all times. While his family’s alcohol history provided a context for Hector to start consuming alcohol, he actually began consuming alcohol with his neighbors and with his neighborhood friends.

While growing up, Hector lived in a rural area of El Paso County and he would organize camping nights with his neighborhood friends in the backyard of someone’s residence. He would steal alcohol and cigarettes from his parents, as would his friends, and they would get together and drink during these camping outings. Hector stated that he did not like the taste of alcohol, but even at an early he sought alcohol because of its intoxicating effects and his desire to be intoxicated.

Emilio was influenced by his friends to use alcohol, and he also began using inhalants at the same time. He recalls his first experience with alcohol occurring at approximately 13 years of age, when he was in the 7th grade. He was with his neighborhood friends, and they had gotten a hold of a quart of beer. He does not recall where they got the beer from, but he does remember getting intoxicated and the “buzz” from the effects of alcohol. Emilio stated that he liked alcohol the first time he tried it, and that his alcohol use “picked up from there, absolutely” (Emilio, personal communication, March 7th, 2013). Unlike most participants whose early experiences involved alcohol only, Emilio also began using inhalants such as glue and paint on a daily basis with his friends from school.
Neville is one of two participants whose first experience with a substance of abuse did not involve alcohol. Instead, Neville’s first experience was based on smoking marijuana at the age of 12. He was also influenced by a friend, but his experience was different from the other participants, who were first influenced by same-aged peers. Hector and Emilio, like other participants to be discussed later, were influenced by their friends, who were more-or-less the same age as them. Neville, on the other hand, was influenced by an individual whom Neville described as one of the older guys from his neighborhood, who was about 4 years older than him.

Neville mentioned that one of the main drives for him to smoke marijuana was to be like a rock star, a cool guy, like the famous guitar players of the 1970’s. At the time, he was learning to play guitar and was being taught by this older guy from the neighborhood. This person had marijuana and asked Neville if he wanted to try it. Neville wanted to try it and he did. He described his first experience in the following way:

We were both playing guitar and we wanted to be like, you know, rock and roll stars and that kind of thing. We wanted to be cool guitar players like Hendrix and the Woodstock people and all. So, he had, he was older, and he had some weed and he lit it up and smoked it. I inhaled and I finally felt it, and the first time I felt it was sunny out and it was warm out and it was like the greatest thing; like holy shit, laughing and everything was funny. And the euphoria of the first time you felt the marijuana high is pretty compelling, especially for a young teenager (Neville, personal communication, February 1st, 2013).

The cases discussed thus far have a common thread: Each involves the experience of first use of any substance of abuse prior to high school, within the range of 11 to 13 years of age. The rest of the cases of first use range from age 15 to 18 years, and these cases all involve the influence of high school peers. Out of the 5 cases of first use not yet described, 4 involved alcohol as the first substance of abuse.
in the context of peer influence. Only one participant, Wilson, stated that marijuana was his first
substance of use. The main difference however, is that Wilson had already graduated high school when
he first tried marijuana. Wilson’s will be last case of analysis in this section due to these differences.

Lester experienced alcohol for the first time when he was in high school. He was invited to a
high school party and he tried alcohol for the first time there. He recalled being very excited about his
drinking that day:

We went to this party one of the people was having and there was all this beer and liquor
there, and I remember just like drinking like everything in sight. I remember feeling so
great afterwards. I was very shy growing up, and it was like that just brought me out of
my shell, and I had that feeling. It was like yeah, I wanted more of that; it was like I just
kept on drinking everything in sight (Lester, personal communication, March 9th, 2013).

Lester felt so good about getting drunk because it brought him out of his shell. He stated that he was
very shy in high school and he had troubled talking to people, but when he got drunk he was able to
open up. Alcohol alleviated his social anxiety, which made him want to drink more, to the point that he
would drink everything that was put in front of him.

Maria, Miguel and Benito share strong similarities as far as their first experience of use goes.
One of the similarities that these three participants share is that they all had their first experience of use
in Mexico. Each identified alcohol as the first substance that they had ever tried. They also provided
similar responses when asked to describe their experiences of first use. Maria first tried alcohol at the
age of 17 at a school event at a local water park in Juarez, Mexico. She stated that she had gone to the
event with friends who had come equipped with alcohol. She stated that she continued to use alcohol at
social events on weekends, including dances, weddings and quinceañeras (in Mexican culture, a 15th
birthday party denoting a girl’s passing into womanhood).

Miguel first tried alcohol when he was 16 years old. Like Maria he stated that he had first tried
alcohol at a social event he attended with friends. Like Maria, Miguel continued to use alcohol at social events such as dances and parties, which were held in his community in the Mexican state of Durango. Benito, like Maria and Miguel, first tried alcohol when he was with his friends from high school at age 15. He stated that the first time he tried alcohol was at a school event held at a local discotheque in Juarez. Although there was not supposed to be any alcohol at the event, it was in abundance.

Miguel, Maria and Benito all stated that, similar to Lester’s first encounter with alcohol, they loved the fact that it made them relax and open up. Miguel and Maria stated that they were very shy during their teenage years, and that alcohol was a social lubricant that helped them interact with other people and have fun. Benito also said that he liked the effects of alcohol, and, similar to Lester, that the first time he drank he consumed all of the alcohol that was put in front of him. Benito recalls throwing up that day due to the level of intoxication that he achieved. Miguel, Maria and Benito all recall having a lot of fun the first time they drank.

Wilson’s case of first use is different from the rest discussed thus far. Wilson reported that his father was an alcoholic who drank excessively, yet he stated that his father’s alcoholism did not influence him to drink while he was living with his family. Wilson did not try any substance of abuse until he graduated from high school. The first substance that he tried was marijuana, when his friends introduced him to it. He stated that the main reason he smoked marijuana in the first place was because his friends had all moved out of their parent’s homes and had gotten their own apartments, where they could use without concern of family intervention. He tried marijuana for the first time with his friends and liked it; he continued using marijuana afterward. He tried alcohol and other drugs at later times.

Most participants have experienced substance abuse throughout their lives, but it is important to note that almost all participants, with the exception of Neville and Wilson, described alcohol as their first substance of use. As the examples above indicate, alcohol was first used by participants because of the relatively easy availability and because it was more socially accepted due to the fact that their
families already used it. This is in contrast to drug use arising from interactions with peers and others outside of the home. The prevalence of alcohol as the substance of first use among participants is due in part to the lack of other drug usage in families; alcohol abuse in participants’ families, in contrast, was widespread.

In order to be able to understand why people use drugs or alcohol it is important to examine the influence that their family members and peers have had. The cases in this study show that participants’ families exert substantial influence on the individual participants. Family influence on the individual can be direct or indirect. For example, in Antonio and Fernando’s cases, family members not only tolerated the use of alcohol at an early age, but actively contributed to it, which represents a direct risk factor. These two participants were encouraged by family members to drink. Similarly, Abel was introduced to alcohol by his uncle in the presence of Abel’s parents, who did not intervene.

Other participants’ experiences of first use involved indirect family influence, because, while there was not active encouragement, family members made no attempts to intervene in the substance use either. Manuel’s case exemplifies indirect family influence on alcohol use. Although Manuel’s father never forced his son to drink, he did not realize that Manuel would likely mimic his drinking behavior. Eventually Manuel did try alcohol, at the young age of 12 years, and he has continued to drink for almost four decades. Benito, like Manuel, was also indirectly influenced by his father’s drinking, and while he was not encouraged by his father to drink, by the age of 15 Benito understood alcohol use to be socially acceptable and even socially demanded.

Peer influence has also a clear effect on drug and alcohol use. In fact, some of the cases examined here demonstrate peer influence to be a prime factor in first use of drugs or alcohol. The cases of Hector and Emilio are especially troubling because they show how peer influence can have an effect on participants’ substance abuse trajectories from a very young age. Both Hector and Emilio began drinking before the age of 12 due to peer influence. To say that peer influence was the only social factor
in these cases would be inaccurate. Family members who were aware of the drug use but did not intervene are equally responsible indirectly.

These first use experiences are important to examine because they shape the trajectory of substance abuse for each participant. Although their stories of first experience with drugs and alcohol are different, there are similarities that can be found among the participants. All went on to abuse some substance for a substantial period of their lives, but most importantly, nearly all cases began their drug use at age in which they were legally regarded as children, an age when substance abuse affects educational and social formation. This implies deleterious effects of early substance abuse on the life courses taken these individuals.

4.2 Participants’ History of Substance Abuse

All participants in this study have had an extensive history of substance abuse. During their interviews they were asked to talk about their history of substance abuse and how it affected their lives. While some reported having liked their first drug use experiences, and that these were major influences in their lives, they also were clear that their substance abuse caused a lot of life problems. They reported hardships due to their substance abuse that led to emotional, psychological and physical problems that all participants still struggle to cope with, whether they have been able to end their substance abuse or not. Substance abuse has been a driving force shaping many decisions that participants have made throughout their lives, which has had many devastating consequences.

All participants reported having had poor relationships with their family and loved ones due to their substance abuse and all have expressed a desire to stop using drugs and alcohol, although some have been unsuccessful. Substance abuse, as discussed in the literature review, has a profound impact on family relations and dynamics. Among study participants, substance abuse also affected employment, physical and emotional health, and decision-making, leading some to engage in criminal activity in order to support their habits. In addition, substance abuse has also led to economic hardships that have marked
participants’ lives. The ripple effects produced by substance abuse are not independent of each other; i.e., they are not isolated incidents that can be easily addressed and overcome. In that sense, substance abuse has scarred participants for life. In what follows, these issues are discussed to clarify how participants’ substance abuse histories have shaped their lives both in negative and positive ways.

Lester’s personal history of substance abuse demonstrates some of the dynamics and impacts of addiction. Lester, as we saw above, became addicted to alcohol in high school as that was his first substance of abuse. Later in college, however, he was introduced to marijuana and soon thereafter was smoking it every day. He stated in his interview that he was using marijuana up to 15 times a day in college and that is marijuana connection made him a popular man on campus. In high school he was shy, but alcohol allowed him to break out of his shell. In college, he joined a fraternity and by the time he was a senior he was the resident pot source for his fraternity’s parties. Everybody wanted to hang out in his room because he provided. When asked about how it affected his education, he stated that marijuana actually helped him do better in school. He recalled an incident early on in college when he took a final exam while high on marijuana and aced it. He was proud to be his fraternity’s pot head and also the one with the highest GPA.

Lester used alcohol and smoked marijuana throughout college. When asked about his graduate studies, he said that he chose his graduate program based on the fact that the university had a renowned pot smoking culture. He believed that while in school he was not adversely affected by the marijuana use. The problems, he said, began when he left college and started working. His marijuana use began to affect his employment to the point that it led to his firing on multiple occasions. Lester selected jobs that he perceived to be easy so that he could slack off at work and continue to use marijuana and alcohol after work and on weekends. He intentionally got fired from one job because it was too demanding.

Lester’s marijuana use also affected his family relationships. He had problems with his family that he directly attributes to his drug abuse. He felt that being 28 years old without a career and living
with his parents were consequences of his substance abuse, which also strained his relationships with his parents, leading to fights and arguments.

4.3 Difficulties Recognizing the Problem

Lester’s case also highlights a barrier that many substance abusers face: Refusal to accept that they have a problem. “I don’t do drugs, just weed” was the reasoning behind Lester’s refusal to accept that he had a problem with marijuana (Lester, personal communication, March 9th, 2013). He referenced a popular movie where the main characters are always high and it is social acceptable. He was afraid of going to NA groups because he felt that he did not fit in, since he did not believe that his marijuana abuse merited the same attention as addictions to other drugs.

This barrier, however, does not apply only to people whose substance of choice is marijuana. Due to the use of any mind-altering substance, people may not be able to see the problems that they are bringing upon themselves and everyone around them. All of the cases in this study, even those of recovering substance abusers, illustrate this point. By the time many of them realize that they have a problem that requires attention, it may be impossible to repair the damage inflicted throughout their years of substance abuse.

Like Lester, for many years Manuel did not feel that he had a problem or an addiction to alcohol or cocaine. When asked about the moment when he realized that he had a problem he responded:

No, to be honest with you, to the point from 35 years old maybe I was, it really was OK. You hang around with the right group that does the same thing that you are; you never realize that you are doing something that is out of the ordinary until you start hanging around with somebody that goes to church. But if you hang around with all these people, then you are normal. To me I was normal - up to 35 years old I thought I was ok (Manuel, personal communication, April 3rd, 2013).
Manuel did not realize that he had a problem with his substance abuse until he was 35 years old, and he began drinking at age 12. By the time he was 21 he was drinking half a bottle of whiskey a night, and by the time he was 35 he was using cocaine and drinking a bottle and a half of whiskey a day. Throughout this time he married and divorced five times and he ended up unemployed for a while. Because he was immersed within a substance abuse subculture, however, he thought all was more-or-less well.

To further illustrate this point of participants failing to recognize that they have substance abuse problems, we can examine other cases. Benito, for example, began using alcohol at 15 years of age and he became addicted to cocaine while in college. Benito did not believe that he had a problem even though he was spending most of his money on drugs and alcohol. He was also unable to hold down a job while he was battling his substance abuse. It was not until he started having heart problems and psychological issues that he realized he had a problem and decided to stop.

Abel did not think he had a problem because he was only using cocaine and alcohol and he was not “shooting up.” He also felt he was fine because he was not using while at work. Nonetheless, he ended up losing his job, which he had held for 18 years, due to his substance abuse. He was so addicted to cocaine that he continued to use even though he knew he was being investigated at work and that he would lose his job. Like Abel, Maria continued to drink and did not think that she had a problem, even though she was drinking every day over several years, until one day she ended up in the hospital and was told that she would die if she continued. Alfonso could not hold down a job because of his drinking. He justified his binging because he was only doing it on weekends, until he started missing work to drink on the weekdays. Miguel was drinking on a daily basis to the point of intoxication; he lost his wife to divorce and was not allowed to see his children. Maria was addicted to alcohol for almost 25 years, Alfonso for 40 years, and Miguel for almost 35 years, yet Maria realized she had a problem 9 years ago, Alfonso 4 years ago, and Miguel about 3 years ago, respectively. Clearly, many painful years can pass before a person acknowledges that he/she as a substance abuse problem.
Neville is another example of how hard can be for people with addictions to realize that they have a problem. Neville reported that he realized he was addicted to drugs at the age of 15 years, when he attended his first rehabilitation center. He also began to use heroin at around the age of 20 and continued using it for nearly 20 years. In the process he lost his family ties, his house and his job, and ended up homeless on the streets of El Paso. He has also had to deal with the repercussions of his drug use, which include both emotional problems and physical illnesses.

4.4 Hitting Rock Bottom

There is a term that these individuals use to refer to the moment when they realize that they have reached a low point in their substance abuse history and that they can no longer continue in life using drugs. This moment in their life courses comes when their desire to stop using becomes greater than their willingness to continue to use drugs or alcohol. Many people refer to this moment as “hitting rock bottom” and many participants expressed having hit rock bottom at one point in their lives as far as their substance abuse histories are concerned. Among the participants who did not explicitly discuss having such a low point, the occurrence of such moment is implied due to tragic happenings they described occurring immediately prior to their decisions to stop using.

For Abel hitting rock bottom meant that he had turned to using drugs intravenously. His moment of realization did not occur when he became homeless, when he lost his job or when he got behind on his mortgage. When asked about having hit rock bottom, he stated that the moment that he had stuck a needle in his arm he came to a realization that he was playing with death due to the high risk of getting a disease like Hepatitis C or HIV, or overdosing. For Alfonso the moment was when he felt the hopelessness of having lost his job and his family due to his alcoholism. Antonio realized that he had hit rock bottom after going on a seven day drug and alcohol binge, during which he began to experience paranoia and physical illness. He reported having delirium tremens and hallucinations. For Benito rock bottom meant that his substance abuse had taken him to the point where he was abusing drugs and
alcohol by himself on a daily basis. He would stay in his room and drink all night and after he ran out of alcohol he would steal alcohol from his parents. He became severely depressed and began having heart problems due to his cocaine abuse and alcoholism.

When asked about the day that he felt he had hit a low point, Emilio also recalled a story where he went on a drug and alcohol binge. He recalled having gone drinking with his friends all day. He was drinking tequila and doing cocaine in 103 degree summer heat. He remembered that he never drank hard liquor because it made him aggressive and get into fights. When he returned home that day his wife and kids were not there. He became very upset that his wife was away and began breaking things. When his wife returned home with the kids, they found him in his destructive fit of rage. His wife left that day, taking the kids with her; she divorced him after that incident.

Although Fernando did not specifically state that he had hit rock bottom (the question was not asked of him), he did quit using drugs and alcohol after being released from the state penitentiary. He had been arrested for stealing in order to support his habit. Likewise, Hector did not provide a specific moment when he had an epiphany, but throughout the interview he mentioned that his worst moment in his addiction was when he was forced to retire from his job due to his drug use.

Lester’s rock bottom incident was similar to Emilio’s. Lester was in El Paso and was dealing with alcoholism on his own as he is not originally from El Paso. He had stopped using marijuana a while back, but had substituted his abuse of marijuana with alcohol. He recalls an incident where he went back to his hometown to visit and went out to a bar to celebrate his friend’s birthday. He got so drunk that he became very angry, to the point where he got in a fight at the bar over a game of pool. Like Lester and Emilio, Manuel also recalled an incident where his alcoholism led him to have a violent incident. In the incident, he was drinking with his family during a cook out when he became upset at his son-in-law and physically attacked him. He recounted having picked up his son in law with one hand by the throat and
threatening him, all while his family was watching. He recalled the look of fear in the eyes of his grandchildren and it was at that moment that he knew he had to stop drinking.

Maria’s low point occurred after an incident in which she was driving back home extremely intoxicated from her friend’s house with her 6 year old son in the back seat. Her son told her the next day that she had almost crashed driving back home and that she had driven off the street and up onto a sidewalk. She could not recall the incident the following day. Although Miguel did not specifically state what he believed was his low point, however did say he felt that he had already hit rock bottom and that he was on his way back up. I did not probe about this due to the fact that Miguel was becoming emotionally affected by the interview, which I terminated at that point.

For Neville the moment he hit rock bottom was when he ended up on the streets in El Paso alone and addicted to heroin. He had lost his job and all his belongings and only lived to get high on heroin. He was panhandling in the streets every day in order to feed his habit. He felt that he hit bottom after several failed attempts at quitting heroin. Wilson’s moment came when he was forced to use heroin. He had been coping with illnesses but was still using cocaine. He was serious about stopping his drug use and was attending support groups; however, he was still using. One day his neighbor was having a party and everyone was using heroin. At the party he was offered heroin but refused it, at which point several people held him down while his neighbor injected heroin into his arm. He overdosed and ended up in the hospital for several days. After that incident he stopped using any kind of drug or alcohol.

Examining the role of transformative low points in a person’s substance abuse history helps clarify the contextual factors that lead them to embrace a willingness to stop using. At such points, the individual becomes more concerned with halting drug use than with feeding their addiction. The focus shifts from active addiction to a process of attempted recovery. Unfortunately for some it is already too late. Throughout the interviews some of participants recalled instances where they had lost someone to substance abuse. This was also clear during support group meetings, as prayers would be held whenever
someone left the group, relapsed into substance abuse, or passed away from an overdose or from substance abuse related health issues.

The cases in this study have shown that hitting rock bottom usually brings with it social, emotional, and physical consequences that can be hard to remedy. In every case, by the time the participants had hit rock bottom, they were faced with long uphill battles to stop using drugs. Often this involved attempting to mend relationships with family and friends, if that was still possible and the damage done not too severe. More generally, the transformative low points that define “hitting rock bottom” must be understood first-and-foremost as highly social events, rooted in the often dramatic repercussions that an individual’s substance abuse has on those around him/her. These negative effects include causing (sometimes irreparable) harm to loved ones, including family and friends, as well as experiencing a loss of work or incarceration due to one’s drug-induced actions. When substance abuse leads to dramatic negative effects in a person’s social life, the substance abuser (the person responsible) may gain perspective on the extent of their problem, and look inwardly with horror based on the trauma and upheaval he/she has created based on the reactions of those around him/her. Put simply, participants’ rock bottom stories are focused less on individualistic circumstances and more on troubling social situations that they have generated and, in turn, are compelled to recognize and negotiate. This recognition can then become a determining factor in an individual’s decision to stop abusing drugs (although it may also lead to an individual to sink further into substance abuse).

4.5 Rehabilitation

In their attempts to recover, participants had to deal with issues of unemployment or lack of income, as well as other issues that affected their everyday lives. In order to cope, they typically had to look for resources that oftentimes were not readily available. This led many to turn to recovery groups based in the community, which were often the only sources of recovery assistance available to them. Some people can turn to rehabilitation programs such as detox or methadone, but these programs are not
always available and too expensive for most to enroll in. Recovery programs are the most important tool in a person’s fight against addiction but, as some cases in this study demonstrate, they are not necessary for some as they can halt their drug and alcohol use on their own. On the other hand, for some people recovery programs are not useful as they continue to use drugs and alcohol despite their participation.

Although recovery programs are very important to many successful recoveries, there are other issues that have to be looked at in addition to helping curb the desire to use. Participants did not only struggle with the addictive nature of the substances that they abused. They also had to deal with mental illness and emotional strain as well as broken homes and damaged family relationships. There are several aspects of the lives of people who suffer from substance abuse that also have to be mended in order for recovery to be successful. These issues will be covered now, beginning with the recovery process and followed by issues that affect the participants’ recovery.

Rehabilitation allows people to try and make up for the time lost and the damage done. While people who suffer from substance abuse cannot take back everything that they have done, recovery allows them to make amends with the people that they have hurt. In addition, while substance abuse affects all social and family relations, it also influences the education and careers of many users. Although it might not be easy for people in recovery to return to their lives as they were before their substance abuse (including returning to school or work), it is made easier with the help of recovery groups, the help of friends and relatives, and a commitment to change. This is made apparent in several examples such as the case of Fernando, who during a 7-year clean period completed his GED and attended college, or the cases of Neville and Lester, who are also currently enrolled in college.

One of the issues that continued to emerge in interviews was that there are very limited resources available to help people get clean. Although other rehabilitative resources besides community-based support groups are available, these resources are not always viable or affordable. For example, there are hospitals in El Paso that help people recovery from their substance abuse, but without health insurance
their services can become very expensive. There are also state-funded programs, but as reported by several participants in this study, those programs are not always very effective. The community based recovery groups, i.e. AA and NA, partially fill a void because they provide a constant source of support at no cost. This support can be obtained on a daily basis but also as needs should arise. I only refer to NA and AA because they are the most prevalent in El Paso.

As the case of Lester showed, however, those are not the only community support groups in existence (but due to the small size of the city of El Paso, choices there are limited). In Lester’s case he made it clear that when he was living back in his hometown he had attended a group that was called Marijuana Anonymous, which was for people that considered themselves addicted to marijuana but not any other drugs. Lester also referred to the fact that in his city of origin there were support groups dedicated to each and every single drug allowing people to find specific group meetings to attend that would target their specific drug use.

Lester is from a very big city in the northeastern United States. In El Paso, however, there are only two types of support groups that are readily available: AA and NA. AA serves people who are addicted to alcohol, but not any other drugs, or people who see alcohol as the source of their use. NA on the other hand serves those who are battling drug addictions. The main difference is that while AA focuses on alcohol use, only NA focuses on illegal drug use as well as alcoholism as there is no distinction made between drugs and alcohol within the NA framework.

In order to illustrate the difference between AA and NA groups, there are several cases that can be analyzed and compared. Alfonso’s case exemplifies the issues that are faced in the recovery process. Alfonso decided that he wanted to quit drinking, but he did not know where to turn. His family kept on insisting that he quit drinking but he did not how to go about it and he was not ready. He recalled that he had gone to a government run and funded clinic near his house. He went into the clinic and asked for
information on how to join a program. Alfonso was turned away from this community center because he was not deemed a “drug” user.

Although Alfonso was an alcoholic who drank on a daily basis they could not help him out because he did not use drugs, did not have HIV, or any other type of non-alcohol related drug problem. He was told that the government money that funded this center was not for help with alcoholism. Alfonso was lucky that the manager of this center was not busy at the time and provided Alfonso with the number to a local AA house in El Paso. He was able to contact them and arrange to start going to their meetings, which is how his recovery process started. Alfonso attended AA because he never had a problem with drugs, only alcohol. He said that joining AA was his last resort as he had already gone to doctors, a priest, a witch, and also a court-mandated inpatient program after an arrest for DWI. Until he joined AA, none of those resources helped Alfonso quit drinking.

Miguel and Maria also attended AA. They dealt with alcoholism and needed help to stop drinking. Maria was influenced largely by her mother who encouraged her to stop drinking. Although Maria had not gone through any rehabilitation programs, she had been in and out of the hospital several times due to her drinking. She also sought guidance from doctors who could not help with her addiction. Miguel had also seen several doctors on emergency trips to the hospital, but they were not able to help him either. Miguel ended up going to AA after fighting with depression and thoughts of suicide. One thing they both emphasized was that, in order for support groups to work, one has to be ready to put in time. It took Maria 6 months of AA attendance to realize that she had a problem, as she was still in denial. Miguel emphasized his commitment to service work and the effort he has put into his recovery as the factors that enabled him to stay clean.

Antonio also attends AA groups. Antonio is different in one aspect, which is that he is also an illicit drug user. Throughout his battle with addictions, Antonio drank alcohol in excess and also used cocaine and other drugs. He mentioned that when he was invited to AA he did not feel the need to go
because he was not an alcoholic; he always thought that he was cocaine addict. One day he realized however that he only used cocaine when he drank and that he needed help to stop his drinking. Antonio now attends AA groups and has been clean from all drugs. He emphasizes the importance of “working the program” and also the importance that the desire to quit plays in the recovery process.

Abel’s case is particularly interesting because he has attended both AA and NA groups. This is notable since AA and NA groups do not regularly mix and are completely separate entities. Through the research process, it became clear was that NA members typically did not like AA members, and vice versa. However, there were people like Abel who attended both. Abel found that both groups where helpful for him as he had addictions to both alcohol and cocaine. While the cocaine had more negative influence in his life, Abel’s alcoholism played a role in getting/keeping him hooked on cocaine. Abel had also attended out-patient counseling groups and although these groups did help him to put things into perspective, they did not offer the constant support that NA and AA group meetings provided.

NA groups on the other hand are different than AA because they take in all people who want to join and do not make a distinction between drugs and alcohol; to them all such substances are equally destructive. Neville and Lester focused on attending NA meetings even though they have both had experiences with alcohol and drugs. While Neville attended because of his addiction to heroin, Lester attended because he had a problem with marijuana, which he substituted with alcohol. Both Lester and Neville mentioned that they liked the program because it helped them to achieve a calm state of mind. The program provided tools that helped them to neutralize their addictive behaviors and achieve serenity, which is the point of the program in the first place.

Emilio’s case also exemplifies the division that exists between NA and AA meetings. Emilio attends a local NA group and he has been clean for over 20 years but he still attends NA because he finds that NA helps him to find peace of mind by working the principles of the program. When asked about the programs he had attended, he responded:
I went to ACOA, Adult Children of Alcoholics, I went to AL anon, I went to, I did everything, all the toasties. Back then there was a guy on TV, Bradshaw, you know, he was like talking about the inner child, and I kind of ventured into that, all sorts of self-help things (Emilio, personal communication, March 7th, 2013).

Emilio actually started attending AA when he first decided to get clean, which is where he obtained his first sponsor, because like Abel and Antonio he abused both drugs and alcohol. Emilio in the end stopped going to AA meetings because he said that he lost interest in them. He felt that AA was not for him. He then transitioned to NA meetings, which he continues to attend to this day.

The case of Hector is important because he is the only participant who is currently enrolled in rehabilitation programs yet has not been able to quit using. Thirteen cases were analyzed for this study and, out of those 13 participants, 11 have been able to stop using drugs and alcohol even if their clean time only amounts to months. Manuel is one participant that has not been able to stop using alcohol, although he was able to stop using cocaine over a decade ago. Manuel still drinks alcohol sporadically, but he feels that he has his alcoholism under control as he no longer becomes intoxicated and is able to control the amount of alcohol he uses. The main difference is that Manuel has never sought help through recovery programs as he sought help in the church instead, which he claims was the driving force in changing his life.

Hector on the other hand tried nearly every available program. He once attended a rehabilitation program at a local hospital to which his employer referred him, as he was on the verge of being fired due to his drug use. When he was sent to this rehabilitation program he was there for three days and placed on medications used to help offenders stop using drugs. The problem he faced however was that after three days he was forced to pay for the remainder of the treatment or leave. He was asked to pay $1,300 a day to remain in the program. When he walked out of the hospital he was able to stay clean for what
he recalled was a year and a half. He described this clean time as “a living hell”, as he was in emotional and physical pain. Thus, he relapsed back into drug use.

Hector also tried an in-patient substance abuse program that was state funded. He was in this program because he wanted to stop using heroin. He described his experience while in this program with the following narrative:

You are sitting around with a bunch of drug users, talking about the day, oh we did this and we did that. How, what kind of atmosphere is that to try to get off the dope, you know? All you are doing is going through the motions. In fact, one time everybody got money together and we wound up buying stuff and doing it there (Hector, personal communication, March 18th, 2013).

He stated that the people who ran this program were focused on making money through the federal funding that they received instead of being concentrated on providing high-quality services for patients. He ended up walking out of the program one night without anyone stopping him; there was no staff member at the facility who saw him walk out the front door.

When describing his experience with these two programs Hector stated that he felt that they were a joke and that all the program managers were interested in was making a profit. When asked about community support groups, he stated that he had attended AA, but that he stopped going to meetings because he felt that they were also not helpful. He described the meetings there the same way that he described the group sessions at the in-patient program. He said that during the AA meetings all the members would do was sit around and reminisce about the times when everyone used alcohol. He felt that after going to AA meetings, instead of having the desire to quit, he wanted to get high again.

Hector expressed in his interview that he hated the fact that he is an addict and that he never enjoyed getting high on heroin; however, he has not been able to stop using drugs and alcohol even though he is dealing with multiple physical and mental illnesses due to his drug use. Hector is currently
enrolled in a methadone program designed to help him stop using heroin. Although the medication has helped him halt his heroin use, he said that he plans to remain on methadone for the rest of his life as methadone does not stop the desire to use heroin. Methadone only replaced heroin with a clinically safe alternative. Hector has tried to quit methadone before but he described methadone as more addictive than heroin. He also stated that the withdrawals from methadone are worse than those from heroin.

Manuel’s and Benito’s cases show that not all people suffering from substance abuse need to attend programs in order to stop using. Although recovery groups are useful for many people who want to stop using drugs and alcohol, Manuel and Benito were able to control their substance abuse without the help of support groups. When asked if he had ever attended any type of rehab, Benito stated that he did not attend AA or NA because of the stigma associated with those groups. When asked why he had not attended meetings, he provided the following explanation:

- It meant like admitting defeat to the world, to everybody that was, oh man this fucker is going to AA meetings, my parents maybe finding out about me going to AA meetings. So it just had some stigma about it that I didn’t want to – it was an option, but it was never really seriously considered (Benito, personal communication, March 27th, 2013).

He was able to finally stop his drinking by a method that he referred to as “quitting cold turkey.” It is important to note however, that when he was describing his way of quitting drinking, he referred to the recovery principles on which NA and AA groups are based. He had researched those concepts independently, but did not attend the groups.

The cases mentioned above are not the only ones that exemplify how hard it is to quit using drugs or alcohol. Although most participants have been able to stop using drugs and alcohol all together it was not something that happened overnight. Their road to a clean life was paved by a struggle with relapse into drug use as well as emotional strife and hardship. Neville, for example, went through detox programs on many occasions when he wanted to stop using heroin, but those programs were not
successful for him. Neville, like Hector, also tried methadone clinics to stop using heroin; like Hector, he thought that he would have to use methadone after stopping his heroin use, but unlike Hector he did not have to use methadone after all.

Neville’s case is important because he has an extensive history of rehabilitation attempts. He reported that he had been to his first rehab center when he was 15 years old. He was in and out of court mandated rehab programs where he lived before coming to El Paso. Neville also tried several detox centers in El Paso as well as Christian-based recovery centers. Even though he had tried many rehab programs, he relapsed after leaving each one. When asked why he relapsed, Neville responded that in each previous attempt, he was not ready to quit. He attended those programs because he was homeless or very ill, but he never had the desire to quit. It was not until his last attempt at an in-patient program in El Paso and his discovery of NA groups as an additional source of support that he was able to quit using drugs. These groups helped provide him with the social support he needed to stop his drug use.

Almost all of the participants responded that they had some kind of relapse after joining recovery groups or rehabilitation programs. Abel started attending a rehabilitation program after he was forced to resign at work due to his drug use. He went to rehab, not to stop using, but to show his employer that he was serious about getting his job back. He was not in what some people in support groups call “the right frame of mind.” Abel relapsed immediately after his release from that rehabilitation center and he started using even more drugs than before. When asked about joining NA for the first time, he replied: “I wasn’t taking the program seriously, because I was like you know what, fuck you people, and I hated everybody” (Abel, personal communication, February 18, 2013). He also recalled that at one point after leaving an NA group he went to Phoenix, AZ, to “shoot up dope.”

Antonio also relapsed while attending AA groups. He described several instances when not only did he relapse after attending AA meetings, but when he also drank alcohol while at AA meetings. He would hide cans of beer or bottles of liquor in his jacket and take them into the AA meetings. Maria
relapsed into alcohol use several times even though she had been to the emergency room due to her alcohol use and despite being told that the damage she was doing to herself was going to be permanent. Miguel and Alfonso did not relapse into alcohol use and were able to stop using alcohol after they joined an AA group, but they saw relapse as a rite of passage. They both provided similar responses when describing relapses, stating that when somebody relapsed while in recovery it was the way that person found out that they were not ready and that they needed to try harder in order to stop.

The key ingredient to recovery that emerged from participants’ stories of relapse is that, to stay clean, an individual must be in the right frame of mind. Although rehabilitation programs such as detox centers and in-patient treatment programs are available, they are not usually helpful in getting participants in the right frame of mind. Community support groups such as AA and NA are readily available, but as the cases in this study have shown, they are not the panacea to the problem of substance abuse. Again, the cross-case analysis results suggest that, in order to quit, the person must be ready to quit. One of the main driving forces behind the desire to quit is the experience of a transformative low point – a moment (or succession of moments) when they face severe enough hardship to produce a yearning for change.

Recognizing that people need to be ready to quit is important when seeking to understand the dynamics of recovery and rehabilitation. One way to proactively help people with drug problems is to help them realize that they have not hit rock bottom, and that it can be avoided, but only if they have a strong desire to change. Without this “right frame of mind”, it is impossible to quit. It is important to make those with substance abuse problems aware that their addiction will lead to deleterious consequences that can be avoided by their commitment to change and access to sources of support.

4.6 Substance Abuse and Mental Illness
Substance abuse and mental illness often go hand-in-hand, as was discussed in the literature review. Substance abuse can lead to depression, anxiety, and anti-social behaviors. Also, when mental
illness and substance abuse are combined, research has shown that risks of suicide increase. The cases in this study reveal that mental illness and substance abuse indeed go hand-in-hand and that they feed off one another. That is perhaps why AA and NA groups, and the 12 step recovery process, target a participant’s state of mind instead of their physical dependency on drugs. These support groups are meant to provide the participant emotional support from not only peers, but also the sponsor, and to some extent the participant’s family. These groups also encourage people to share their emotions and to open up instead of keeping all of life’s stressors bottled up inside. This includes helping the individual to deal with their mental illnesses in an open forum, without being judged, while opening up to people who have an experiential understanding of what he/she is talking about.

Take the case of Neville, who discussed his compulsive and addictive behaviors. Neville feels that these behaviors are what led him to become a drug addict. On top of this, Neville also stated that while using drugs, he battled depression. The NA program has helped Neville deal with his compulsive behavior. When he got out of rehab for the last time, Neville knew that he needed constant support to keep from relapsing. Neville went to NA groups and found the support he sought. Now that he is clean, he said that his compulsive behavior is beginning to manifest in other aspects of his life. He stated that now that he is in college, his addictive and compulsive behavior manifests itself in endless hours of work as well as the stress that he feels when he is studying.

Like Neville, Lester also discussed his battle with emotions and with his “mental” addiction to the use of marijuana. When he was talking about his marijuana use, he stated that marijuana was supposed to be an innocuous drug, that is not physically addictive, and that when he was on it he did not have any withdrawals. When referring to the mental aspect of it, he stated the following:

I used because I felt a lot of negative emotions, either anxiety or just – using kind of calmed those things, but you know when you don’t use anymore, you have to face those emotions. Us addicts, we are a very emotional breed, and we don’t do well with what we
call life on life’s terms, things like normal people, like people outside, can deal with

(Lester, personal communication, March 9th, 2013).

Thus he used marijuana to self-medicate in order to deal with negative emotions and anxiety. Once he stopped using marijuana he still had to face those feelings, but through working the NA program’s 12 steps and through constant support from peers at the group, he was able to develop coping mechanisms and avoid relapsing into marijuana use.

Other mental illnesses can also afflict those with substance abuse problems. Issues like depression and paranoia were clear in several cases. Benito expressed that he had to deal with a lot of depression and paranoia when he was using drugs and alcohol. He even went as far as to seek assistance from several psychologists who were not able to help him, largely because he would not stop drinking. He referred to this as a revolving door cycle where he would get depressed and drink, but because of his drinking he would, in turn, get more depressed (alcohol is a depressant). He also experienced feelings of paranoia when he would use cocaine. When asked if thought that his substance abuse was responsible for his mental illness, he stated: “…It is completely. It goes hand on hand with alcohol and cocaine abuse. I have no doubt about it” (Benito, personal communication, March 27th, 2013).

Hector also attributed his depression and anxiety to his drug use. He stated that, as of the time of the interview, he was taking prescription medications to treat depression. When describing his depression he stated that he felt really bad about his family members and how his drug use had affected his relationships with them. He felt that due to his drug use, he had nothing to offer them.

Other participants to report depression were Neville, Maria, and Manuel. They also attributed their depression to their drug use. Manuel stated that he still has depression even after having stopped using cocaine and controlling his alcohol use. He mentioned that whenever he wants to have a drink he needs to analyze his frame of mind and the reasons why he wants a drink; if he is not in the “right frame of mind” he will not drink because he knows the kinds of problems that drinking can bring. Neville
attributed his depression to no having a job and not having any money as well as being homeless. He was clear in expressing throughout his interview that all of these issues were brought about by his addiction to illegal drugs. Maria was affected severely by her behavior around her family when she drank. She stated that she got really depressed because her children would come home from school and find her intoxicated. She emphasized the fact that her children were very happy when she stopped drinking for the first time, but once she relapsed, it brought about depression not only for her, but for her children as well.

Miguel also reported severe depression throughout his history of substance abuse, attributing this directly to his alcoholism. The main difference between Miguel and almost all other participants is that Miguel also had thoughts of suicide. Miguel stated in his interview that when he would drink he would get so depressed that he thought about ending his life as it would be a lot easier than quitting his drinking. Like Miguel, Benito also stated that during his bout with depression he had thoughts of suicide, although he did emphasize that he never actually seriously contemplated committing suicide. Both Benito and Miguel reported that their thoughts of suicide prompted them to recognize the need to quit drinking.

Like Benito, Emilio reported experiencing paranoia when using drugs. When he began using cocaine, he loved the euphoric feeling that it provided for him. He stated that after he used for the first time, every time he used again he would try to achieve the feeling of his first high, but he was never able to do so. Searching for that first high, he started using so much cocaine that he became quite paranoid, thinking wherever he went that there would be police officers waiting to arrest him. Similar feelings of paranoia were also described by Benito, who felt that at any given time the police would arrive at his apartment and knock the door down to arrest him.

Depression and anxiety are not the only mental conditions that drug addiction can precipitate. Manuel reported that due to his drinking he had constant black outs and was also suffering from severe
memory lapses. When asked to recall several incidents during the interview, he was not able to do so. Abel also had to deal with memory loss. He felt like he was missing one year of his life as he could not remember anything that had happened in 2011, when his drug use peaked. When asked about any type of mental illness he had experienced due to his drug use, he did not elaborate on any specific mental illnesses, but did state that he had been admitted to the psychiatric ward on several occasions.

Dealing with mental and emotional issues such as depression, paranoia, and anxiety is something that all participants have in common. All participants reported experiencing mental illnesses and they all attributed these directly to their drug use. Abel and Benito stated that without the drugs, they did not feel any symptoms of mental illness. Benito attributed his depression entirely to his drug use. He stated that once he stopped drinking everything changed for him and that he was very optimistic about his drug-free future. Abel said that due to depression and anxiety, he felt he was going insane. When asked if he had ever sought psychiatric help for these issues, he stated that he had not “…because I didn’t feel insane when I was sober – the drugs just taking this horrible... It is wonderful for the first several hours, and then you go to the depths of hell” (Abel, personal communication, February 18\textsuperscript{th}, 2013).

Mental health concerns, as explained by the participants in this study, have played a major role in their lives. Specifically, due to their drug use and mental illnesses, the participants have had to cope with family, employment, and other social issues that have negatively affected their lives. As per the literature, the causal relationship between drug use and mental illness is complex, but in can be safely stated that there is an important linkage between the two.

4.7 Substance Abuse and Physical Health

People who suffer from substance abuse also have to cope with deleterious physical health effects. All participants reported having some kind of physical health problem due to their substance abuse. Many have physical ailments that will remain with them for their rest of their lives. Due to the extensive research that has been conducted on the physical and medical effects of drugs and alcohol on
humans, this study does not focus on comprehensively reviewing those problems. It is important however, to document the physical health problems that have affected the participants in this study, as they have also influenced their substance abuse histories (including their decisions to stop using), which are the foci of this study. Although not covered exhaustively via the semi-structured interviews, data were obtained to support inferences about how physical health issues faced by participants have played roles in shaping their substance abuse trajectories.

Abel mentioned several health issues he experienced when using drugs. His main concern was that he was using drugs intravenously and he was afraid that he would get infected with HIV or hepatitis C. He stated that while he never contracted any disease from IV drug use, the possibility of getting a contagious disease was one of the reasons he stopped using intravenously. Abel recalled the last time that he used drugs intravenously, after which he felt a lot of pain. His heart hurt for a while after he shot up, which scared him. He never took drugs intravenously again, although he did continue to use.

Like Abel, Benito reported that his cocaine use had affected his physical health in myriad ways. When he was hooked on cocaine, he often experienced irregular heart palpitations. He recalls feeling like he was going to succumb to a drug-induced heart attack. Benito became so afraid that it he decided to stop using cocaine. Now that he no longer uses cocaine, he does not experience heart problems. Benito identified this problem early enough to address it by stopping his drug use and by exercising. In sum, the health issues that Benito experienced helped him recognize the need to stop using drugs.

The same cannot be said for Manuel. Manuel did not experience heart troubles during his period of cocaine use, but he did describe long-lasting health effects after he stopped. Manuel recalled an incident a few years prior to the interview when he got a checkup for high blood pressure. When the nurses assessed his heart health, the damage was so apparent that Manuel was immediately referred to a cardiologist. The cardiologist ran several tests and what the doctor found was alarming. In fact, the doctor asked if Manuel was actively using cocaine. When Manuel replied that he had not used cocaine in
over 20 years, the cardiologist stated that his arteries were so scarred by cocaine use, that he appeared to be an active user. Manuel has to deal with his artery damage for the rest of his life.

Heart problems were not the only problems reported. Manuel was also worried that due to his drinking, he might also have liver damage. He stated in the interview that at this point he does not have any problems, but that he constantly worries about developing liver ailments due to his drinking. Maria also mentioned that she has liver disease due her history of alcohol abuse. She had to go to the emergency room several times because of severe pain, where she was told by doctors that she had done damage to her liver and that she would die if she continued drinking. Despite the numerous warnings from doctors, Maria would relapse after leaving the hospital. While she would stop drinking for a while after being discharged, once she felt better she would relapse, that is, until she finally joined a recovery support group. She also stated that she has had several surgeries to remove cancerous tumors. She stated that at the time of the interview she was in remission, but that the cancer could come back at any time. She attributed her cancer directly to her alcoholism, and she stated that health issues related to alcohol abuse can manifest themselves many years after someone stops using.

Other participants had been to the emergency room due to their substance abuse. Miguel made numerous trips to the doctor when he was drunk, as he would be in serious pain and not be able to sleep. He was provided with anti-anxiety medications. Miguel would remain at the hospital until he started feeling better, at which point he would leave and begin drinking again. Antonio also reported going to the hospital due to severe stomach pains. Like Maria, he was told that he would die if he continued drinking due to his pancreas being severely damaged. Like Maria and Miguel, Antonio would continue his drinking as soon as he left the hospital.

Hector and Wilson both had been diagnosed with Hepatitis C. Wilson not only described long-term health issues, but also acute physical impacts from accidents that he had while under the influence of drugs and alcohol. He reported myriad long-term health problems he attributes directly to his drug
use: Heart problems (he stated that there were times when he thought that his heart was going to stop) which cause him great worry; strong migraines; dental issues and gum disease; tumors in his gall bladder (which he had removed and which doctors told him he had developed from drinking alcohol in excess); pancreas damage; and cirrhosis of the liver. In addition to those chronic health issues, Wilson also had an accident when he went roller blading while intoxicated. He was hit by a car and thrown into a 30-foot ditch. He incurred a broken knee and leg bones, which were repaired with steel rods; he was also left 85% blind in one eye due to this accident, which he blamed directly on his drug use.

Some participants also recounted their worst moments of acute, short-term ill health due to withdrawals when they halted use of drugs or alcohol. Miguel, for example, told a story of how he had to have alcohol when in withdrawal because the pain was too great. He recalled several times when he would be out of booze at night after stores stopped selling alcohol. He stated that his need for alcohol was such that he could not wait until 7 am when the stores would begin selling alcohol again. Instead, he would go knocking on his neighbors’ doors at 4 or 5 in the morning until someone opened the door and gave him a beer or liquor so that he could avert withdrawal.

Emilio described his withdrawals in terms of the utter exhaustion of being awake for two or three days, but unable to sleep because of the cocaine in his system. He would then drink until he passed out, or he would use valium to go to sleep. Lester reported that he had a lot of irritability and anxiety when he stopped using marijuana. When asked about withdrawals, Abel said that he felt like “shit” during them, without elaborating any further.

Neville was the most descriptive of the participants about his withdrawals. Neville’s experiences point to how acute withdrawals may immediately lead people to relapse early in their attempts to quit. He explained one of his withdrawals with the following narrative:

I was in the moving business so I had a helper, and usually the guys that I took with me used to do it too (heroin). We would go out together and we’d be sick together and we
would load the trucks together while feeling shitty and we would be like we are going to be in there in the morning … Those early withdrawals were just about feeling shitty and having diarrhea and one or two nights with no sleep but after that it got worse. It progressed to the point where the withdrawal got a lot worse (Neville, personal communication, February 1st, 2013).

As Neville’s narrative explains, when he would feel withdrawals he would need to use in order to counter the effects. His withdrawal consisted of headaches, diarrhea, bone aches, exhaustion, among other symptoms, but he would not feel pain as long as he continued to use. The difficulty posed by withdrawal for people attempting to quit was also highlighted by Hector, who has not been able to halt his methadone use because of the pain he feels.

The short- and long-term health risks/issues described by participants are well documented in the literature. The participants’ stories however, serve to illustrate the difficulties that people with addictions must face when trying to recover. While the long-term health issues experienced by participants are in some cases life-threatening, it is often not until later in life, sometimes after use of drugs and alcohol has been halted, that they become apparent. While many of the long-term health issues brought about by addiction can help catalyze personal transformation and recovery, it is also clear from the data that the short-term health effects of addictions (withdrawals in particular) are generally detrimental to the recovery process. Withdrawals for many of the participants were so painful that they continued using drugs and alcohol for many years, even while some had the desire to quit. This was the case for eight of the 13 participants (Alfonso, Antonio, Emilio, Fernando, Lester, Maria, Miguel, and Neville).

4.8 Substance Abuse and Family Relations

Individuals often justify their continued use of drugs based on the logic that they are not hurting anyone else. However, it is well known that addictions have deleterious impacts on family members and relationships. The data collected for this study align with the literature on this point. All participants
recounted at least one instance when they caused serious emotional damage to a family member or friend.

The issue of family relations is particularly important because, in the context of recovery, social support is influential in an individual’s acceptance of their addiction as a problem, the decision to stop using and the likelihood of having success in the recovery process. The importance of family relations and influence became clear during the interview process, since these topics generally elicited the most emotional responses from participants. Two themes emerged through the cross-case analysis: One, the negative and reciprocal effects of substance abuse on family relationships during active addiction and, two, the positive and reciprocal effects of recovery on family relationships. None of the participants’ addictions had any positive influence on their family relations; on the other hand, the recovery process created few negative effects on the participants’ relationships with loved ones.

Antonio’s case exemplifies how substance abuse can negatively affect family relations. Antonio’s wife left him due to his substance abuse problem. He was very abusive towards his ex-wife and their children. Although he never physically hurt his wife, he expressed regret over the emotional abuse he put her through. He explained that he took satisfaction in belittling her and breaking her pride. Antonio compared his treatment of his wife to the way that someone would handle an animal when trying to break it in, and he blamed this mistreatment on his substance abuse. During the interview, he showed me scars that he had received due to his wife hitting him. She grew so fed up with the way he treated her that she hit him with a two-by-four. Their relationship declined to the point that she left him. Antonio also expressed remorse over the way he treated his children. He stated that his children would always wait for him until he got home from work, but that their reaction depended on whether he was bringing alcohol with him or not. If he had beers with him, then his children knew that he was going to get drunk and they would go to their bedrooms. His relationship with his children deteriorated such that they would not talk to him at all. He finished by stating that although he hurt his wife and children, in
the end it was he who suffered the most because of all he lost and the irreparable damaged he caused.

Alfonso had a similar experience is. He separated from wife and he also blames it on his alcoholism. He stated that when he got intoxicated he would become very angry and emotionally abusive toward his children. His wife told him that his children were scared of even looking at him when he was drunk. She would cry and beg him to stop drinking, but he refused to stop. His wife did not leave the relationship however; it was Alfonso that left instead. He recalled how his alcoholism led him to leave his home and become un-housed. He made the decision to live on the streets with other homeless people with whom he would drink all day. In sum, Alfonso’s alcoholism led him to leave his family.

Manuel also reported having marital issues due to his alcoholism and drug use. He was married for the first time by the age of 18, but his drinking and cocaine use led him to a divorce a couple of years later. Overall, he had married 5 different times and divorced 4 times. He attributed all of his divorces to his drug use and his alcoholism. As mentioned before, Manuel’s substance abuse led him to become violent with his family. Although he did not report any physical abuse towards his children or wives, he did become violent towards his son-in-law. This incident greatly impacted Manuel because he lost the trust of his children and his grandchildren. Although this incident occurred 2 years prior to the time of interview, he stated that he is still trying to regain the trust that his family once had in him.

Miguel and Maria also reported that they had divorced due to their alcoholism. In the case of Maria it was both partners who drank. Maria’s husband left the relationship and forced her to take care of their children on her own. Her alcoholism and her depression not only affected her children, but caused her mother suffering as well. Her mother had to keep watch over Maria because she was regularly intoxicated and not able to take care of her children. Maria’s mother would also beg her to stop drinking because of the effects that her alcoholism had on her family.

When talking about family relations, Miguel became quite emotional. He also divorced due to his alcoholism and he recalled the effects that his alcoholism had on his family, especially on his
children. He stated that due to his alcoholism, he did not care about his wife or his children, or anything for that matter. He stated that when he drank he would blow all of the money he got paid at work. As a result, he never had money to pay rent or buy groceries. He was always out at the bars and in the street drinking instead of spending time with his family. At the time of the interview Miguel was trying to rebuild his relationship with his children, as he had lost contact with them many years before due to his alcoholism. He stated that the only contact he had with his sons was via telephone, and he did not have any contact with his ex-wife. His interview was terminated at his request due to his becoming very emotional when talking about having lost his children.

When discussing the effects of substance abuse on social relations it is clear that it does not affect only the nuclear family, but extended family and friends as well. Abel, for example, explained how his addiction to drugs and alcohol affected his relationship with many of his extended family members. When asked about how his substance abuse affected his family, he stated that it made him very withdrawn. He stopped seeing his parents and attending family events and gatherings. He lost communication with his parents because he got tired of them criticizing his attitude. When he resigned from his job, he told his parents that he had quit, as they were not aware of his addiction. His dad told him that it was good that he had quit his job because it was turning Abel into a monster; in reality it was the drugs that were affecting Abel.

Emilio had a similar experience with his family. When asked to share his experience about how his substance abuse affected his family relations, Emilio responded “… when you are in that mode, in that environment, you are not really family-oriented” (Emilio, personal communication, March 7th, 2013). Emilio also went through a divorce due to his substance abuse, losing his wife and children in the process. Fernando and Hector also had failed marriages due to their substance abuse, as well as damaged relationships with their extended families.

Like the others, Lester reported having a strained relationship with his family due to his drug use.
He reported that his drug use made him greatly irritable, which created tension with his parents. He reported that he had constant arguments with his mother and that he grew quite distant from his father. When I asked Neville about his relationship with his parents and how his substance abuse had affected that relationship, he replied that by the time his addiction was in full force, he was alternating between living in El Paso and Juarez, Mexico. By that time, Neville had already stopped communicating with his parents, who thought he was dead. After leaving rehab and stopping his drug use he called his parents, who were very surprised to hear that he was alive.

4.9 Recovery and Family Relations

Although drug and alcohol addictions can tear families apart, relationships can be mended. All participants reported that they had serious problems with their families because of their drug use; however, there were many instances wherein family relations had been repaired through the process of recovery. In fact, stopping use of drugs and alcohol provides the clearest signal to family members that an individual is willing to change and make right the wrongs caused by their substance abuse.

In Lester’s case getting clean and going into recovery helped him mend his family relationships. He stated that now that he is clean he does not get into as many arguments with his parents because he does not suffer from the same level of anxiety and irritability. He feels more centered now that he is not using drugs or alcohol. He acknowledged that although he still has his bad days, he can rely on the concepts of his 12-step recovery program to balance his emotions and maintain calmness. Abel also reported that he has improved his emotional state of being by relying on the concepts that he learned in recovery and that he has been able to better control his anger and his anxiety. Although Abel only had several months of clean time under his belt at the time of the interview, he stated that he has come a long way and that he now has a more positive outlook on life.

Manuel relies a lot on the support that his family has shown during his rehabilitation. Although he still drinks on occasion he uses his family as motivation to not abuse alcohol. He recalled instances
when he has asked permission from his grandchildren to have a beer, because of the experience that he put them through when he assaulted his son-in-law. He also emphasized that he was thankful for his wife, who has been his main source of support and the primary reason why he has strived to change. Like Manuel, Miguel stated that he was very happy he is with someone he has built a relationship with and loves. Although he has lost all contact with his ex-wife and has very limited contact with his sons, he has learned from his experience. He stated that he is now able to fully appreciate his partner, and that his desire to maintain their relationship drives him to avoid relapse.

When asked about the changes that he has seen in his recovery, Antonio replied that being clean has allowed him to build a much better relationships with his spouse and children. While in the past his children would not even want to talk with him, he has built very close relationships with them. He now prioritizes spending time with them and talking to them about whatever issues they might have. As far as his spouse is concerned, he has learned to respect her and treat her right, something that he learned the hard way from his experience with his ex-wife. Emilio had a similar story. Through his recovery he has been able to reconnect with family and friends. He has also been able to get back in contact with his children, and is slowly building relationships with his sons.

4.10 Substance Abuse and Employment

Another issue that was of particular emphasis during the interviews was the way that substance abuse affected the participant’s performance in the workplace. All the participants reported having trouble at work due to their substance abuse. While participants repeated described how substance abuse had negative effects on their working lives, they also discussed how the workplace reciprocally influenced their own substance abuse. Some reflected on how work-related issues actually led them to turn to drugs and alcohol as means of coping.

Several work performance issues were common across the cases. These issues included missing work or being late to work due to participants’ substance abuse. Some participants also shared how their
addictions led them to use drugs or alcohol while at work, and some described quitting or losing their jobs due to their substance abuse. Issues at work only compounded the problems that participants faced in other aspects of their lives due to their addictions, including problems with their families, mental illnesses, and physical health problems that stemmed from their substance abuse.

Benito provides a good example of the reciprocal effects of substance abuse on the workplace and the workplace’s influence on substance abuse. Benito’s work performance was severely affected by his drug addiction. He recalled numerous jobs that he had, but was not able to hold on to because of his addiction to alcohol and cocaine. The first was a job that he obtained right after graduating from college. He was using alcohol and cocaine when he started this job and it clearly affected his performance. He explained how he hated his job; he did not care whether he went in to work in withdrawal or not. He drank on weekdays and this would affect his work. Once, Benito went into work on a Friday after having partied the night before. He went into work still feeling the effects of the alcohol he drank the day before and was so tired that he took a nap under his desk during work hours. The following Monday he was called in to his supervisor’s office and was told that they were aware that he had taken a nap under his desk. Benito turned in his resignation that day. When reflecting on this work situation, he stated that he hated that job and was glad he had quit. He recalled that his unhappiness at work influenced him to drink and party without worrying about the negative effects.

Benito also recalled that during his years of substance abuse, he bounced from job-to-job without being able to maintain steady employment. The fact that he was not able to maintain steady employment increased his anxiety and depression, which in turn led him to continue his abuse of alcohol and cocaine. He provided another example. While working as an independent agent, he would not have to follow a set working schedule, so he felt justified in drinking on nights before having to go to work. However, the following days he would regularly not go to work, because he would be sick from drinking the night before. He would miss work and not earn income due to his alcohol addiction, all of which negatively
affected him emotionally. After he stopped using alcohol and cocaine he no longer had any issues with being late to work or missing work altogether. Now that he is clean he is even able to find humor in those experiences. During the interview, he joked that if he was unproductive at work today, it was due to the fact that he was just plain lazy.

Alfonso also reported having lost employment because of his alcoholism. He recalled a time when he was working at a factory in El Paso. Up to that point his alcohol use had not affected him much at work, but then his substance abuse progressed. At first, he would drink during the weekends and go to work on Mondays. After a while, he started arriving late to work on Mondays because he would become sick from his alcohol use during the weekend. As his alcohol abuse progressed, he started going home early on Mondays claiming that he was sick, even though his sickness was due to his alcoholism. He also recalled a job that he had working as a warehouse supervisor in Mexico. He was fired from that job because he would leave work early to go to the bars and drink.

Abel also lost a job he had held for many years due to his substance abuse. One day his employer found out that he was using cocaine and put Abel under investigation. He was forced to resign because of his drug use. Abel’s case exemplifies how the progression of a person’s substance abuse can affect their work performance gradually such that they may not be able to recognize that their addiction is spiraling out of control. Abel eventually became so addicted to cocaine that soon before he lost his job, when he still had the ability to save his career, he continued using. Abel recalled that when he started using cocaine he was only using an average of one day a month. After a while, he started using cocaine more often as he found out that he could use without any one at work finding out. He stated that at this early stage of his addiction, he was still not using drugs at work, although he was starting to request Mondays off from work so that he could use drugs and alcohol all weekend without having to return to work in withdrawal.

Eventually, Abel began to use drugs at work when he was exhausted or feeling sick from his
weekend binges. He started going home during breaks and using cocaine to get through the rest of the day. Of course, his employer eventually found out. Abel’s drug use was so out of control that he continued using drugs even though he knew it would result in his firing. He resigned since the final decision to terminate him would be based on a mandatory drug test. Abel’s addiction led him to use cocaine before the drug test, even though he knew that staying clean might have saved his career. Like Abel, Hector also had to quit his job due to his addiction. Hector was so addicted to cocaine and heroin that he would use drugs while at work. He would even leave work in order to go buy drugs because he felt so sick from withdrawals while at work. Hector was finally forced to retire after his employer found out that he was addicted to drugs and alcohol. Hector recalled that he had been using drugs during work hours for 2 years before his employers found out. This, of course, ruined his career.

Lester had similar experiences with his substance abuse affecting his performance in the workplace. He recalled one job he had after he graduated from college. He was working at an advertising firm while he was addicted to marijuana. He stated that there were times when he would claim that he could not go into work because he was snowed in at his residence and would ask for permission to work from home. Instead of working however, he would smoke marijuana all day and would not complete any of his work tasks. Although his employment was on a probationary basis, he would continue to use marijuana. He was terminated from that job because he mishandled two projects that were very important to the advertising firm. He also recalled having lost several other jobs. He recalled that during his years of substance abuse, he did not care about working as all he wanted to do was get high.

While Antonio did not report having lost any jobs due to his addiction to drugs and alcohol, he did recall that working did not stop him from using alcohol and drugs. Antonio said that he would consume alcohol from the moment he woke up until the moment that he went to sleep. He would get up in the morning and reach for a bottle of vodka soon as he woke up. On his way to work, he would stop
and buy some beer or wine so he could continue drinking during his work hours. He would also leave work early to drink or would sometimes send one of his employees to go buy alcohol while everyone else cleaned the worksite so that he could start drinking as soon as the cleanup was finished.

Like Antonio, Fernando would also use drugs at work. Fernando worked in a factory in El Paso for about 8 years making clothes. He liked working at the factory because he would not get in trouble for using drugs or alcohol, as long as he made the required quota of jeans. In this factory many employees would smoke marijuana during their lunch break. He recalled how everybody would get together in the restroom of the factory and get high. He also had a friend who would bring prescription drugs from Mexico and sell them at the factory. Fernando would buy pills from this person and get high during work. He became so addicted to drugs that he started stealing from the factory in order to support his habit until he got caught and was turned over to the authorities.

This chapter provided a cross-case analysis of the similarities and the differences among the cases in order to provide insight into the myriad life problems that people suffering with substance abuse have to cope with when they are actively using and after they make a turn toward recovery. Important factors shaping participants’ life histories included family and peer influences, mental and physical illnesses, strained family relations, and employment issues, all of which interacted to shape their substance abuse and rehabilitation trajectories.
Chapter 5: Discussion

The analysis of data collected through participant observation and interviews shed some light on the subject of substance abuse and rehabilitation. Factors known to influence substance abuse were discussed in the literature review and were focused on empirically through the study. The literature documents the influence of family and peer relations on substance abuse, as well as relationships between substance abuse and employment, illness and criminal history. Other characteristics of participants’ substance abuse histories examined included age of first use, substance of first use, frequency of use, inability to quit using drugs and/or alcohol, transformative experiences (e.g., “hitting rock bottom”), and problems faced during recovery.

The substances that the 13 participants reported having used include alcohol (n=13), marijuana (n=10), cocaine (n=10), heroin (n=5), pills (n=5), LSD (n=5), inhalants (n=3), methadone (n=2), mushrooms (n=2), PCP (n=1), and methamphetamine (n=1) (see Figure 4). The coding for pill usage included all prescription medications that were reported as used for abuse and the coding for inhalants included glues and spray paints as those were the only two inhalants that any participant reported using. All participants reported abusing alcohol at one point in their lives and 11 reported alcohol as their first substance of abuse; two participants reported marijuana as their first substance of abuse. Just two participants reported that they had only used alcohol during their addiction, and that they had never used any other drugs.

The analysis established that participants’ addictions affected not only themselves, but also occurred in an interactive social context, shaped largely by family relations. Results revealed how family and peer relations influenced participants’ substance use, and also how they affected the recovery process for all participants. In terms of social influences on participants’ first experience using drugs or alcohol, family and peer pressure were both implicated in such events, but neither emerged as being a more important influence than the other for the participants in this study.
The number of participants who were influenced by peers to first try drugs or alcohol (n=8) was slightly higher than the number influenced by family members (n=5) (see Figure 1). Further analysis showed that out of the five participants who were influenced by their family, four were actively encouraged by family members to drink or use alcohol for the first time while one was influenced by his family, yet tried alcohol for the first time without his family’s approval. Out of the eight participants who were influenced by their peers, four (Benito, Lester, Maria, and Miguel) provided very similar stories when recalling their first experience. These four participants were all influenced by their peers while in high school, their first experience was with alcohol, and they all tried it for the first time at a party organized by schoolmates. Peer influence for another three cases included similar experiences where the participants used a substance for the first time with peers from their neighborhood.

In terms of the age at first use, the cases examined here provided cause for concern, since all but one participant first used during childhood or adolescence, times when they were highly vulnerable and all still in physical, mental and social development. Eight participants reported that they had used drugs or alcohol before they reached high school and several participants were not even teenagers when they had their first use experience. One participant reported his age at first use as 11 years old, four reported being 12 years old, two reported being 13 years old, and one reported being 14 years old; four reported using alcohol for the first time during high school between the ages of 15 and 17, and one reported having tried marijuana as his first drug of use at the age of 18 (see Figure 2).

In terms of family relations, the literature indicated that parental divorce can influence substance abuse at a younger age for children (Zimic & Jukie, 2012; Schafer, 2011; Bailey, et al., 2010). The data gathered for this study did not allow me to examine that claim, as only two out of the thirteen participants reported having parents who were separated at the time of their first experience with drugs or alcohol. One issue that became apparent, however, is the effect that substance abuse had on participants’ family relations. Eight participants reported that they had been divorced at least once, and
most of those attributed their divorces in some way to harmful behaviors associated with their addictions; one participant reported four divorces, all of which he attributed to his substance abuse. This reflects how substance abuse had generally deleterious effects on the familial (and specifically, marital) relations of participants. Marital status was not the only aspect of participants’ family relations affected by substance abuse, for it also affected participants’ relations with children and with other family members. In sum, all participants had problems with family members due to their substance abuse. Reports of family problems included fights or arguments with family members, emotional abuse of spouses and children, and one instance of a physical assault against a family member. All of this generally aligns with the extant literature.

A main focus was the role of recovery groups in the rehabilitation process. The previous sections on substance abuse and the effects of addiction document some of the hardships faced by people trying to quit using drugs. All of participants desired to quit on several occasions, but were not able to do so, and all participants reported having multiple relapses throughout their struggles to quit. Out of the 13 participants, two had not been able to quit their alcohol and drug use; one had tried several rehabilitation programs and support groups, while the other had not participated in any program. Out of the 11 participants who reported having been able to quit and who had some time of sobriety, only one had never attended any type of substance abuse program; 10 participants relied on some kind of support group or rehabilitation program to quit using drugs or alcohol.

The numbers on substance abuse and rehabilitation show that although support groups had been critical in the rehabilitation process for participants in this study (who were primarily recruited through support groups), they are not a “silver bullet” that automatically leads to immediate and permanent recovery. Especially considering the negative effects of withdrawals, the road to recovery is extremely difficult, regardless of whether or not one participates in a support group. Results here aligned with the literature by showing that withdrawals and the immediate health effects of halting drug or alcohol use
can be detrimental to the recovery process. Several participants reported that they continued to use drugs or alcohol because of the pain associated with use cessation.

The long-term health effects of participants’ drug or alcohol usage proved to be important in shaping their life histories and substance abuse trajectories. Many participants reported having long-term health issues such as hepatitis C, liver and pancreas damage, mental illness, and heart problems. While not all participants reported having long-term health issues due to their substance abuse, all 13 had some kind of short-term health issue, including heart and stomach problems, visits to the emergency room and accidents due to excessive use of drugs or alcohol. Notably, these health issues were critical influences on several participants’ decisions to stop using. Unfortunately, in some cases, decisions to quit were too late to avert lifelong suffering from chronic health problems.

Mental health issues also influenced participant’s substance abuse histories. There is a well-established link between substance abuse and mental illness (Harrawood, et al., 2011; Isoma et al., 2010; Bailey et al., 2010; Substance Abuse and Mental Health, 2010), and this study certainly found a linkage between the two. Although not all participants directly suffered from a mental illness or psychological problem due to their addictions, each stated that they had experienced some type of mental health problem. The mental health concerns reported include depression (n=7), anxiety (n=3), paranoia (n=2), “insanity” (n=2), compulsive behaviors (n=2), and black-outs (n=1) (See Figure 3). Among participants who experienced mental health suffering, two expressed having thoughts of suicide and two others reported seeking professional treatment for their mental illnesses. All participants with mental health issues directly attributed their suffering to substance abuse.

Results also show how substance abuse can have very negative effects on employment, and, less obviously, how employment can have deleterious effects on substance abuse. Ten out of the thirteen participants reported that substance abuse led to negative consequences at work; seven reported having lost at least one job due to substance abuse. Other issues include instances of missing work or
performing poorly at work. Nine of the 13 participants admitted to using alcohol or drugs while at work, and two reported continued drug use even though they were fully aware that they were under investigation by their employers and would lose their job if they continued to use. These results are congruent with what research on substance abuse has previously established.

The relationship between criminal history and substance abuse has long been established, and among this study’s participants, there were some clear connections between substance abuse and criminal behavior. The pattern of criminal behavior among participants includes incidents influenced by their substance abuse (separate from illicit drug use), but few crimes enacted instrumentally to support their substance abuse. Only two participants reported having engaged in criminal behavior to support their habit; one had been arrested while the other had not. Additionally, seven participants reported an arrest associated with their substance abuse. Two participants reported having been arrested for a charge of driving while intoxicated (DWI); one reported 3 arrests for DWI and the other six. One participant reported having been on probation at least once, and another reported having been on parole. Two other participants described engaging in criminal behavior without being arrested.

There is a key event that emerged regarding the timing of most participants’ transition to rehabilitation: The experience of a transformational low point, which many referred to as “hitting rock bottom”. Participants described hitting rock bottom as signifying a defining moment in their lives, when they were ready to stop using drugs and alcohol and had begun to achieve the “right frame of mind”. This moment however, did not imply that they would stop using immediately, but rather that their battle with substance abuse through recovery was only beginning. Out of the 13 participants, eight specifically called the worst moment in their addiction as “rock bottom”; however, all participants made mention of a moment in their lives when their desire to quit became greater than their desire to continue using. Acknowledgement of this moment is important, as it represents the point when participants became tired of their addictions and experienced strong desires to stop using. It is crucial to realize when someone has
arrived at a transformational low point in their substance abuse history, because it is at this time when they are in greatest need of support. It is at this moment that strong social support (including that from family and friends) should be established to enhance the chances for success in recovery. Results show that the process of recovery is not an easy one and that relapses should be expected along the way. Results also showed however, that support from family and friends, in conjunction with substance abuse support groups, can provide the help needed for an individual to halt their substance abuse.

Twelve participants expressed that their drive to quit using drugs or alcohol was rooted in their desire to repair the damage that they had caused to loved ones. Nine participants reported that they had been influenced by their family to stop using drugs or alcohol. Six expressed having been influenced by, or having received support from, their friends to stop. Eleven of the 13 participants had successfully stopped using drugs or alcohol altogether. What this shows is that, although there is not one single factor shaping successful recovery, a combination of social support resources may increase chances of success.

When examining factors that influence experiences of substance abuse and rehabilitation, it is clear that there is a broader social context that must be carefully analyzed in reference to individuals’ substance abuse trajectories throughout the life course. The definition provided by the APA (2000) of substance abuse, in fact, is based on the seriousness of social repercussions associated with an individual’s drug use, not the seriousness of physical or mental effects experienced by that individual. Taking the signal importance of the individual’s complex and dynamic social context into account, it is perplexing that the majority of behavioral studies of factors influencing substance abuse and rehabilitation are quantitative and cross-sectional.

As an example, a key moment in an individual’s substance abuse history is the experience a transformative low point, when an individual realizes that he/she has a (social) problem with substance abuse. While these “rock bottom” moments tend to be imagined as highly private and individuated experiences, they actually encompass one or a cluster of painful social events that individuals precipitate
in their environments due to their substance abuse. To be transformative, these social experiences must then culminate in deep reflection and realization on the individual’s part that they must stop using drugs to prevent further social destruction and suffering.

The social context to which I refer is also composed of norms that have been established for society in general and groups therein. As explained by the APA (2000) DSM-IV, individuals meet the criteria of being substance abusers when they fail to fulfill role obligations at home, school, or work. Other criteria established include engaging in substance abuse even though it can be hazardous to the user and others, as well as recurring legal, social, and/or interpersonal problems. These criteria all apply to repercussions of drug use in a social context that extends well beyond the individual. For example, each study participant came to the realization that they had a problem with substance abuse not because of how their drug use affected themselves (in fact, many kept on using despite serious personal health and livelihood impacts), but rather because of deleterious effects it had on those around them. Reasons reported for stopping included repeated emotional damage inflicted on friends and relatives, recurring legal, employment and school problems; health issues. The only factor that can be argued to have a primarily individual level effect is physical illness due to substance abuse, but even that has larger social implications that shape individuals’ decisions, since such illnesses also affect the family and friends that love or depend on the individual.

Accounting for these social contextual factors in people’s life histories is critically important to understanding their substance abuse trajectories. Note that family, peer and work relationships emerged as important risk factors in many participants’ initial descents into substance abuse. However, for most participants, family, peer and work relationships also later on emerged as key protective factors that pulled them away from substance abuse and provided the supportive social context for recovery. The fact that an individual’s social relationships emerged as key risk factors at one point in time and key
protective factors at another suggests that cross-sectional analyses will fail to capture the fundamental contextual factors that shape substance abuse trajectories at different points in the life course.

Through the use of qualitative methods, I was also able to obtain data on barriers to recovery faced by participants. One issue that emerged is the limited availability of recovery resources and programs in El Paso. Although there are numerous support groups to choose from, as far as AA and NA groups are concerned, there is limited availability of other types of rehabilitation programs in El Paso. Several participants said that there is a dearth of rehabilitation programs in El Paso, and that the ones in existence are not very effective. Another issue is that these programs can be prohibitively expensive. A comparison with programs in other parts of the country would enable more systematic documentation of El Paso’s rehabilitation deficiencies; comparative research could also be undertaken to examine how local differences in rehabilitation resources affect recovery outcomes for substance abusers.

One last issue relates to the effect that living in El Paso had on participants’ substance abuse trajectories. It is logical to think that, because El Paso shares an international border with Mexico, the local context might influence use through the increased availability of cheaper drugs (Campbell, 2009). Although this logic is not strongly supported based on the experiences of study participants, it does merit discussion. Several participants said that living near the border influenced their decision and ability to start/continue their drug and alcohol. Two participants, Antonio and Fernando, said that when they were younger and started using drugs and alcohol they lived in the county near the Rio Grande. They both stated that because of their proximity to the border and the lack of border security at the time they were growing up, they both had easy access to drugs that came in from Mexico. These drugs were used either for selling or consumption. Fernando recalled how when he would get out of work, he would go to the bars in El Paso to use drugs and alcohol. After those places closed at around 2 a.m., he would go to Juarez to continue his binging; he did this all weekend until it going back to work on Monday.
Maria recalled similar incidents to those of Fernando. She recalled that although she lived in El Paso when she started using alcohol, she had a lot of family and friends across the border in Juarez, Mexico. She would go to Juarez to drink and party with her friends and would return home extremely intoxicated. Neville also discussed how living close to the border affected his substance abuse. Neville is not originally from El Paso, but his decision to stay in El Paso was originally based on the closeness of El Paso to Juarez. He recalled that he wanted to stay in this area because heroin was extremely cheap in Juarez. While he is now in recovery, he has remained in El Paso until the present day. Although none of this proves that living near the border has a direct influence on addiction and substance abuse, it is clear that El Paso’s border location provides the social context for a transnational substance abuse dynamic. The role of El Paso’s border location in people’s substance abuse decisions and trajectories is worthy of further research.
Chapter 6: Conclusions

6.1 Limitations of the Study

There are several limitations to this study. The first is the sample size. The participants for this study numbered only thirteen, which limits the applicability of the findings to the general population. This limitation is tempered by the fact that this is a qualitative study focused on in-depth life history interviews as a method of data collection. Due to the intensive nature of data collection it was not feasible to collect a much larger sample due to limited time and resources. Also, the sample was not random; it was a snowball sample based on connections made in support group meetings.

The fact that this study was focused on the subject of substance abuse and rehabilitation limited my ability to enroll a random sample of participants. Due to the sensitive nature of this subject there are no public databases or easily-accessible compiled lists of people who suffer from addictions and are going through the process of recovery. Also, due to the nomadic nature of participants in community support groups it would be impossible to track who attends a particular group at any given time. Since there are no attendance requirements in any of these groups, the recruitment process was challenging. Although I was able to make contact with a large number of prospects for recruitment, there were some individuals whom I only met once and whom I was not able to enroll in the study.

Another issue faced during the recruitment process involved refusals to participate. This occurred because some respondents viewed their recovery as something personal that was not to be shared with strangers. Other people decided not to participate due to the fact that the interview would require them to recall moments of their life which were traumatic and might create undesired emotional stress. In these cases, and due to ethical concerns, I did not pursue the issue further and moved on to recruiting other participants. One final issue that came up during the recruitment process was the fact that recruitment was based in large part on a snowball method that required participants to recommend possible subjects for my research. While I was able to recruit several subjects this way, it was difficult to re-establish contact with some participants.
Although it was very difficult to recruit participants for this study, which provides a very small $N$, this issue is mitigated by the fact that it was a qualitative study. Most of the literature reviewed for this study is quantitative in nature. Attempts were made to locate systematic qualitative behavioral studies containing rich, detailed examinations of factors influencing people’s substance abuse histories. I was also not able to locate any that were specific to a setting such as the El Paso/Juarez international border. Most of the research reviewed was then quantitative in nature and dealt with populations in controlled settings such as rehabilitation centers and clinics, or with populations that are either in court-ordered treatment or community supervision. These studies may test and document relationships between socio-demographic variables and substance abuse outcomes, but they fail to support explanations of social contextual factors as dynamic influences on people’s trajectories of substance abuse and rehabilitation throughout the life course.

This qualitative study provides a clearer understanding of how individuals’ substance abuse trajectories are shaped interactively with their social contexts. It is based on rich and detailed stories obtained from individuals, which were analyzed comparatively. The approach also provided an outlet for individual participants to share their experiences. Several participants later told me that while recalling traumatic events from their past was troublesome and emotionally challenging, they found the process therapeutic, as it helped them take stock of their current places in life.

Another issue that limits this study involves replicability. There potential variability in substance abuse treatment and recovery that limit the replicability of this study. Given the fact that relapses into substance abuse are common, the responses for a study similar to this would likely vary from one day to the next, even with the same participants. There is no way to guarantee that the responses to a study with an identical design would be similar if the study were to be conducted in the future. Conducting several replicated studies based on this model however, would help to correct this issue by enlarging the sample size and broadening the range and number of cases used in cross-case analysis.
Another limitation of this study is the lack of variation as far as some demographic characteristics are concerned. The first issue of concern is that, out of the 13 participants, only one was female. Although the number of male participants was much greater than the number of females, I roughly estimate that the female-to-male ratio in support groups would be closer to 1:3 (this estimate is not based on empirical data but rather an estimate based on my personal experience attending support groups in El Paso). In this study however, the ratio of female-to-male participants was 1:12. This is hardly indicative of a representative sample; it also limits the applicability of this study as far as females are concerned.

One reason for my inability to recruit women was that I was always approached by male members of support groups during participant observation. Although there were several females I was interested in recruiting for this study, I had to make the decision not to recruit them based on ethical dilemmas I came to realize during participant observation. During the group meetings I attended, one of the females I was interested in interviewing expressed very emotional and painful issues that she was struggling with, and I felt that her participation in my study would cause too much stress in her recovery process. There was another female who I was tried to enroll as part of the snowball sampling process but was not able to contact.

Additionally, the youngest participant in this study was 33 years old while the oldest participant was 65 years old. The fact that there were no participants under the age of 33 limits the applicability of study results to any member of the population who is under the age of 33, as there are no participants in that age range in my sample. This limitation however highlights a key finding of this study. A basic theme that emerged is that it typically takes a long time for substance abusers to come to the realization that they have a problem.

The fact that all participants were under the age of 18 when they started using drugs and alcohol, yet the youngest participant in this study was 33 years old, is a clear reflection of the fact that young
people are not represented in the recovery process – not only in this study, but also in the real world. This was corroborated by my participant observation in support group meetings, where I met dozens of people who were members of community support groups. The youngest one I met however was Lester, who was 34 years of age at the time of his interview. I was told of one person who was approximately 20 years old and involved in the recovery process, but due to time limitations, I was not able to recruit him. It is important to note that although the age range of the sample limits the applicability of this study to the middle-aged group of the general population, the age range of my sample is for the most part representative of the population I came across during participant observation.

Another demographic issue relates to the race/ethnicity of participants. There were a total of 10 Hispanic as compared to 3 White participants. While this is representative of the demographics of El Paso, this is not the case for the rest of the US. This limits the applicability of the study to any area of the country where the majority of the population is White or any other race/ethnicity.

There are two other issues that may limit the applicability of findings to the general population. One of these is the range of clean or sober time that the participants reported having. The range of clean time varied from active current use (two cases), to months of clean time (two cases), to several cases with several years of clean time. There were two participants that reported each having more than 20 years of clean time. The final issue is the limited amount of recovery resources available in El Paso. El Paso only has AA and NA groups, while larger cities have support groups dedicated to nearly any type of drug, which can provide specific and detailed forms of support more relevant to the person’s drug of choice.

6.2 Final Thoughts
This study was focused on the subject of substance abuse and rehabilitation, based on detailed interviews with people who have experienced living with an addiction to drugs and alcohol. The process by which the data for this study were collected was qualitative in nature due to the need for rich and
detailed accounts of the issues that people deal with as they experience substance abuse and rehabilitation in the context of their life course. This method allowed for the collection of data that enabled me to clarify issues that influence substance abuse and obstacles faced by recovering individuals.

The issues that were covered in this study included family and peer influence on addiction and as well as their influence in the rehabilitation process. Other issues that were covered included the effect of substance abuse on physical and mental health and well as employment, education, and criminal history. These issues not only affect the individual addict but also their family and friends. Understanding how addictions are developed and how people overcome substance abuse was the ultimate goal of this study. Although this study is does not provide a complete understanding of substance abuse, it helps paint a clearer picture of the issue at hand based on people’s first-hand accounts.

This study provides a model that can be used and replicated in order to further develop knowledge of factors influencing substance abuse and rehabilitation based on the dynamic social contexts surrounding people’s life courses. If this study were to be replicated, several limitations could be addressed, such as the small sample size as well as demographic limitations related to the underrepresentation of women and people under age 33. Ultimately, the results of this study and other similar studies could be used to establish concepts and hypotheses about substance abuse that could then be analyzed via a larger scale quantitative study in order to better understand the problem of substance abuse and rehabilitation through the life course at a population level.
# Tables

## Table 1. Participant Demographics

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Figures

Figure 1. Influence on First Experience of Use

Figure 2. School Age at First Use
Figure 3. Mental Health Problems

Figure 4. Drugs Used by Participants
References


Appendix

Appendix A – Participant Consent Form

University of Texas at El Paso (UTEP) Institutional Review Board
Informed Consent Form for Research Involving Human Subjects

Protocol Title: Substance Abuse and Rehabilitation: Understanding the issue from first-hand accounts
Principal Investigator: Mauricio Austin
UTEP Department of Sociology and Anthropology

You are being asked to take part voluntarily in the research project described below. Please take your time making a decision and feel free to discuss it with your friends and family. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

You have been asked to take part in a research study of substance abuse. Approximately 20 to 30 people will be enrolling in this study. If you are currently being supervised by any Criminal Justice agency under any type of community supervision you cannot participate in this study. You are being asked to be in the study because you are an adult over the age of 18 years who has a history of substance abuse. If you decide to enroll in this study, your involvement will last between 1 and 2 hours. If you agree to take part in this study you will be participating in an interview conducted by the project researcher in which you will be asked a series of questions related to substance abuse.

The risk that this study might pose to you is that you might be asked to recall troublesome or stressful moments of your life that might cause you some emotional strain. The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form. You should report any such injury to Mauricio Austin, at (915) 202-1090, or meaustin1@miners.utep.edu and to the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

There will be no direct benefits to you for taking part in this study. This research may help me to understand the causes that lead to substance abuse disorders, as well as the steps that people have taken to overcome their disorder. You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

Funding for this study is provided the main researcher. There are no outside sources of funding for this study. There are no direct costs to you. You are responsible for travel to and from the research site and any other incidental expenses. You will not be paid for taking part in this research study.

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty. If you choose to take part, you have the right to stop at any time. However, we encourage you to talk to a member of the research group so that they know why you are leaving the study. If there are any new finding during the study that may affect whether you want to continue to take part, you will be told about them. The researcher may decide to stop your participation without your permission,
if he or she thinks that being in the study may cause you harm, or for any other reason that the researcher might see that arises during the course of the study.

In order to better collect data from the interview, the interview will be recorded with a digital recording device. The interview will only be recorded only if you give permission. These recordings will be accessible only to the main researcher, and no one else. These recording will be stored in a password protected computer to which only the main researcher will have access. The digital recordings will be transcribed into a computer word processor, which will also be stored in the same computer as the digital recording of the interview. Once the interviews have been transcribed, the digital interview recordings will be deleted and only the transcribed form will be stored.

You may ask any questions you have now. If you have questions later, you may call Mauricio Austin at (915) 202-1090, or you may contact me at meaustin1@miners.utep.edu. If you have questions or concerns about your participation as a research subject, please contact the UTEP Institutional Review Board (IRB) at (915) 747-8841 or irb.orsp@utep.edu. Your part in this study is confidential. None of the information will identify you by name. All records will be secured by the main researcher in a password protected computer. Your name will only be recorded on this consent form. None of the interview records, transcripts, or final documents will identify you by name. If information is revealed about child abuse or neglect, or potentially dangerous future behavior to others, the law requires that this information be reported to the proper authorities.

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

Participant Name: ____________________________________ Date: ______________

Participant Signature: ____________________________________ Time: ______________

Consent form explained/witnessed by: ____________________________________

Signature

Printed Name: ______________________________ Date: ________ Time: __________
Appendix B – Questionnaire

Demographic Information
Respondents assigned coding number:
Sex:
Age:
Race:
Highest Grade Completed:
Personal dollar income for the year 2011:
Employment:
Place of residence:
Marital Status:

For the purpose of the interview, I will be referring to substance dependence as having met at least 3 of the following criteria that develop over the period of 12 months: tolerance build up, withdrawals, larger amounts ingested over longer periods, persistent yet unsuccessful attempts to quit, large amounts of time spent acquiring the substance to be abused, the giving up of social and family activities, and using due to a condition that is in turn augmented by the use of said substance. Substance abuse will be referred to as having met at least one of the following criteria: use results in failure to fulfill role obligations at home, school, or work, use in situations in which it is physically hazardous, recurring legal problems, and/or persistent social and interpersonal problems

Substance abuse history questions

Throughout your past substance abuse history, what substances do you consider that you have used? (If not covered by respondent on response to previous question)
Have you ever used any of the following?
- Alcohol
- Marijuana
- Cocaine
- Heroin
- Hallucinogens (LSD, PCP, Acid, Mushrooms, etc…)
- Prescription medications (in any way other than prescribed)
- Inhalants (paint thinner, glues, markers, cleaning products, gasoline, etc…)
- Any other substance that might not be considered a drug or stimulant, but that you have used in an abusive manner?

How old were you and why did you start using drugs and/or alcohol? Describe your initial encounter with any substance of abuse, including the setting and the people that you were with when you first experienced any substance use or abuse?

How did this first encounter affect your future use of any substance of abuse?
- What did you like or dislike about your first time using drugs or alcohol?
- Did you become addicted immediately after your first use, or was it a long process?
- Were you by yourself or with others?
  - If you were with others, did you continue to seek those people in order to continue using drugs or alcohol?
Before you had tried any substance of abuse, what history of substance dependence or abuse did your family have?
Did you have any friends or people in your immediate social network that engaged in substance abuse? Did this influence your decision to engage in this activity? How?

After your initial encounters with drugs and/or alcohol, how often did you continue to consume this/these substance(s)? How did this affect your personal, social, and professional life?

At what point in your life did you consider yourself to have become addicted to your substance of choice? How long did this process take? What was the situation with your personal, social, and professional life at this point?

Are there any times in your history of substance abuse when you did things that you regret, or turned to extreme measures, in order to feed your habit?

Many people that have issues dealing with substance abuse allow the substance abuse to take control of their lives? When would you say that you lost control of your life due to substance abuse? How did losing control affect your personal, social, and professional life?

Most addicts seek help with their substance abuse once they have “hit rock bottom,” or what some refer to as having and epiphany. Do you feel that you hit rock bottom at any point, and did you ever have an epiphany? When was this, and how did it happen?

How did you first decide to seek help? How successful were you the first time you tried to get clean?

What rehabilitation programs have you attended? Were you the one that made the decision to go, or where you influenced by other people?

What is your relapse history like since you first sought help to get clean?
- How often would you say that you relapse back into substance abuse?
- How do you get back into the path of sobriety?
- How has your family or other social relations (such as friends, coworkers, or acquaintances) influenced you into relapsing?
- How have family and friends helped you to get clean again?
- How was your relapse influenced by your work or employment?

How has your involvement in substance abuse programs affected your personal, social, and professional life?

At this point in your life, would you say that you have overcome the problem of substance abuse, or are you still trying to get clean for good?

Current substance abuse questions
(For respondents still engaged in substance abuse to this day)
Do you still engage in substance abuse? If so, what is your substance of abuse of choice?
  Do you still engage in any of the use any of the following substances?
    Alcohol
    Marijuana
    Cocaine
    Heroin
    Synthetic Hallucinogens (LSD, PCP, Acid, Mushrooms, etc…)
    Prescription medications (in any way other than prescribed)
    Inhalants (paint thinner, glues, markers, cleaning products, gasoline, etc…)
    Any other substance that might not be considered a drug or stimulant, but that you have used in an abusive manner?

Do you wish to quit your substance abuse? Why or why not?

**Reflection questions**

What factors do your believe led to your substance abuse?
What factors do you believe led to you seeking help to get clean?
What factors do you believe led to you relapsing into drug use?
What factors do you believe led to your staying clean?

What do you think about your substance abuse history in terms of how it has affected your life?
  How has it affected your personal life?
  How has it affected you physically?
  How has it affected you emotionally?
  How has it affected you mentally?

How do you think that your substance abuse history has affected your family and friends?
How have your family and friends influenced you to relapse into substance abuse?
  Have you ever missed gatherings (i.e. birthday parties, graduations, weddings, etc…) because of your substance abuse? Have you ever attended these gatherings while under the influence?
  Have you ever forgotten about appointments/get-togethers with your family because of your substance abuse?
  Have you ever become abusive in any manner to your family members due to your substance abuse?
  Were you aware at the time of these occurrences that they were caused by your substance abuse?

How has your social life influenced your substance abuse?
How has your substance abuse affected your social life?
  Have you ever stopped seeing friends because of your substance abuse?
  Have any of your friends stopped their friendship with you because of your substance abuse?
  Were you aware at the time of these occurrences that they were caused by your substance abuse?
How has your substance abuse affected your professional life?
How has your professional life affected your substance abuse?
   Have you ever gone to work under the influence of any substance?
   Have you ever been late to work, or missed work, because of your substance abuse?
   Have you ever been fired from a job because of your substance abuse?
   Were you aware at the time of these occurrences that they were caused by your substance abuse?
   Where do you think you would be professionally if you had never used drugs or alcohol?
   How has your substance abuse held you back in your professional life?

Do you have a criminal history due to your substance abuse?
   Have you ever been arrested for possession of a controlled substance?
      How were your arrested, and was this a felony or misdemeanor?
      How have these arrests affected your personal life?
      How have these arrests affected your professional life?
   Have you ever committed any crimes in order to obtain drugs, or money for drugs?

Questions on Relapse Prevention
What resources do you have at your disposal that help you curb your desire to relapse, or to quit altogether?
What resources would you like to have available when fighting against your addiction?

(For respondents that no longer engage in substance abuse)
If you no longer engage in substance abuse, how where you able to stop?
   How is it that you are able to abstain from relapsing into substance abuse?
   What resources or support systems do you have that help you to stay clean?

Has your family influenced your decision to stop abusing substances and to remain clean?
Have your friends influenced your decision to stop abusing substances and to remain clean?

What do you think would be an ideal program or way to stop substance abuse? What would you like to see changed either socially or politically about the way substance abuse treatment programs are run?

The following questions were obtained from the SAMHSA (Substance Abuse and Mental Health Services Administration, 2010) questionnaire for their 2010 survey and are designed as follow up questions if the issues that they deal with have not been covered in the conversation so far.

How much time do you spend a month getting, using, or getting over the effects of your substance of choice?
Have you abused a substance more often than intended or have you been unable to keep set limits of substance use?
How has the quantity of your substance of choice changed from now to when you first started?
How are you affected by your desires to stop using drugs but being unable to stop? Are these desires permanent or momentary?
Why do you continue to use the substance even though it was causing problems with emotions, nerves, mental health, or physical problems?
Did you substance abuse ever reduce or eliminate involvement or participation in important activities?
How do you deal with issues due to your substance abuse such as trouble sleeping, cramps, hand trembling, or any other symptoms of withdrawal that you can directly link to your substance abuse? Have you ever abused any substance and then did something that might have put you in physical danger?

**Closing questions**

How do you feel today looking back at everything that you have gone through in your life having to deal with your substance abuse?

What outcome do you foresee in your fight against substance abuse?

Is your view on your future positive or negative, or somewhere in between positive and negative? Please explain.

Any final thoughts or comments that you would like to add?
Mauricio Austin was born in El Paso, Texas. The younger of two sons of Alfredo and Maria Austin, he graduated from Burges High School in the spring of 2001. After attending New Mexico State University for his first year after high school, he returned to his hometown of El Paso in order to enroll at the University of Texas at El Paso in the fall of 2002. During his senior year at the University of Texas at El Paso he worked as a research assistant for the department of Sociology and Anthropology under the guidance and tutelage of Dr. Tim Collins. During this time, he was able to obtain research experience working on several projects dealing with environmental and health issues in the bi-national setting of the border between the United States and Mexico. He completed his bachelor’s of arts degree in 2007. Having pursued an education in the field of criminal justice, he became employed by the El Paso County Sheriff’s Office as a communication’s specialist after his graduation in the spring of 2007. After working there for a year he was able to take one more step in his professional career obtaining employment in the summer of 2008 with the Texas Department of Criminal Justice as a Parole Officer in the city of El Paso. In the spring of 2011 he entered Graduate School at the University of Texas at El Paso. He may be reached at the following email addresses: meaustin1@miners.utep.edu or mauricioeaustin@live.com.