

EXPLORING EXPERIENCES OF QUITTING

ILLCIT SUBSTANCE USE

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Abstract

Research on illicit drug use involving first-hand experiences of individuals who have successfully quit on their own has received limited attention in empirical works. The following study sought to explore how individuals make the decision to quit using illicit drugs on their own without receiving formal interventions or treatment. Critical moments during the decision-making process were also examined. Framed under an Interpretative Phenomenological Analysis (IPA) methodology, the quitting experiences of six participants were qualitatively analyzed for meaningful themes to help provide insights and understanding on the phenomenon. Results indicated three superordinate themes best accounted for participant interpretations of their experiences: *The Incongruent Self*, *The Tipping Point* and *Creating Space for Change*. Together, these themes represent how decisions were made to quit illicit drug use without any external intervention, as well as the strategies and changes individuals employed to be successful in their recovery. Implications of findings offer practical insight for therapeutic and educational interventions, evidence of a phenomenon still in a stage of relative infancy in the larger scientific community, as well as hope for individuals contemplating the likelihood of successfully quitting themselves.

Key words: *illicit drug use, quitting, natural recovery*

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Dedication

I would like to dedicate this thesis to my children Lila, Finn and Malcolm. I know it was frustrating at times when Mom had to work instead of doing all the fun things you had up your sleeves 😊 Thank you for being my constant source of inspiration to stay motivated and challenge myself to keep learning and growing every day.

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Chapter One: Introduction

Health Canada's Canadian Alcohol and Drug Use Monitoring Survey (Health Canada, 2012) has consistently shown over the years that youth aged 15-24 have the highest rates of self-reported illicit substance use among all Canadians. Hazardous patterns of drug use during adolescence and young adulthood not only can result in immediate harm, but also can increase risk for developing long term problems (Canadian Centre on Substance Use and Addiction [CCSA], 2007). In recent years, illicit non-medical use of prescription medications has been on the rise, and street drugs contaminated with synthetic opioids like fentanyl have seriously increased the risk for harm in using illegal drugs such as cocaine, ecstasy or methamphetamine (Government of Canada, 2018a). A body of evidence has emerged in the last few decades on the theory of *normalization*: a phenomenon where drug use becomes less stigmatized and more associated with normal behaviour (Parker, 2005). Normalization theory suggests a certain population of individuals spend periods in their lives frequently using illicit drugs without encountering serious negative events, substance use disorder or being culturally stigmatized for their habits. Many of these individuals who use drugs regularly in their youth and emerging adulthood eventually *mature out*: they decide to quit by their own devices (Sznitman & Taubman, 2016). The potential to understand the experiences of regular drug users who quit and maintain abstinence provides opportunity to highlight stories of positive change and gain insight into wellness strategies in the face of substance use.

Purpose & Research Question

The purpose of this study was to engage with and learn from an understudied population: regular drug-using individuals who decided to quit using illicit substances on their own accord, without external intervention. The intricacies of illicit drug use have remained difficult to

capture; research often focuses on addiction, abuse and potential problems rather than engaging in an open discussion around the experiences of individuals using drugs in a manner more closely in line with “normal” non-deviant lifestyles (Hansen & McNeal, 2001). Drug use is usually surrounded by a great deal of secrecy with reluctance to openly admit to habits of use or engage in frank conversations about how and why substances are used. Individuals who have gone through the experience of frequent drug use and quitting represent a valuable source of insight into substance abuse and recovery. While these persons may not fit the standard mold of those who need structured interventions and treatment, they remain familiar with the effects and allure of potentially addicting illicit substances. If an individual is able to cease drug use on their own, it should not be assumed the process was easy or lacking relevance. The current study examined stories of personal recovery, and through the meanings behind those stories, built on the collective knowledge needed in counselling practices to better support clients struggling with substance use, and to inform policy in education, prevention and intervention strategies.

This study was guided by the following research question: How do individuals make the decision to quit significant drug use? In order to facilitate an exploratory analysis of the process of quitting, the project was designed to be qualitative and phenomenological in nature.

Qualitative phenomenology aims to discover and describe the meaning of participants shared experiences (Hays & Singh, 2012). The research question was developed under the belief that individuals who quit using significant amounts of illicit drugs collectively share knowledge on a unique phenomenon that could be valuable to others in similar situations. Interpretative Phenomenological Analysis (IPA) is a qualitative approach developed within psychology specifically for the examination of personal lived experience (Smith, 2017).

The primary goal of IPA is to investigate how individuals make sense of their experiences (Pietkiewicz & Smith, 2012). Working within an IPA framework provided the best approach to dig into participant lived experiences and uncover ascribed meanings to the decision to quit using drugs. The CCSA's (2018a) report on substance use in Canada stressed a need for expanding perspectives on drug use to include insight from people in recovery. Stories told about quitting drug use can be used to offer hope by demonstrating abstinence as both achievable and sustainable, while also highlighting any positive impacts the decision to quit made on future livelihood. Interpretative phenomenological analysis allowed this study to explore the personal meaning of deciding to quit using drugs and address the secondary research question: What do individuals see as critical moments influencing the decision to quit drug use?

Researcher Interest

Throughout my own personal experience, I have witnessed significant drug use in outwardly productive, healthy and normal individuals. I have also witnessed recreational drug use negatively impact the lives of people I care about. In my observations I have noticed that the duration and patterns of use can be extremely varied, and individuals seem to find their own unique trajectory for moving away from frequent use or staying deeply entrenched in it. Through this experience I have always been curious about what enables many persons to use significant amounts of drugs regularly and subsequently successfully quit on their own accord when unfortunately, many cannot. My exploration into the literature on drug use further solidified my opinion that there was a dearth of understanding on insights provided by a large population of people who successfully recovered from drug use on their own. I wanted to explore these experiences and gain practical knowledge to broaden my understanding of the dynamic contexts of substance use.

Having personal experience witnessing illicit drug use, I was aware that I would enter into this study with specific assumptions and biases. I recognized that drug use could enter and occupies people's lives in a variety of different ways; however, I still believed regardless of the situation, making a decision to quit would signify positive change and a progression towards personal wellness. I expected that family and social attachment would play a large role in the initiation and ability to quit substance use. From the beginning I maintained an underlying personal suspicion that at the core you have to value your life without the influences of substances to be able to plan a life without them. This belief lead to a second assumption; I also anticipated that forward-thinking and a desire to achieve future goals would come into play when making the decision to quit.

Lastly, I assumed drug use to be an extremely dynamic phenomenon. The aim of the study was to uncover and say something in detail about the direct experience of a particular group of individuals, rather than make generalized claims (Smith & Osborn, 2003). I entrusted the participants to provide truthful accounts of their own past drug use experiences for me to interpret and analyze in this project. While I believed there could be widely different experiences for individuals in their drug use habits, I aspired to put my assumptions and biases aside in order to best serve the voices of my participants and enter into the world as they saw it. I was curious to discover what the participants could teach us about the quitting process and strategies to move away from dangerous drug use patterns.

Significance

Engaging in research to better understand the experiences and perspectives of individuals who used drugs regularly but manage to quit on their own can facilitate the development of better prevention, intervention and treatment methods for at risk populations. The risks for

recreational drug use appear to be greater than ever with the rise of opioid related deaths in recent years. In the fall of 2018, the federal government announced plans to give Saskatchewan five million dollars over the next five years to help combat addictions crises in the province, specifically opioids and crystal meth (Latimer, 2018). This study can be drawn upon to expand collective knowledge on varying contexts of drug use, while providing unique insights into strategies for wellness among past drug using individuals. I believe this population remains under researched due to the lack of outwardly manifesting negative symptoms or association with deviant culture; however, that does not alleviate the risks associated with regular use of illicit substances. By gaining understanding of the natural decision-making process individuals employ to quit drug use on their own, intervention efforts can be developed to imitate or accelerate this process (Hansen & McNeal, 2001). Personal experiences of the decision-making process were carefully examined by taking a phenomenological approach not commonly utilized in substance use research. As a future mental health practitioner, I feel the insight gained from uncovering these firsthand experiences and the meaning participants have made from them carries therapeutic relevance for educators and counsellors' professional practices.

“The knowledge that comes from experience is often hard won.

It demands to be heard and deserves respect”.

(CCSA, 2018a)

Definition of Key Terms

Abstinence: The practice of not doing something, or avoiding by choice, something that is considered enjoyable (Merriam-Webster, n.d.). In the case of this study avoiding and refraining from drug use.

Addiction: A complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequence. People with addiction (severe substance use disorder) have an intense focus on using a certain substance(s), such as alcohol or drugs, to the point that it takes over their life. They keep using alcohol or a drug even when they know it will cause problems. (American Psychiatric Association, 2013)

Illicit Drug/Substance Use: Illicit drug or substance use refers to the non-medical use of a variety of drugs that are prohibited by law. In this study, non-medical use of prescription opioids and stimulants will also be classified under this distinction due to the fact that non-medical use of prescription drugs is a growing health concern.

Neuroenhancement: The non-medical use of prescription medication for the pursuit of increasing cognitive and intellectual capacities (Vargo & Petroczi, 2016).

Non-medical use (NMU) of prescription drugs: The taking of prescription drugs, whether obtained by prescription or otherwise, in a manner in which they were not prescribed for, or by an individual they were not prescribed to (United Nations, 2011).

Normalization: Drug use becomes less stigmatized, and more associated with non-deviant, common behaviour in society. (Parker, 2005).

Recovery: Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life (Substance Abuse and Mental Health Services Administration, n.d.)

Regular/recreational drug use: When drug use is a regular thing, such as every weekend, and is part of an individual's "normal" social life. (Rosner, 2013)

Self-initiated drug-cessation: This study defines this term as the process of an individual independently successfully quitting frequent drug use without external intervention or treatment methods.

Substance abuse: Also known as "drug or alcohol abuse", this term refers to a maladaptive pattern of substance use resulting in recurrent and significant adverse consequences. DSM-5 has replaced the term with "substance use disorder" however the term is commonly still used in drug use research and is relevant for this study. (American Psychiatric Association, 2013)

Chapter Two: Literature Review

Addiction and substance abuse have been examined through a wide variety of theoretical perspectives in empirical research. Recent trends in drug use culture and mental health initiatives in relation to substance abuse have also received significant attention. According to Smith, Flowers and Larkin (2009), a literature review for an interpretative phenomenological analysis should serve to expand one's knowledge of the topic at hand and identify a gap in the literature the research question seeks to address. Due to the IPA methodology of this study, the initial literature review introduced relevant themes surrounding the phenomenon of illicit drug use. Resources were accessed via data base journal article searches, reports published by the *Canadian Centre on Substance Use and Addiction (CCSA)* and the *Centre for Addiction and Mental Health (CAMH)*, and *Government of Canada* survey data. The review of literature begins by examining potential causes of addiction and then moves on to explore normalization theory which addresses cultural attitudes around substance use. Current trends in drug use are reviewed and subsequently, reasons for abstinence and modern wellness initiatives will be discussed. In summary, the gap in the literature this study aimed to address is identified.

Risk Factors and Theoretical Explanations of Addiction

The search to find a causal explanation for addiction has been extensively questioned, yet significant misunderstanding has developed over the years regarding its etiology and identifying types of people at risk for problems with substances (Erickson & Wilcox, 2001). While an exhaustive explanation of the complex pathways to addiction is not feasible in the context of this study, it is important to have some understanding of the potential explanations for developing a substance abuse habit. The following section will outline perspectives on addiction from the

following theoretical models: a) biological; b) neurobiological; c) individual personality; d) attachment and childhood trauma; and e) biopsychosocial.

From a biological perspective, knowledge that substance abuse runs in families is well documented with twin and adoption studies underscoring the role of genetic predisposition in addiction (Leyton & Stewart, 2014). Estimates on the heritability of substance abuse suggest between 40-60% of risk can be accounted for by genetics (Leyton & Stewart, 2014). The genetic tendency for addiction may arise from altered genes expression leading to abnormal neurotransmitter activity in the brain; persons with these genetic differences may be susceptible to the ability of drugs to elevate neurotransmitter levels that are closer to normal (Erickson & Wilcox, 2001; Robbins & Everitt, 1999). In short, these individuals may experience stronger reinforcement effects when they initiate drug use, leaving them more likely to want to use the substance again in the future. Genetic inheritance may explain the reason why certain people describe being instantly hooked upon first trying an illicit substance, while others report they could take it or leave it (Erickson & Wilcox, 2001).

Neurotransmitter activation systems play a pivotal role in one particular neurobiological explanation of addiction known as the dopamine hypothesis. As a chemical messenger transporting information between neurons in the brain, dopamine assists in the regulation of movement, attention, learning and emotional responses, and is a key component in feeling pleasure and motivating action towards rewards (Dopamine, 2019) Evidence suggests that many drugs commonly abused act through mechanisms involving the neurotransmitter dopamine and are reinforced through activation of the dopamine system, causing decreased interest in non-drug related activities and increased sensitivity to the drug of choice and risk taking behaviour (Boucher & Sandhu, 2013; Diana, 2011; Erickson & Wilcox, 2001; Robbins & Everitt, 1999).

Extensive use of alcohol, stimulants and opiates deeply effects dopamine transmission; some substances may increase dopamine release while others alter activity at neuronal receptor sites (Erikson & Wilcox, 2001). Resultingly, individuals suffering from addiction often experience hypoactivity in their brain's dopamine system when no longer under the influence of substances (Diana, 2011). Addictive drug seeking and taking behaviour can be explained as attempts to increase dopamine levels to achieve the feeling of well-being associated with normal levels of the neurotransmitter's production and functioning.

The dopamine hypothesis has received criticism for oversimplification by using a singular neurotransmitter explanation for substance abuse. While dopamine is consistently linked to brain chemistry effects of drug use, most drugs are not mutually exclusive with the neurotransmitters they activate. For example, serotonin levels play a large role in the explanation of cocaine addiction (Robbins & Everitt, 1999). Nerve cells in the brain have many interconnections. A pleasure inducing experience will generate a particular brain pathway that stimulates the release of multiple neurotransmitters, and "ultimately, many different addictive drugs may exert their effects through several neurotransmitter systems" (Erickson & Wilcox, 2001, p.11). It appears alterations in neurotransmitter activity, or brain chemistry, can both serve as the catalyst for an individual's susceptibility to substance abuse, and also the motivation to perpetuate drug taking behaviour. While genetics and altered brain chemistry play an important role in understanding addictions and substance abuse, individual characteristics related to personality can also pose potential pathways to drug use and addiction.

The concept of an addictive personality has been commonly misused in mainstream media and culture; however, to date there is no sound empirical evidence for a clearly defined set of personality traits that makes an individual predisposed to addiction (Amodeo, 2015; Szalavitz,

2015). What has come forth from empirical study, is that the presence of certain temperamental factors can contribute to future addiction. For instance, pathways to substance use disorders may be driven by externalizing temperamental characteristics such as thrill-seeking, high sociability, impulsivity, tolerance for deviant behaviour, and lower levels of self-control (Amodeo, 2015; Leyton & Stewart, 2014). Conversely, substance abuse may also be driven by internalizing characteristics such as anxiety, sensitivity, neuroticism and depression (Amodeo, 2015; Leyton & Stewart, 2014). A key point of interest in this study will be exploring drug using behaviours of participants in relation to their personal context and how those contextual factors contribute to the meaning of their experience.

Specific individual contextual factors have been implicated in the promotion of addiction and substance abuse. Research on childhood family environments has consistently indicated strong correlations between childhood traumatic experiences and substance abuse (CCSA, 2007; Kmett-Danielson et al., 2009; Wu et al., 2010). Trauma is linked to increased risk for substance use as a means to cope with stress and anxiety resulting from the traumatic experience (Leyton & Stewart, 2014). Continuing in the realm of a childhood etiology, the role of attachment, or lack thereof, has also been implicated in theories of addiction. Attachment theory proposes an individual's earliest experiences with primary care givers will form the foundation upon which they approach relationships later on in life: the healthier the primary caregiving relationship is, the healthier the adult outcome will be (Burger, 2015). If addiction is considered an attachment-related disorder, an individual's drug use is not simply about pleasure seeking, but instead the means in which one seeks comfort when struggling with issues of intimacy and closeness, and perhaps even an alternative to normal relationship-based attachment (Fletcher et al., 2015).

Substance use can become both the solution to and the consequence of an individual's inability to develop and maintain healthy attachment in their life (Fletcher et al., 2015).

The most logical explanation of addiction perhaps lies in conceptualizing the phenomenon as a developmental process. It is clear substance abuse is complex and most likely best explained from an idiographic perspective as suggested in the biopsychosocial model of addiction. The biopsychosocial model hypothesizes that substance use disorders cannot be viewed unilaterally, and must consider biological, psychological and social factors in combination over time (Zvolensky et al., 2010). Zucker and Gomberg (1986) first theorized the biopsychosocial model in relation to the development of alcoholism by claiming that while genetic factors were intrinsically important, the process of becoming addicted occurred in the social world. The researchers stressed the need to “take account of symptom formation as a developmental process that may be differently influenced at different developmental epochs” in an individual's life (Zucker & Gomberg, 1986, p.790). Viewing addiction and substance abuse as a developmental outcome allows the phenomenon to be traced to a dynamic interplay between an individual's inherited susceptibility, personality and environmental influence (Leyton & Stewart, 2014).

Key risk factors identified in literature contain not only inherent characteristics such as genetics and temperament, but also a wide variety of social influences including drug using peer groups, wide scale availability of drugs, social acceptance of drug use, family dysfunction, and neglectful parenting (Greydanus et al., 2016; Kramer & Vaquera, 2011). The biopsychosocial model can be conceptualized as a cascade of events, where a sequence of interactions between personal traits and environmental risks accumulate and increase the likelihood of escalating to drug abuse (Hicks et al., 2014). Multiple possible pathways to addiction explored in relevant

literature highlight the importance of paying attention to individual context when seeking to understand influences behind drug use. Addiction is not a problem that can be simply explained by genetics, personality or environment alone. It is a human problem that manifests and takes shape in multiple and diverse ways.

Current Trends in Drug Culture

In 2016 the Government of Canada released the *Canadian Drugs and Substances Strategy* (CDSS), a policy to guide all of the federal governments responses to substance use issues. Included as one of the most significant topics pertaining to substance use in Canada was an apparent opioid overdose crisis (Government of Canada, 2018b). Opioid use has become a serious escalating concern within drug trends worldwide. Sadly, more than 9,000 people lost their lives in Canada between January 2016 and June 2018 due to opioids, and 94% of those deaths were accidental overdoses (Government of Canada, 2018a). Non-medical use (NMU) of prescription pain medications such as OxyContin, Percocet or codeine is becoming more common among teens. The *Ontario Student Drug Use and Health Survey* for 2017 indicated that about 11% of students grades 7-12 had reported using a prescription pain reliever non-medically in the last year (CAMH, 2017). Studies have also shown teens often perceive prescription drugs to be safer when compared with street drugs (Roy et al., 2015). This perceived level of reduced harm could be attributed to increasing normalization of NMU of prescription medications in younger populations of Canadians.

Street drugs including cocaine, methamphetamine, ecstasy and heroine are often cut with dangerous synthetic opioids (e.g. fentanyl, hydromorphone, morphine or methadone) to make them more potent and addictive, while at the same time adding to the risk of accidental overdose and death (Young, 2017). Sadly, a single dose can be fatal, and the risk for harm when

experimenting with drugs is higher than ever. In February 2019, the Saskatchewan Government launched an opioid overdose awareness campaign in hopes to save lives by increasing awareness of the signs of opioid overdose, providing knowledge on obtaining and administering naloxone (a drug that temporarily reverses the effects of opioid overdose), and spreading awareness of *The Good Samaritan Act* which provides legal protection to individuals seeking medical attention for opioid overdoses (Piller, 2019). In an investigation on student drug use habits at Queen's University, a frequent drug-using student interviewed claimed that he not only tested every batch of drugs he bought for fentanyl contamination, but he also carried a naloxone kit in his pocket while using substances (Goulem, 2017). While drug use has never really been associated with minimal risk, these sentiments indicate just how dangerous current conditions are for experimentation and use of popular illicit substances. Individual perceptions of risk with recreational drug use can be evaluated in the current study to help understand how they factor into the decision to quit.

NMU of prescription stimulants (e.g. ADHD medications like Ritalin) is also on the rise, most notably in college students as a means to increase concentration and academic performance (Bavarian et al., 2015; Rosansky & Rosenberg, 2019). The Canadian Center on Substance Use and Addiction (CCSA) supports the claim that NMU of prescription stimulants in university students is prevalent in Canada with significantly higher rates of use than the general population (CCSA, 2018b). Post-secondary students also have large misperceptions on the potential danger of using these drugs, as well as on their ability to improve academic performance (CCSA, 2018b). Research has also indicated that when asked to compare perceived danger, individuals will rate risk levels to be much lower for NMU of prescription stimulants compared to their illicit street drug counterparts such as methamphetamines or cocaine (Rosansky & Rosenberg, 2019).

The CCSA (2018b) also advocates that post-secondary institutions should explore ways to correct perceptions of stimulant use safety and promote positive coping strategies for dealing with academic stress. Exploring drug use within a university student population is both relevant and valuable with increasing trends of NMU of prescription stimulants.

Statistics on general population substance use are quite limited. The Canadian Tobacco Alcohol and Drugs Survey (CTADS) is conducted every two years by Health Canada and is the main source of information available on substance use in Canada. Results from most recent CTADS indicated that illegal drug use rates were slightly on the rise; however, this increase was mostly associated with rising rates of cocaine use (Health Canada, 2017). A second innovative approach to identify drug use trends in Canada was conducted by a research team in Ontario by reviewing urine drug test results from a Dynacare lab from 2014-2016. This was the first comprehensive study of urine drug tests in Canada, and over the two-year period the team witnessed a climb in rates of illicit drug use with significant annual increases in positive test results for methamphetamine and cocaine (American Association of Clinical Chemistry (AACC), 2017). The team suggested that drug toxicology labs could serve as a valuable source of information of the drugs people are actually using in specific communities, and results could be published in peer-reviewed journals to increase knowledge of drug use trends (AACC, 2017). An obvious limitation of this type of analysis of drug trends is the fact only individuals volunteering for urine screens would be included.

In 2010, the Canadian Community Epidemiology Network on Drug Use (CCENDU) initiated a data collection project to generate substance use related data and discover the current trends in substance use in Saskatoon, SK. The aim was to provide individuals working in the field of substance use with information relevant to what was actually going on “in the streets”

(Bell et al., 2011). Data collected through a survey in the project identified the following illicit drugs to be serious problems on the streets of Saskatoon: cocaine, crack, amphetamines, prescription opioids, other prescription medications, ecstasy, and illicit methadone. Recent media coverage has highlighted similar findings, while emphasizing the growing prevalence and negative impact of an “epidemic” of methamphetamine use in the province (Baxter, 2019). Noted in research on normalization theory, electronic dance scene populations have been shown to be frequent users of club drugs like ecstasy in Canada (Cristiano, 2014). An important limitation stated in the CCENDU report was the lack of data available on drug use by youth under the age of 19 (Bell et al., 2011). Data collection on youth substance use is ethically challenging, especially in a qualitative manner. This study can help fill this research gap as participants describe experiences of drug use that took place earlier in their lifetime during adolescence. The research also helps clarify the types of drugs youth more commonly use and identify drug use trends.

Significant stigma is often attached to the phenomenon of drug use. Individuals who use drugs are often assumed to have a problem, and within society there is often a large underlying assumption that “drug use is synonymous with abnormal and deviant behaviour” (Sznitman & Taubman, 2016). Derogatory styles of language are often used when people talk about drug using individuals, and problematic consumption is most often associated with disadvantaged populations (Shildrick, 2016). The issue of legality and danger of criminal repercussions for using illicit substances adds another dimension of secrecy. Resultingly, there is often a great unwillingness to talk about the realities of recreational drug use for fear of being ostracized, judged or penalized in some way. The reluctance of drug users to discuss the lived realities of their habits raises the question about how cultural opinions and stereotypes may deter people

from seeking help or even fully understanding the impact of their drug use (Green, 2016). A great deal of ignorance can be maintained if open discussion about drug use is not initiated, and the realities of using drugs are not addressed.

Stigma and stigmatizing language about substance use have been identified as a major barrier for individuals seeking to access support in quitting substance use (CCSA, 2018a; Government of Canada 2018b). In order to understand how people are using illicit substances, to better evaluate risk, and to understand the most effective ways to intervene the voices of persons who have real world knowledge of drug use must be included and respected for their inherent value. A key objective of the *Canadian Drugs and Substances Strategy* is to reduce stigma associated with substance use by developing programs and policy to promote the health, dignity and rights of people who use drugs (Government of Canada, 2018b). Discovering methods to generate discourse about substance use for the purpose of increasing awareness and showcasing the power of human experience is needed to deconstruct stereotypes and maladaptive negative assumptions that act as barriers to change. Breaking down cultural perceptions that drug users are in some way failed individuals will be necessary to increase the chances people may self-initiate getting formal or informal support when deciding they need help (Green, 2016; Tozer et al., 2015). Opening a dialogue with individuals who used drugs significantly within a university population demonstrates how this phenomenon is not unique to disadvantaged or deviant populations. Through the dialogue of participant experience this study potentially helps reduce stigma while increasing knowledge on how and why drugs are being used in society today.

Accessing information on changing trends in drug use requires ongoing inquiry, and timely information about commonly used substances is essential for programing aimed to reduce the burden of dangerous substance use in Canada (Elgar et al., 2011). The highly addictive nature

of opioid pain pills and stimulants combined with increasing rates of NMU is a cause for concern. Investigating individual experiences with drug use sheds light on the shifting trends in Canada's drug culture and highlights differences between NMU of prescription drugs and illicit street drug habits.

Normalization Theory

A body of research has been developing since the late 1990s on general social trends towards the normalization of illicit drug use. A framework of normalization has been identified to explain rising levels of illicit drug use through increased acceptance and prevalence of long-term recreational use (Parker, 2005). The six key means in which drug normalization occurs are: a) increased drug access and availability; b) increased drug trying/experimentation rates; c) higher proportions of recreational users; d) social accommodation of 'sensible' recreational drug use; e) cultural accommodation of recreational drug use; and f) relaxing drug policy/enforcement (Parker, 2005; Sznitman & Taubman, 2016). Through the normalization framework, researchers have attempted to monitor how attitudes and behaviours in respect to illegal drugs change over time (Parker, 2005).

The catalyst for normalization theory generation was the rise of dance club drug use culture in the 1990s. Parker (2005) identified that longer trajectory trends for recreational illicit substance use with club scene drugs like cocaine, ecstasy and cannabis were related to perceptions that 'sensible' patterns of drug use were considered acceptable rather than condemned. The research highlighted increasing rates of recreational drug use among ordinary, well-adjusted and conventional young people who were not traditionally expected to consume illicit drugs (O'Gorman, 2016; Measham, Parker & Aldridge, 1998). Normalization theory attempts to understand substance use as an integral part of mainstream culture as opposed to a

phenomenon solely associated with fringe or marginalized populations (Sznitman & Taubman, 2015). At the time, this represented a significant shift in substance use research which traditionally viewed illicit substance use as abnormal, deviant or pathological (Pennay, 2016). It should also be noted normalization theory was intended to explain drug use attitudes in youth culture specifically and represented a new generation of individuals adopting a work-hard, play-hard lifestyle (Measham et al., 1998). While the original normalization research on dance club culture was conducted primarily in the UK, the recent legalization of marijuana in Canada, combined with continuing research since the theory's development, suggest normalization may be occurring for multiple kinds of drug use on a global scale.

Current developments in normalization theory commonly explore the notion of drug use acceptability within specific contexts. A major criticism of the theory was that it classified drug use in an oversimplified manner by trying to dichotomously separate recreational from problematic use habits “which does not allow for the ways in which some types of drugs and some types of drug use may be normalized for some groups of young people” (Shildrick, 2002). For example, ecstasy use has strong ties to club culture and therefore should only be assumed to be normalized within this setting (Cristiano, 2014). Shildrick (2002) argued that what constituted as recreational for some users, could be considered problematic for others, and normalization as a concept was too rigid to fully reveal the vast idiosyncrasies and complexity of youth drug use. Shildrick's resulting critical analysis of normalization theory brought forth the emergence of the concept of *differentiated normalization*, where “individual substances and modalities of use become variously normalized within different geographic and social contexts” (Jenkins et al., 2017).

Qualitative study of young people's attitudes towards illicit drug use shows responses to be extremely diverse in nature and implicitly tied to their individual cultural and socioeconomic background (Jenkins et al., 2017; O'Gorman, 2016; Shildrick, 2002). The amount of stigma attached to specific substances and likelihood of them being readily available within the community has direct influence over how participants viewed their use. Shildrick (2002) argued the entire principle of normalization should be centered around subjective experience, and that in order for the principle to be taken seriously it needed to reflect the experiences and attitudes of young people themselves. These sentiments suggest the current relevance of conducting phenomenological research on drug use in our community where current local attitudes towards drug use normalization can be related to the experience of quitting.

Questions concerning normalization theory in relation to socioeconomic privilege have been raised in research literature. Since the original theory focused on drug use habits of stereotypically ordinary, or conventional youths, what did it say to youths using drugs recreationally who already existed in high-risk groups? Rhetoric around drug use in disadvantaged populations remained primarily problematic and negative while recreational consumption within the same population remained absent in academic research (Shildrick, 2016). Critics claimed that because the theory focused on those using drugs with higher socioeconomic status and power, it exacerbated the 'othering' of young people on the margins by privileging certain types of drug use as 'sensible' (O'Gorman, 2016). While successful young adults attending clubs using illicit substances appeared to be more accepted in youth culture, marginalized populations from disadvantaged neighbourhoods continued to be stigmatized for adopting these same practices. Parker, Williams and Aldridge (2002) claimed that privileged illicit drug users have created a large political dilemma: "As primarily educated, employed

young citizens with otherwise conforming profiles, they challenge the war on drugs discourse which prefers to link drug use with crime and personal tragedy” (p.960). Creating more opportunities for open dialogue around trends and patterns of drug use for Canadian youth can help reduce negative stereotypes about drug use and socioeconomic status.

Within high risk drug using environments evidence of differential normalization has also been found. Frequent drug using youth often display comfort with and attitudes of normalization towards drugs such as ecstasy, prescription medication, cocaine and methamphetamine, while heroin, crack and intravenous injection of drugs remain considered to be highly dangerous and stigmatized (O’Gorman, 2016). Drug use frequently is considered acceptable so long as it remains a controlled or planned activity not interfering with any occupational, educational or family obligations (Parker, 2005; Parker et al., 2002; O’Gorman, 2016; Silva et al., 2013). Youth actively engage in strategies to navigate substance use and minimize harms within their individual context (Jenkins et al., 2017; O’Gorman, 2016). This trend is even more evident through research on high-risk non-medical users of prescription drugs who often display highly managed and normalized attitudes towards their drug use patterns (Silva et al., 2013). Moving forward in normalization drug use research, it is suggested projects should address the relationship between drug use, sociodemographic context and other risk factors to better understand the social meanings of drug use and normalization trends (Pennay, 2016; Sznitman & Taubman, 2016).

Drug normalization studies in the context of North American university populations suggest widespread availability and acceptability of illicit drugs, and navigation of drug use a common aspect of undergraduate experience (CCSA, 2018b; Cristiano, 2014; Kolar, 2015). A Canadian study found evidence that young adult ecstasy consumption was strongly associated

with normal behaviour rather than deviant or criminal lifestyles, and that university-educated individuals were more likely to have tried the drug than those with no post-secondary schooling (Cristiano, 2014). The study claimed the statistical data collected supported the theory that ecstasy use was becoming normalized in Canada. Findings such as these can help destigmatize drug use habits by displaying that they are not limited to lower class communities and are occurring in educated, upper class populations as well (Cristiano, 2014). The proposed research project could potentially help lessen stigmatization by exploring drug use patterns and the notion of normalized use habits within a post-secondary setting. Perhaps one of the most interesting shifts in drug use culture is the increasing prevalence of non-medical use of prescription drugs within university populations and attitudes surrounding their use.

An emerging type of drug use in modern young adult culture is the use of prescription medications to increase productivity. Unlike previous explanations of drug use, such as recreational or problematic, drug use to increase productivity is being postulated as the modern phenomenon of *neuroenhancement*: where individuals feel they must utilize prescription medication to enhance intellectual and cognitive functioning (Silva et al., 2013; Vargo & Petroczi, 2016). Individuals are choosing to non-medically use prescription stimulant medication to increase concentration and work output in both academic and occupational settings. Favorable attitudes to productivity oriented NMU of prescription stimulants are gaining traction even among students who are overtly opposed to illicit drug use (Kolar, 2015). The idea of using drugs for neuroenhancement is seen as significantly different from other illicit drugs since they are used for functional reasons as opposed to recreation (Vargo & Petroczi, 2016). Proponents of normalization theory research suggest this is an emerging area of relevance in the construct due

to the fact productivity-oriented drug use was not a common phenomenon at the time of the normalization theory's conceptualization (Kolar, 2015).

NMU of prescription stimulants is often downplayed by individuals because these substances are commonly distributed legally in North America and past over-prescription has resulted in wide-scale prevalence (Kolar, 2015; Vargo & Petroczi, 2016). A focus group held by the CCSA with youth on NMU of stimulants uncovered attitudes of wide acceptance due to the fact that a vast number of people in Canada manage their mental health or cognitive abilities through medication (CCSA, 2018b). Interestingly groups of NMU stimulant taking students perceived the morality of their drug taking differently depending on the situation. Much like athletes and doping, individuals felt neuroenhancement practices were considered morally acceptable for studying or “catching up” on work; however, taking the medications for an exam or job interview were perceived as cheating (Vargo & Petroczi, 2016). These practices have even received attention in popular media indicating there may be greater cultural accommodation and globalization of neuroenhancement in the future to help individuals adapt to highly competitive academic and occupational markets as well as maintaining modern work-hard, play-hard lifestyles (Vargo & Petroczi, 2016). These trends suggest the normalization framework of drug use may need to be expanded beyond recreational and problematic use to include drug use oriented towards productivity and achievement (Kolar, 2015).

Developments in normalization theory since its inception in the mid-1990s clearly indicate that normalization is not a static concept; it is an issue that continually needs to be reassessed with changing drug use patterns (Pennay, 2016). In-depth qualitative research is needed to “better understand the social meanings of drug use, the normative context in which drug use occurs, and the benefits and consequences of normalization” (Pennay, 2016, p.188). By

presenting drug users as controlled, rather than chaotic, recreational consumers of substances, the current study examines how normalization relates to drug use cessation. Research in this area can help develop better understanding of the maturing out process (Sznitman & Taubman, 2016).

Reasons for Abstinence

Quantitative evaluation of substance use has derived numerous protective factors which reduce risks for substance use. On the individual level, high intelligence, social competence, positive-self-esteem, and a strong sense of morality have been identified as intrinsic characteristics of persons who refrain from harmful drug use (Greydanus et al., 2016). Numerous social and family-systems oriented protective factors have also been recognized including nurturing home environments, strong communication with family members, positive peer groups, positive role-models, social involvement and connection (CCSA, 2007; Greydanus et al., 2016). While research exists on risk factors and pathways to substance use, considerably less is available on reasons individuals abstain from drug use; however, several common findings have been established.

In a survey of university students, Rosenberg et al. (2012) found the most common reasons to abstain from illicit drug use to be lack of interest in using substances, believing drug use is contrary to values and self-image, and concern for damage to academic abilities or health. A more recent study took the initiative to poll college students on reasons for abstinence when comparing illicit stimulant drugs with NMU of prescription stimulants and discovered that while negative consequences was the number one reason reported for abstaining for all drug use, students viewed negative consequences to be less important for non-prescription stimulant use than illicit stimulant drug use (Rosansky & Rosenberg, 2019). The authors speculated the reason for this to be the growing acceptance for the NMU of prescription stimulants on college

campuses, which further suggest normalization of NM prescription stimulant use. Both studies stress the possibility that increased understanding of why university students abstain from drug use could be beneficial for prevention initiatives within the academic setting. For example, since fear of negative consequences was commonly listed as a top reason for abstaining, intervention and prevention initiatives emphasizing potential negative consequences could be the most effective (Rosansky & Rosenberg, 2019). A possible limitation of abstinence research is that the same motivation strategies may not apply for individuals who are already using drugs, as reasons for abstaining likely differ in many ways from reasons for quitting.

A small body of qualitative research has attempted to relate reasons for abstaining from already established drug use to life transitions, and the maturing out process. A transitional explanation for quitting and shifting towards abstinence takes into account how health, employment, income, and broader life transitions like marriage or parenthood impact drug consumption (Green, 2016; Shildrick, 2016). Life transitions have been utilized as a holistic way of understanding drug use trajectories and the complex influence of drug normalization (Shildrick, 2016). Maturing out appears to be happening later in life than in previous generations; researchers have speculated this may be due to drug normalization potentially causing decreased fear of stigmatization and uncertainty over whether drug use can be maintained into adult life (Green, 2016). An ethnographic study conducted in Australia on recreational illicit drug use highlighted how perceptions and decisions around drug use were constantly being renegotiated based on perceived mental well-being, functionality at work or school, and managing a valued identity or reputation (Green, 2016). A common idea throughout the study was that most users expected to eventually mature out of their drug use once they fully reached adulthood in order to

avoid compromising their personal wellbeing. These findings suggest a desire for wellness and health are closely tied to decisions to quit illicit drug use.

Recent societal trends have increased awareness around general health and holistic wellness. The University of Saskatchewan recently implemented a campus wide Wellness Strategy which stresses the importance of a healthy mind, body and lifestyle to promote wellness rather than prevent illness. The strategy speaks to substance use by recommending individuals “limit, eliminate or be better informed about the use of substances on health and wellbeing” (Wellness Strategy, n.d.). Aligning with this holistic approach to wellness, mindfulness training has recently been demonstrated to have some efficacy as an intervention method for substance using adolescents (Himmelstein et al., 2014). Perhaps initiatives designed to increase overall wellness and self-awareness can be instrumental in facilitating sociological motivation for refraining from drug use. The intricacies of comparing attitudes towards quitting illicit drug use versus NMU of prescription drugs in relation to personal wellness have yet to be explored through research. As discussed earlier, the morality of neuroenhancement through NMU of stimulants could potentially negatively influence mental health and quitting could be attributed to increasing personal wellbeing by alleviating guilt. The proposed study would seek to address whether or not social desirability of wellness accounts for any influence over making the decision to quit one’s drug use habits and how it relates to the drug of choice.

Summary

To date there is limited research that attempts to understand psychosocial characteristics of individuals who successfully quit using illicit drugs on their own. While addiction theory, normalization, current drug use trends and reasons for abstinence expand knowledge on the phenomenon of drug use, a gap in the literature is evident on exploring the conditions around the

quitting process with perspective of first-hand experience to draw from. In the entire initial review of literature, only two studies were located that were qualitative in nature designed to inquire about self-initiated drug use cessation or transitioning out of a regular drug using party scene into adulthood (Green, 2016; Hansen & McNeal, 2001). Investigating how and why drug-using journeys evolve, and how particular life transitions influence drug-using, is important and needing more research (Shildrick, 2016).

Finding methods to generate vital discussion around drug use in individuals from a university student population helps address negative stigma attached to substance use by highlighting the fact that drug use occurs in individuals from diverse backgrounds and social economic statuses. The study reveals local contextual experiences of substance use to help highlight instances of normalization within Canadian communities. Drug use is extremely subjective. Effective interventions and efforts at harm reduction must resonate with the lived experiences of youth in regard to illicit drug use (Jenkins et al., 2017). With recent legalization of marijuana, there may be potential changes in drug use trends across Canada, and this research provides a new perspective into the diversity of contexts behind illicit drug use and helps expand the academic literature on the motivations for quitting and maintaining wellbeing.

Chapter Three: Methodology

The purpose of this study was to explore individual participant experiences of quitting significant drug use. The following section will explain the theoretical underpinnings and framework for how the study aimed to answer the primary research and secondary questions: how do individuals make the decision to quit significant illicit drug use, and what do individuals see as critical moments influencing the decision to quit drug use? To begin with, my philosophy of science is discussed as it relates to the project's conception, followed by an explanation of the research paradigm, tradition and specifics of Interpretative Phenomenological Analysis methodology. Next, an account of participant recruitment, the data collection process and completion of analysis are described. Finally, ethical responsibilities and criteria for establishing trustworthiness are outlined to conclude the chapter.

Research Paradigm and Tradition

In my approach to examining the experience of self-initiated drug use cessation, I expected life experience and personality, drug types, patterns and context of use would interact in unique ways for each individual. In this sense, I believed there would be multiple truths or multiple ways of experiencing quitting illicit substances and that knowledge around the phenomenon would be actively constructed within the context of the research relationship between myself and my participants. Due to the subjective nature of personal experience, a great deal of reflexivity was incorporated into my axiology while keeping my own values bracketed to allow the participants space to fully explore the essence of their experience (Hays & Singh, 2012). Bracketing in the context of phenomenology requires the researcher to consciously put aside their knowledge around the phenomenon being investigated in order to be fully open to the

experiences of participants (Smith & Osborn, 2003). Participant voices are strongly represented in my data and my role as a researcher was one of curious investigator.

Orienting myself within this philosophy of science, the project was developed under a social constructivist research paradigm. Social constructivism is a belief system that assumes universal truth cannot exist due to the existence of multiple contextual perspectives and subjective voices of the individual (Hays & Singh, 2012). The social constructivist researcher seeks to construct knowledge through social interactions and understand how other individuals construct knowledge for themselves (Hays & Singh, 2012). As a curious investigator I understood the importance of context and individual circumstance. I recognized my role as the researcher and the influence I had over the research purpose and means of collecting, analyzing and reporting data. The interactive relationship between myself and my participants during data collection was intrinsic to the generation of knowledge within this research project. With these parameters in mind, a phenomenological research tradition best aligned with the project's purpose and goals.

Phenomenology attempts to clarify situations lived by persons in their everyday lives by having individuals describe them as they actually occurred while exploring the psychological meaning behind those experiences (Smith & Osborn, 2003). The phenomenological method also suggests researchers approach the phenomenon with a fresh perspective, through the eyes of the participants who have direct experience with it, to generate an understanding of participants lifeworld (Hays & Singh, 2012). I was curious to explore varying perspectives and contexts of making an independent decision to cease illicit drug use to look for common threads between participants to offer insight into the quitting decision making process. In order to develop a clear

and coherent phenomenological project, Interpretative Phenomenological Analysis (IPA) was selected as the most suitable research methodology.

Interpretative Phenomenological Analysis

IPA inquiry is based on three theoretical principles: phenomenology, hermeneutics and idiography (Smith et al., 2009). As described in the previous section, phenomenology is in itself a research approach; however, it is also a philosophical approach concerned with how things appear to individuals and the value of subjective experience (Hays & Singh, 2012; Shinebourne, 2011). IPA research strives to see the world as participants themselves see it and understand persons-in-context (Larkin et al., 2006). As a researcher, it was important to allow participants the chance to tell their story from their own perspective and ensure they had the opportunity to provide an account of events they considered especially significant or relevant.

Hermeneutics on the other hand is a general theory of interpretation historically developed from the deciphering of biblical texts (Shinebourne, 2011). In the purpose of scientific study, hermeneutics can be conceptualized as the dynamic process taking place between the researcher, participants and how meaning is interpreted. In IPA, the concept of *double hermeneutics* is proposed: firstly, the participants must make sense of their world, and secondly, the researcher must try to decode this process and make sense of it collectively (Pietkiewicz & Smith, 2012; Smith 2017). I found it very helpful to ground myself in the IPA process by remaining aware of these two levels of interpretation during data collection and analysis. I did my best to learn from the participants and understand how they interpreted their own unique experiences, while then later returning to a larger frame of reference to form my own interpretation.

The third and final theoretical underpinning of IPA is idiography, a detailed in-depth focus on the individual as a unique case (Smith & Osborn, 2003). As a researcher, one must fully explore each unique participant in great detail before beginning to conceptualize the sample together as a whole. Participants must be given special attention and consideration equally. In essence, the intention of this project following IPA's guiding principles, was to understand and describe each participant's experience as closely as possible, and then develop a coherent interpretive analysis in relation to a wider social context. As recommended by Smith (2017) the study examined participant experiences of quitting drug use on their own terms, with detailed case-by case analysis facilitating the exploration of meaning.

IPA was an appropriate methodology to follow for this study due to its propensity to focus on the individual, contextual and subjective experiences of participants. Theories of addiction, drug use habits and abstinence strategies highlight the diversity of experience and explanations for the phenomenon of drug use. IPA is a qualitative research approach "committed to the examination of how people make sense of their major life experiences" (Smith et al., 2009). The transition from regular illicit substance use to maintenance of abstinence qualifies as an important major life experience that this study examined to foster strategies for wellness in at risk populations.

Sample

Sampling methods must be in line with the research tradition of a study. IPA calls for an in-depth exploration of a group of participants who share a similar experience. The need for a shared experience among participants required the sample to be selected purposefully; the participants had to offer insight into the phenomena being studied (Smith et al., 2009). In this project the experience common to all participants was independently quitting illicit drug use. To

ensure participant homogeneity and ability for rich data production, sampling criteria for participants was outlined as follows:

- Participants used illicit drugs regularly for a minimum time period of 6 months
- Participants decided to quit using illicit drugs on their own volition
- Participants had not received any external intervention for substance use
- Participants maintained abstinence from using illicit drugs for a minimum of 1 year and continued to be abstinent at the time of participation
- Participants freely consented to take part in an initial screening meeting, a 1-hour semi-structured interview, and a follow up email
- Participants were a minimum of 19 years old

Formal guidelines for sample size in IPA projects are not universally agreed upon; however, the idiographic nature of tradition is. Since IPA is concerned with rich explanations of particular phenomena in specific contexts, studies are conducted with small sample sizes (Smith et al., 2009). Sample guides from between 3-5, 5-6 and 6-8 participants have been suggested in various literature on the method (Pietkiewicz & Smith, 2012; Smith & Osborn, 2003; Smith et al., 2009). While consensus is not clear on sample size, adequate participants must be selected to give opportunity to examine similarities and differences between individuals without getting overwhelmed in data (Pietkiewicz & Smith, 2012; Smith et al., 2009). For the purpose of this study, 6 participants were recruited. A total of 13 persons responded to recruitment efforts; however, not all met eligibility or eventually committed to participation. As the study was conducted at the master's level, I believe this was a desirable sample size to allow myself sufficient opportunity to deeply engage in analysis of each participant's individual case while collecting enough experiential data to generate meaningful results.

Participants were purposefully recruited from a convenience sample of University of Saskatchewan students. Methods of recruiting began by posting a PAWS bulletin to inform students of the study as they accessed their university web-based services (see Appendix A: Paws Bulletin). Secondly, posters were hung throughout locations across the university campus outlining the study and inviting participation (See Appendix B: Recruitment Poster). Interested participants responded to recruitment efforts via email and through email communication initial questions were answered and the pre-screening meeting was coordinated at a location of the participants choice.

During the pre-screen, a more detailed explanation of the study was given, participants were able to ask questions, and the consent form was reviewed. My decision to include this initial screening meeting during sampling methods was intended to serve as a first introduction to begin establishing rapport before actual data collection began. Pietkiewicz and Smith (2012) stressed the necessity of planning for ‘warm-up’ discussions with participants to reduce tension and get him or her ready to discuss personal issues. Having my participants be somewhat familiar with me on the day of the interview was helpful in building rapport before beginning our interview. I also feel that my training and experience in counselling practices over the past year were a large benefit to establishing a strong alliance and trust with my participants. One key factor that I discussed with participants during this meeting was their emotional readiness to talk about their drug using history. It was important to me that the participants feel comfortable speaking about quitting and also know that I was there to listen to their story and understand their own unique perspective. At the conclusion of the screening meeting participants were formally asked if they were interested in participating in the interview and the consent form was signed (See Appendix C: Consent Form). Participants were also provided with a list of mental

health resources they could access in case the need arose (See Appendix D: Mental Health Resources). Following review of these documents, a time and location of the participants choosing was scheduled for data collection.

Method and Design

The primary data collection method utilized in this study were semi-structured interviews. The aim of the IPA researcher is to “explore, flexibly and in detail, an area of concern” (Smith & Osborn, 2003, p.53). In order to elicit detailed accounts of the decision to quit drug use, a guiding structure for the data collection method was required, yet opportunity had to be left for non-prescriptive interaction. Semi-structured interviews attempt to establish rapport between the researcher and participants; rigid order is not emphasized, and the interviewer is free to probe interesting areas or follow the participants’ lead (Smith & Osborn, 2003). I believe that with the topic of study being drug use, an interview environment built on trust and comfort needed to be created.

Using semi-structured interviews allowed participants to share direction of where the interview went and gave opportunity to introduce topics I had not initially considered (Smith & Osborn, 2003). The interview questions were developed in the form of an interview schedule. The interview schedule served as a guide to follow rather than a fixed set of questions to pose. Even though the desire of this qualitative study was to enter into the world of the participants and document their experiences first-hand, explicit thought and planning about what the interview would attempt to cover was still necessary (Smith & Osborn, 2003). When developing the schedule, I attempted to keep the research questions as the anchor points and the schedule was prepared around three broad concepts: past drug use habits, making the decision to quit, and perception of meaning after quitting. With the goal of bracketing my own assumptions and

biases, I was conscious when formulating my interview schedule of not mistakenly alluding to theory I have reviewed in the literature on substance abuse.

An outline of the proposed interview schedule can be found at the end of this document (See Appendix E: Interview Schedule). During data collection, the interview schedule evolved as my skills as an interviewer developed concurrently. While the schedule was consistently utilized across all participants, additional questions and prompts were at times added if participants had not reflected on their experiences in relation to quitting to address the research purpose. I became more attuned to putting aside my natural interactional habits and replacing them with “highly engaged listening and some well-timed, sensitive questioning” as recommended for high quality IPA data collection (Smith et al., 2009, p. 67).

Interviews were scheduled over a four-month period from January to April of 2020. For the first half of data collection, interviews were conducted in reserved private study rooms at the University of Saskatchewan. One unique challenge I encountered during data collection was the occurrence of the COVID-19 pandemic. Immediately before meeting with my fourth participant, in-person interviewing became not only problematic but also a substantial risk due to the university’s closure and threat of the virus itself. The fourth interview had to be rescheduled, and along with the final two participants recruited, required the need to discuss new possibilities for interview locations that allowed both confidentiality and physical distancing to be fulfilled. It became apparent that meeting in person was not something participants or myself were comfortable doing. Resultingly, for the final three participants, screening meetings and interviews were conducted using video calls. While this was not the desired method to meet with participants, I feel that we were able to successfully continue with the project. Participants openly expressed satisfaction with communicating via video call considering the circumstances.

Comments were also made that they appreciated the convenience of being able to participate from home as well. Participants were consistently reminded throughout screening meetings and data collection that participation was voluntary, and they were not obligated to continue if they were not comfortable doing so especially when under the unforeseen circumstances.

To physically collect the interview data, I used two separate iPhones as audio recorders. When utilizing video calls for the interviews, I was sure to remind participants I was audio recording the interview and physically show them the iPhone before beginning recording. I also directly informed participants that there would be no video recording made of the interview to be sure there was no confusion. The iPhones were password protected to ensure confidentiality and the audio files were immediately transferred to a password protected, encrypted computer file before being deleted from the iPhone the same day. Participants were given a \$20.00 honorarium to compensate them for their time taken participating in the study.

After each interview I completed a contact summary sheet (See Appendix F: Contact Summary Sheet). The contact summary sheet served to summarize each individual participant contact and record personal memos, impressions, and important details to note (Hays & Singh, 2012). I found this helpful to quickly get down my initial thoughts on the participants unique experiences when the feeling or essence of the interview was still fresh in mind. Given that data collection was spread out over four months, these sheets proved to be very helpful when I went to begin my analysis and idiographic examination of the individuals. The interviews were transcribed verbatim independently into a Microsoft Word document within one week of being conducted. The transcripts were then provided to the participants to review. Participants were allowed two weeks to review their transcripts to request changes or removal of information

before signing the transcript release forms and analysis could begin (See Appendix G: Transcript Release Form).

Data Analysis

Rather than provide a rigid structure of data analysis methods, IPA utilizes a set of flexible guidelines that can be adapted by individual researchers (Pietkiewicz & Smith, 2012). My analytical procedure followed six stages which have been referenced in multiple guides for conducting IPA analysis: re-reading and revisiting of data sources, initial commentary, developing emergent themes and coding, seeking relationships and clustering codes into themes, moving on to the next case, and searching for patterns across the cases (Pietkiewicz & Smith, 2012; Shinebourne, 2011, Smith & Osborn, 2003; Smith et al., 2009). As one may imagine, it was an intricate and complex process.

During the initial stage of analysis, to refamiliarize myself with the first participant I began by reviewing their transcript while listening to the audio recording of the interview simultaneously. After the first read through and revisiting of audio recordings, I continued on re-reading the transcript and underlining key words or phrases that struck me as relevant or important. It is important to revisit interviews multiple times to become thoroughly familiar with the data, truly immersed in the participants' world and gain additional insight with each encounter (Pietkiewicz & Smith, 2012; Shinebourne, 2011). In the second stage, I began noting initial exploratory comments in the right-hand margin of the printed transcripts. With this purpose in mind, transcripts were printed with extra wide margins to leave room for clear noting during analysis. The focus of these comments was on direct content of the interview, language used, context and initial interpretive ideas (Pietkiewicz & Smith, 2012). At times I would summarize participant comments, while at others I might note the tone of voice or impact of a

certain word the participant used. In certain instances, I made tentative interpretations of participant experiences or significance of events that resonated as having strong importance in the decision to quit using illicit drugs.

The third stage of data analysis involved moving the focus away from working with the transcript, onto the notes and commentary recorded to transform those notes into emerging themes (Pietkiewicz & Smith, 2016). The main purpose of this stage was to generate a concise phrase grounded in the text that allowed for enough abstraction to convey conceptual understanding of participant meanings (Shinebourne, 2011). Again, I re-read the transcripts with a focus on the comments and notes I had written in the right-hand margin. From these comments, emergent themes were conceptualized and recorded in the left-hand margin of the page. Themes were generated for the entire transcript before beginning to cluster and label in the subsequent stage of analysis.

The fourth stage of analysis involved creating a code chart to seek relationships and cluster themes. In my reflexive journal all emerging themes within the transcript were listed and grouped together according to conceptual similarities, and each cluster was given a descriptive label (Pietkiewicz & Smith, 2016). This process took some time to work through. Initial coding often revealed around 25-30 themes per transcript. I carefully compared the original lengthy list of themes and used strategies of abstraction (putting similar concepts together), subsumption (creating larger themes to bring together a series of related themes) or numeration (frequency of a themes occurrence) to create an abbreviated and clear list of themes for the transcript (Smith et al., 2009). Once the first transcript had been independently analyzed, with themes identified, a theme table was constructed in a Microsoft Word document. The theme table was composed of a list of major themes, with relevant key words and phrases from transcripts references to by page

and line number (Shinebourne, 2011). Adhering to the idiographic approach, only after I had completely finished analyzing the first transcript was I able to move on to the next participant.

Moving to the next case is the fifth step in IPA analysis and the exact same procedure was followed for the first five steps of analysis for the remaining five participants. After the reading, re-reading and initial coding, I generated a code chart in my reflexive journal to identify individual participant themes. I then created a separate theme table for all participants in Microsoft Word, each referenced with key words and phrases from transcripts denoted by page and line numbers.

The final step in data analysis was searching for connections across the cases. I began by printing out the theme tables for each participant, colour coding them, and cutting the themes up into separate pieces of paper. I then spread out all six participant themes across a large dining table and began to search for connections between cases. Some cross-case relevant themes came quickly and easily; such was the case of the occurrence of shame. Others were more difficult to tease out, as I could feel there was the same essence of experience; however, participants had different expressions of the actual events in their lives. Theme tables for each individual participant were reviewed and when necessary checked again with the transcripts to verify meanings, and final themes were selected based on the prevalence of occurrence and the richness of textual extracts available to highlight their authenticity (Shinebourne, 2011). I continually asked myself: “what was the essence of each participant’s experience and how did it contribute to making the decision to quit their drug use?” Some themes were deemed irrelevant across cases, while others were reimagined into larger order concepts to create superordinate themes and generate the interpretation of findings across participant data. Following the data analysis, a narrative account of the process was constructed to explain the results with evidence of the

participant experiences and a description of my own interpretation of superordinate themes and subthemes.

Trustworthiness

Qualitative rigor relies on researchers establishing trustworthiness or the degree to which readers or consumers can have confidence the findings being reported are justified (Hays & Singh, 2012). To establish trustworthiness, four components are often considered: credibility, transferability, dependability and confirmability (Amankwaa, 2016; Hays & Singh, 2012). Credibility is defined as the believability and confidence in the ‘truth’ of the study, while dependability relates to consistency of results and the ability to be repeated (Amankwaa, 2016). I believe that the first step to establishing trustworthiness was my thorough documentation of my research journey to establish confirmability, or researcher neutrality. I have journaled from the beginning of this process and created a clear independent audit trail. I continuously documented commentary on my progress in my reflexive journals, as well as filed contact summary sheets, interview transcripts, and theme tables in a manner that would allow an outside individual to follow this chain of evidence up to the final report (Smith & Osborn, 2003). Incorporating my own reflexivity on the work in progress through journals provided me the opportunity to self-check my intentions, reactions and interpretations for bias along the way. By maintaining a clear audit trail, the entire research process including how the questions were generated, study design and methodology, data collection, organization and analysis was clearly laid out with physical evidence (Hays & Singh, 2012). I found writing in my journal to be a very useful tool to keep me on track and accountable for what I had set out to do.

Other strategies I employed to establish trustworthiness were peer debriefing and clear communication of results to participants. Peer debriefing allows an individual outside the

research team to serve as an outside perspective to review and challenge the findings of the study (Hays & Singh, 2012). After analysis, I was fortunate to have a trusted cohort member review the results of my analysis and offer feedback on my interpretations. By utilizing peer debriefing, checks were made to ensure dependability. The findings were evaluated for consistency with participant accounts of their experiences and a second opinion was received to support my interpretations as relevant and understandable. A key feature to ensure credibility is ensuring the data analysis truly represents participant experience (Hays & Singh, 2012). Being clear on the communication of my results with participants was a means I utilized to ensure the credibility of my findings. All participants were offered to be notified when the final research report became available in order to remain transparent and honest with how I had interpreted their own personal stories. To ensure the study's believability, I attempted to provide thick description throughout the project, providing vivid and detailed participant accounts from transcript excerpts in the final report, alongside thoughtful interpretations of meaning. I hope the final results will provide rich contextual knowledge that other researchers, counsellors and educators may find practical applicability in a wide variety of academic or professional contexts.

Ethical Considerations

As this study involved research on human participants, clear implications from the Canadian Institute of Health Research's Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada & Social Science and Humanities Research Council of Canada, 2014) were followed and ethical approval was attained from the University of Saskatchewan Research Ethics Board. Key considerations from the TCPS that were taken into account were: concern for participant welfare, effective informed consent and participant

confidentiality. To protect participant welfare, it was important to evaluate the extent to which simply talking about past drug use might possibly cause harm to any of the participants. I was intent when laying out the purpose of the study and explaining the details to prospective participants that I hoped their experience of participating would be empowering and an opportunity to share their knowledge about ways to achieve positive change. It was important and necessary to clearly outline the possible risks of speaking about past drug use and ensure participants were comfortable sharing their experiences without enduring negative effects. As a prevention measure, a list of available counselling resources was provided after the initial screening meeting in case participants became emotionally upset or experienced any negative effects from speaking about their experience. Throughout the interviews I remained sensitive and aware to participant body language, and always let them guide the pace of discussion.

Informed consent must not only be gained for data collection, but as an ongoing process throughout the study, and for likely outcomes of the data analysis (Smith et al., 2009). True informed consent requires the participants receive clear explanations of the topic to be studied, the procedure of data collection, and the right to withdraw from the study and remove personal data if desired (Canadian Institutes of Health Research et al., 2014). Informed consent was discussed at all meetings with my participants and they were consistently informed that participation was voluntary and could be rescinded at any point without consequence. Participants were also given the opportunity to discontinue participation and to ask for removal of their data during the transcript review period. I feel that the two weeks participants were provided to review their transcripts was an effective way of ensuring they were truly comfortable with sharing their story, as told in their own words, with informed consent.

My final ethical consideration was confidentiality and my ethical duty to safeguard all information and data generated in this study (Canadian Institutes of Health Research et al., 2014). As discussed in my methods of data collection, pseudonyms were generated for participants and all data was deidentified during the transcription stage (e.g. names, places of residence, subjects of study). I also did not engage in peer review until data had been edited for anonymity (Smith et al., 2009). In qualitative research, it is assumed anonymity is the best researchers can offer since the research endeavor in itself requires the sharing of participant data for analysis (Smith et al., 2009). Throughout the research project, the only individuals who had access to any materials were myself, my supervisor and my peer for review of the transcripts and results where pseudonyms were used. All files were stored on a password protected, encrypted laptop computer.

Chapter Four: Results

The following section will summarize the analysis of participant experiences of quitting illicit substance use independently without external intervention. The main research question guiding the study was: How do individuals make the decision to quit significant drug use? A secondary research question also addressed through analysis was: What do individuals see as critical moments motivating the decision to quit drug use? Results from the analysis will be presented thematically using the “case within theme” format; superordinate themes and subthemes will be presented in turn with evidence from each participant provided to support them (Smith et al., 2009). In order to stay true to the guiding principles of Interpretative Phenomenological Analysis (IPA), each participant voice will be honored and grounded in emergent themes through the inclusion of direct quotations, with analytical commentary from the researcher woven in to represent a dialogue between participant and researcher (Smith et al., 2009). To maintain clarity and coherence, direct quotations included in this chapter were on occasion altered. For example, ellipses (...) were used in circumstances where information not related to the concept being discussed was omitted, while square brackets ([]) were used to supply additional information to increase reader understanding of context behind what was said. Repetitive words such as *um*, *like*, or *you know* were also omitted for clarity. Each participant was provided with a pseudonym to maintain and protect anonymity, and information that could potentially compromise anonymity (e.g. names of cities, area of study) was also altered.

The chapter will begin with a section to contextualize the data. Each participant will be introduced to provide the reader history and perspective around each individual’s drug using experiences. Following data contextualization, resulting superordinate themes along with the

subthemes produced from analysis will be explored. Lastly the chapter will conclude with a summary of findings.

Contextualizing the Data

In order to best serve the following thematic analysis and interpretation, I feel it is necessary to provide an introduction to the participants as I discovered their drug using experiences to be incredibly diverse. Often during the interviews, I noticed participants attempting to find meaning or understanding in the reasons they ended up using drugs in the manner they did alongside their recounting of the quitting experience. I believe developing a general impression and understanding of each participant based on their drug using experiences not only enriches the reader’s engagement and understanding of the analysis to follow, but also maintains the idiographic facet of IPA research.

Table 4.1 outlines participant demographics

Table 4.1			
Sample			
River	21 y/o	Female	Cocaine
Ryan	25 y/o	Female	Dilaudid
Steve	25 y/o	Male	Cocaine, PCP, ketamine, ecstasy, heroin
Allan	31 y/o	Male	Marijuana, cocaine
Fran	32 y/o	Female	Cocaine, ecstasy
Marie	28 y/o	Female	Crystal meth, cocaine, ecstasy

River

River was the first participant to be interviewed. At the time of interview, she was 21 years old and in her fourth year of undergraduate study. River began using illicit drugs when she tried cocaine on the day of her high school graduation. She had been wanting to try cocaine for a period of time and viewed it as a “safe” hard drug:

It was right before I walked onstage and got my diploma actually. It was kind of weird, but I know at that point I wanted to try it. I don't know why, I just had cocaine romanticized in my mind for years and years. I'd always heard good things about it, and I did some research and... it's one of the safest hard drugs out there. And you know all the songs that have been written about it and it's always romanticized in the movies. And I was like yeah, that looks fun, I want to try that.

After graduation, River went on to use cocaine extremely frequently, as she recalled: "I really did a lot of it. I really, really liked it. I did a lot" and described her use as "on the daily." Over the next 18 months, River used cocaine in a manner she termed "like coffee," often starting to use when she got out of bed in the morning, and continuing throughout the day while she went about her daily functioning, whether that be hanging around home, visiting with friends, going to work, or in between classes at university. While connected to other drug using peers, River's use habits were somewhat unique in this fact that she often used cocaine alone in non-party related situations.

River described going through "a ton of depression" all her life, and that she felt her "life was a mess" after her high school graduation. She conceptualized her drug use as "constantly wanting to be numb" and that she used drugs to "be happy." Her initial experiences with cocaine left her with the following feeling: "I was just full of life. It was so fun...was just like this is the best feeling ever." River would also use alcohol (and occasionally ecstasy) if not using cocaine to continue to numb her unhappiness. River's illicit drug use period lasted approximately 18 months in length. She quit in January 2019, and at the time of interview had been abstinent for just over one year.

Ryan

The second participant in the study was Ryan, who, at the time of interview, was a 25-year-old female graduate student. At age 21 Ryan was prescribed multiple opioid medications for endometriosis pain management after being placed on an eight-month waitlist for surgery. She was unique as a participant in this study because she was the only member who was originally prescribed the drug she would eventually be attempting to quit independently. For the first three months Ryan used her medications safely as prescribed; however, after three months she began to crush up Dilaudid pills and snort them, taking up to 5 times her prescribed dose daily. Ryan described the escalation from prescribed to non-medical use in the following excerpt:

I think I was up to, I want to say, 20mg a day...they started me off as like one 2mg pill...like twice a day as needed. But then I think I was like that's ridiculous, that doesn't work...I'm still in pain. So, they like amped it up and then that's when I started overusing. It was because they gave me a freer dose. It was a lot more self-controlled.

The decision to start snorting her Dilaudid came about in hope it would increase the speed of effectiveness of the drug. In the beginning Ryan only meant to snort her medication on really bad pain days; however, eventually “that spiralled out of control” and she began doing it “every day and all the time.”

Opioids were viewed as the “solution to the problem” and Ryan recounted feeling that her use was often justified and enabled by those around her, while the seriousness of its extent went undetected. Her parents helped advocate for her to get more medication as the pain increased:

They really were not aware. They were just like ‘you’re in pain all the time and we want you to be able to manage this.’ So that was just kind of, like, their thought process. How

to get rid of the pain? Medication... you need to go down that road...obviously they didn't want to see their daughter in pain. So... whatever we can do to make that stop - we want to make it stop.

Ryan also indicated that the mental health implications of living with chronic pain at a young age made her drug use more difficult to understand: "I was definitely depressed when it was happening, but it was hard to tell. It was easy to change that over from like I'm depressed because I'm using drugs, to being like, I'm depressed because I have endometriosis."

Ryan's misuse of opioids lasted approximately one year spanning the duration of her surgery waitlist and two months post-surgery. She made the decision to discontinue using in the Spring of 2016 and was able to quit cold turkey on her own. She described this process as an extremely difficult and "gross" experience lasting about one week due to the physiological effects of opioid addiction. Ryan had two relapses, one in July 2016 and another March 2018, that were single use events where she bought opioids illegally while intoxicated. At the time of interview, Ryan had been abstinent for nearly two years.

Steve

Steve, the third participant, is a male graduate student who was 25 at the time of the interview. Steve was born and raised outside of Canada, and his family moved to Saskatchewan when he was 9 years old. Steve reflected during the interview that he felt his drug use was precipitated by the death of a close family member back in his home country when he was around the age of 13. After the loss Steve began drifting towards the "bad crowds" and experimenting with cigarettes, alcohol and marijuana:

So I've had this tendency from 13...I always tended to gravitate towards the bad crowds. My personal identity started to shift, and I felt like I wasn't really grounded in anything

anymore, So, you know, I have the most things in common with the weirdos, or the outcasts, or these sort of, unconventional people maybe.

He reflected that he was always searching for something to “drown out this negative voice in my head” and the negative views he had towards many things in his life. His search for relief from underlying depression and anxiety led him to seek connection through drugs and romantic relationships.

When Steve moved to Saskatoon to begin university, he ended up befriending a group of individuals heavily involved in the “music scene.”

With musicians, drugs started showing up. Mainly cocaine at the time... I generally was kind of afraid to use it initially. I was really shocked when I first saw it... And anyway, I had refrained from trying it for a long time. But then finally one night I was like whatever I'll just try a teeny bit and see what it's like...that's where it kinda started.

Interestingly, he never had to pay for any drugs, they were always just around and offered to him by his social connections. Steve reflected that cocaine “actually makes me feel quite normal” and that he struggled to socialize without drugs after a period of time: “[it got to the point that] I feel like I have to use drugs, to just like, be a person.” The drug use had become a strong part of his social identity

Over the course of two school years, the frequency of Steve's substance use increased, and the variety of drugs he used expanded. Through his peer group he experimented with MDMA, ecstasy, PCP, ketamine, LSD and eventually heroin. He reflected the only two drugs he has not tried are mushrooms and crystal meth, “but otherwise, everything kind of went.” His decision to quit came at the culmination of his second year of university and at the time of the interview he had been abstinent for almost 5 years.

Allan

The fourth participant to be interviewed was Allan, a 31-year-old male international graduate student. At the time of the interview Allan was living in Saskatchewan to complete his master's degree. Allan's drug use began at the age of 15 when he first experimented with marijuana with his older brother. A short time later, Allan's brother took his own life after escalating into "really heavy drugs" and ending up living on the streets. Allan's drug use stopped following his loss: "After he [his brother] is dead, I thoroughly quit drugs for one year."

The following year Allan became involved in a peer group that was strongly entrenched in drug use where he began using marijuana daily and cocaine on the weekends. He recounted:

After one year, I started little by little again with marijuana, and I get into...a group of people... and I start to consume a little bit more heavily. Heavily to the point that I was consuming every day. From that point I escalate a little bit with cocaine. It was more marijuana than cocaine, cocaine was more habitual. It was more like on weekends.

Allan was very closely tied to this significant peer group; within the group drug use was highly normalized. He spent the majority of his time with them from the ages of 16-19, and he referred to them as his second family.

A unique factor in Allan's story was that while he used both marijuana and cocaine, his personal quitting experience was highly centered on marijuana (at the current time marijuana is still considered an illegal substance in his country of origin). He attributed more negative consequences to his marijuana use than his cocaine use and reflected more on managing cravings for marijuana than cocaine. A second unique factor to Allan's story was the lifestyle and environment during his drug using years appeared to be significantly rough or dangerous, with multiple references to violent events during his interview (e.g. being robbed, involvement in

fights). Allan's substance use lasted around three years while he was involved with the drug entrenched peer group. He quit when he was 19 years old and at the time of the interview had been abstinent for 12 years.

Fran

The fifth participant interviewed, Fran, was a 32-year-old female, undergraduate student who was just finishing her second university degree at the time of interview. Fran started using illicit drugs when she was around 19-20 years old, first experimenting with MDMA and ecstasy. At age 21 she tried cocaine which became the drug she used most frequently. Between her 3rd and 4th year of study in her first degree, at age 22, she took a year off post-secondary to move to Vancouver to “party and do whatever”:

From like 21, ‘til [sic] about, probably 25, it was like every week I was doing it [cocaine]. Probably when I was living in Vancouver for that year, I was doing it 2-3 times/week... But then I moved back [home], finished my fourth year of school, during that year I was doing it a lot. So I would have been 23 at that time. And then actually, I ended up moving back out to Vancouver, and lived there for a few years, and was still doing it quite a bit at that time. Like probably, once, twice a week. And then my boyfriend broke up with me and then it was just a downward spiral after that. At that point, from probably 24-25 until 28 I was probably like 3-4 times a week.

Over the next few years Fran used cocaine regularly and was deeply rooted in the “bar life party scene.”

Fran's experience working in the bar industry brought her into an environment where drug use was heavily normalized and all around her. She described it as “a huge problem” and “not just hospitality staff... lots of oil and gas workers, sales guys, bankers, lawyers, doctors,

every type of profession you could imagine. They're all doing it." Fran's experiences with drugs had the longest duration of all the participants in the study. She was also the most involved in a significant "party scene". Fran quit using cocaine when she was 28 years old and at the time of interview had been abstinent 4 years.

Marie

The final participant interviewed for the study was Marie. At the time of interview, Marie was 28 years old, and completing her first year of undergraduate study. Marie narrated an extensive history with drug use in her interview. She grew up in an environment where substance use was all around her. Her mother was the first person to introduce her to alcohol and marijuana between the ages of 13-15, and she described her upbringing as "not normal" and "not healthy" when referring to the amount of drug and alcohol use that surrounded her in family and friends:

When I was like 10 I started with cigarettes...and then from cigarettes it was actually alcohol that I went on to next. I must have been like 13 years old when I first got introduced to alcohol...I didn't actually start smoking marijuana until I was like 15...and I used that frequently throughout my life. When I was 17 I got introduced to ecstasy... and right until I was 18 I was very addicted to ecstasy...I started doing cocaine when I was probably 21.

She attributes the reason why she started doing all other drugs to be "when your alcohol supply runs out, but all these other substances are around." Marie also recognized illicit substance use as a coping mechanism in her life: "I started getting into cocaine because it numbed me. Really numbed me in the way I needed it."

One night at a party Marie was offered what she thought was cocaine; however, tragically it was not: "I started doing crystal meth because I didn't know what I was taking. I thought it was

cocaine...it wasn't. That one time, that one time, it lasted two years." Marie's unintentional crystal meth use resulted in a two-year addiction from the ages of 24-26. Of the six participants, Marie's quitting experience appeared to be the most physiologically and psychologically challenging having to recover from a 2-year period where her body and mind suffered from basic needs being frequently unmet (e.g. proper nutrition, sleep, safety). Her cravings lasted for months afterwards. Marie was able to quit crystal meth independently when she was 26 years old. At the time of interview, she had been abstinent for nearly 2 years.

Experiences of Quitting Illicit Substance Use Independently

My analysis of the data generated from the six participants was a detailed process where I attempted to get to the essence of each individual experience and then search for meaning across cases. Through the following section, I will provide the reader with an account of the data generated and my interpretation of what it all means (Smith et al., 2009). Through IPA analysis three superordinate themes were generated with subsequent subthemes for each.

Table 4.2 outlines the organization of themes

Table 4.2		
Superordinate Themes and Subthemes		
<i>The Incongruent Self</i>	<i>The Tipping Point</i>	<i>Creating Space for Change</i>
- Shame	- Rock Bottom	- Opening up to Support
- Questioning Purpose	- Personal Damage	- Safer Substitutions
		- Future Focus4

While the participants in this study spoke of diverse and unique drug using experiences, the process of analysis revealed common threads that began weaving the story of a collective voice. This collective voice is represented by the superordinate themes: *The Incongruent Self*, *The Tipping Point* and *Creating Space for Change*. Subthemes shame and questioning purpose

stood out as two key elements comprising *The Incongruent Self*. Rock bottom moments and personal damages come together to facilitate understanding of *The Tipping Point*. Lastly, within *Creating Space for Change*, subthemes opening up to support, safer substitutions and future focus exemplify this superordinate themes expression in participant lives. While other themes emerged during analysis that occurred frequently across participant data, superordinate themes and subthemes highlighted are particularly relevant to understanding the meaning behind their decisions to quit illicit substance use independently, and relevant to the main research question.

The Incongruent Self

Carl Rogers defined *incongruence* as a discrepancy between the real self and the ideal self (Kramer et al., 2014). When an individual's actual behaviours do not align with the expected behaviours of the person they would *like* to be, a certain degree of discomfort, anxiety, distress and dissonance will arise. While speaking with the participants about quitting illicit drug use, sentiments of this psychological concept were found not only in direct statements but also on a linguistic level in the language used to reflect on their behaviour. The drug using version of themselves was often described with disbelief and disapproval, almost like they were speaking about a different person all together.

Ryan explained how her Dilaudid use resulted in her distancing herself from family and friends because "I don't want them to see me like this." The individual she viewed herself as in that moment was not the version of herself she wanted her family to recognize. She also made reference to "trying to get back to my normal life" and that she "just knew what I was doing was not where I wanted to be." Ryan demonstrated subconscious disapproval and even denial towards her opioid misuse. She remembered thinking "I can't do this, this is ridiculous" as she realized for the first time that she had to put a stop to her Dilaudid use. On a linguistic level,

describing one's drug using habit as *ridiculous* suggests a degree of absurdity and unreasonableness. Paired with the incredulity in her voice when reflecting on her drug using days, the message carried across was a strong misalignment between Ryan's outward drug using behaviours and the person she desired to be.

Fran's incongruence was explicitly described on multiple occasions throughout her interview. Looking back, she feels that using drugs (mostly cocaine) over the years turned her into a different person all together:

I feel like I didn't have a conscience when I was using drugs. It was about me, and I did a lot of selfish things that only benefited myself and stepped on a lot of people to get what I wanted... and you know, carrying around that guilt with you and do you really want that kind of thing? You don't want to be that person who is hiding something and who has secrets. They [drugs] made me a dick. Really, they did.

At other points in the interview Fran described her drug using self as "sketchy" and "dodgy" further exemplifying unhappiness with herself during her using years. She also echoed thoughts of disbelief with her actions as a drug user when recalling instances where she would catch herself ransacking her bedroom searching for more cocaine, commenting to herself: "Ok, you look insane. What are you doing??" The actions and behaviours she was living day-to-day were so foreign to her sense of self she felt she was behaving like she had lost control. After successfully quitting, Fran credits one of the main motivators for staying clean to be: "knowing I'm a much better person now than I was. I don't want to be the dodgy, selfish person again."

Other evidence of incongruence with the drug-using self surfaced frequently in the data. Marie expressed her major motivation to get clean was disapproval with the type of mother she could be while using drugs: "I don't want to be an irresponsible parent, or any harm to come to

my children because of my irresponsibility.” Marie’s ideal self as a mother was one who was sober and able to properly care for her children. Allan also described disapproval with a drug using identity because it did not fit within his family’s character: “when you get to really heavy drugs, you get dependent and that’s something that is not good. Especially in our family, we are characterized to be very independent.” Other statements about feeling the need to “get my shit together”, “get my life back on track” or simply, “be better” indicated a general rift between the persons participants saw themselves as when using, and the persons that they hoped to be. To further explore *The Incongruent Self*, the subthemes shame and questioning purpose will be examined next. Feeling shame and a lack of purpose in life were commonly expressed by participants as large factors in the decision-making process.

Shame. Across the participants, perhaps one of the most explicit themes to emerge was the experience of shame. A great deal of secrecy and embarrassment followed the participants around as they went about trying to maintain their lifestyles while using drugs frequently. River explained that while at first she was very open about her cocaine use due to her belief that it was a “socially acceptable” drug, that eventually changed: “I stopped like telling people you know when I was doing it because I, like, okay this isn’t something to brag about, you know doing drugs every single day of your life. You know that’s not to brag about.” River’s tendency to use cocaine alone could also be viewed as a way she managed her shame by eliminating the possibility of others observing her behaviour.

While Ryan’s drug use was prescribed and, at face value, justified, the manner in which she was using opioids became the source of her shame. She did not talk to anyone about how much she was using and kept it a close secret: “I didn’t tell...no, I didn’t talk to anyone about it.” She further explored these feelings as she recalled how Dilaudid use impacted her relationships:

I think that there was definitely shame involved around it. Definitely a lot of embarrassment. I would hide it from like everybody. And I wouldn't tell my sister if my dose was upped or anything, because, she was against it. But yeah, I think that it was mostly embarrassment, and I think part of it, like I definitely withdrew a lot from most of my friends. I really didn't see [them] in that time period.

One of the difficulties Ryan faced while quitting was dealing with these feelings as she had to open up and reconnect with friends and family. She explained “dealing with the embarrassment and the shame of being like, this is what I've done for like the last almost a year of my life” to be a significant challenge. Her words suggest feeling like she had wasted that period of her life and that she should have spent the time accomplishing things or being productive.

Managing feelings of shame resulted in many of the participants distancing themselves from family and friends much like Ryan. Steve described his reasons for pulling away from his family during the years he was using:

I was like, I can't tell them I'm using drugs, because they are gonna, they'll be disappointed or something. I didn't want to disappoint them, but I also didn't want to talk to them either. So, I was like, I'll just step away, and then, maybe they don't know. So then nothing's wrong.

He added that one of the reasons he never wanted to go see them during those years was “because I'd feel like I'd have to hide part of myself all the time...Like we could be talking about something completely unrelated, and they'll be talking, and I'm listening, and I'm like – they don't even know about this.” Living with the shame surrounding drug use and the secrecy of his lifestyle placed strain on his family relationships because he felt constantly disconnected. He was

always living in constant fear they would find out and his shame causing him to become very isolated and alone.

Perhaps one of the more interesting nuances of shame to arise from the data was that experiences with shame happened on a variety of levels. For example, the environment where drugs were being used, or the individual drug itself could direct how shameful participants felt about their use. River remembered being motivated to seek friends after moving to Saskatoon and finding herself using cocaine frequently alone: “It’s kind of depressing sitting in your apartment all the time doing coke with my cat staring at me and judging me. So I went out and found some friends [to use with]” The belief that using cocaine alone was more shameful than using it in a social setting exemplifies the intricacies of how participants evaluated the acceptability of their behaviour. When using in an environment where the substance was highly normalized, the presence of others worked to moderate shame. When their habit was perceived as *not normal*, levels of shame were elevated.

Marie, who grew up in an environment where many forms of substance use surrounded her, recalled how crystal meth created the strongest feelings of shame when she was using:

The crystal meth, when I first started it, I had started it with a friend...so it was just the two of us. And I kept it just between the two of us...when I did my crystal meth there was maybe less than a handful of people I would do it with because I didn’t want other people knowing I was doing it. I was ashamed. When I was doing crystal meth it was more like a closeted high that I didn’t want others knowing I was doing.

The severe negative stigma attached to crystal meth transferred over to Marie’s evaluation of her drug use and resulted in increased feelings of shame. The power of this stigma is impressive considering Marie grew up in an environment where alcoholism and drug use were highly

normalized. While she had been using multiple other illicit drugs for years, she appeared to not feel a significant amount of shame or embarrassment over substance use until she began using crystal meth. Coming to terms with feelings of shame and having to live life in secrecy placed a strain on participants' well-being.

Questioning Purpose. When speaking with the participants about their experiences with drugs, many of the individuals remembered asking themselves existential questions around the time they decided to quit. Questioning the purpose of the lifestyle they were living and feeling dissatisfied with their lived reality frequently occurred. Many participants suggested they felt the period of time they were using illicit substances was *wasted time* and they were mentally burdened by a lack of positive accomplishments.

River explained:

You start thinking about like everything in your life. Like what am I doing with my life, I'm such a failure, I can't believe I'm doing this. Yeah just a million thoughts start running through your head about like how bad of a person you are. It's a sick feeling, but I always got so stressed about the future, and I was just like yeah, I should stop everything right now, and I'm never going to do it again.

Labelling herself a *failure* and *bad person*, River implied she was living a life lacking personal satisfaction and fulfillment. She developed significant anxiety over the course of the year she used cocaine: "I hit a point where even if I did the tiniest bit, I'd be super anxious. I guess maybe that anxious feeling made me think like what am I doing with my life? But you know, it was a good motivation to quit." Finding a way to leave drug use behind often began with participants taking an honest look at the reality of their day-to-day activity and what their behaviour was accomplishing.

After nearly a year of using opioids Ryan also found herself questioning her lifestyle and the reality of her habit's implications:

I was like, am I wanting to be this same person? Realistically, I could not hold down a steady job at that point. I would wake up and immediately start using [Dilaudid], and go through my day using, and you can't have a [fulltime] job and do that. Or at least I could not... I was like I am not making enough money from the research assistant job, and I can't keep asking my parents for money. And I was just like, I am growing up, I can't keep doing that. And so yeah, I was just like, what do I want to do with my life? Where do I want to go from here? Anything I want to do I can't be using drugs while doing it, so like, something has to change.

Feeling pressure to *grow up* was a sentiment Fran also experienced as she continued to use drugs into her late 20s: "I had always kind of felt like I need to grow the hell up. Like, by the time I moved I think I was 27 or 28. And just still working in a bar, and I felt like such a loser. Like I'm still doing drugs, still partying all the time. I'm 28, still bartending, I need to get it together." The multiple use of the word *still* throughout this statement suggests Fran's overwhelming disapproval of her lifestyle and a strong desire to live differently. She went on to elaborate further: "I'd known for a while I wanted to do something with my life, but I couldn't stop partying basically."

The commonality of participants *wanting to do something with their lives* highlights a belief that while using drugs they felt they were in a sense, *doing nothing*. Feeling a lack of accomplishment, or purpose in their lives generated increased pressure on the participants to make changes and move towards quitting. Allan found himself thinking about his actions more critically as he decided to quit: "You really start to think, what are you doing and what are you

going to do?” He remembered trying marijuana again after he successfully remained abstinent from drugs for one year left him with the following feelings: “I just took it and said like, hey, this is not doing anything I want. It wasn’t the same. Like, what is the purpose? There is no purpose to this.” Questioning the purpose of their lifestyle and drug using actions increased motivation to find the strength to refrain from using. In combination, experiences of shame and questioning purpose highlight examples of participant incongruence and stand out as a key pattern in the decision-making process of quitting their illicit substance use.

The Tipping Point

The second superordinate theme discovered during analysis was related to participants reaching a point where a substantial switch in perspective occurred towards their drug use.

Tipping Point moments occurred when participants suddenly developed awareness of specific negative consequences related to their drug use and mindset became centered on the necessity of quitting. Events leading up to participants reaching *The Tipping Point* had some shared commonalities across some of the individuals while others were more idiosyncratic and personal. Some participants experienced negative external incidents, while others wrestled with internal struggles until reaching their limit. Regardless of the event, this superordinate theme represents a critical moment in the quitting process.

Ryan’s tipping point moment was perhaps the most private. Coping with her diagnosis and chronic pain, during her yearlong Dilaudid use she became increasingly isolated from family and friends:

It’s like kind of bizarre to think back and be like, there were weeks when I did not leave my apartment. Just like sitting in my apartment, eating just soda crackers and anything that was left in my cupboard. And then, ok, fine I need to go get some food, go get some

kind of groceries. And then going and doing that and coming back to my apartment and staying there for another week. It was just bizarre, but it seemed like normal.

Ryan always had a theoretical end date of “once the surgery is over” to quit her use. As her habit increased, her conscience struggled with accepting her actions: “Basically before the surgery I was like this is getting out of control;” however, it wasn’t until a couple of months after the surgery that she hit her tipping point and said “enough is enough.”

I was just like ok, I can’t do this anymore, this is ridiculous. I can’t even tell if the surgery worked because I’m using these pain meds all the time and I can’t really tell if I am using them for the endometriosis pain anymore, or if it is just because I am like always taking them. So yeah, I just quit. Cold turkey.

With the surgery over and done with, Ryan’s could no longer ignore or rationalize her use. She knew the prescription would eventually run out and that if she were to continue, she would have to secure alternate means of acquiring opioids. A feeling of *times up* seemed to echo in her narrative. She knew that she could no longer continue using and maintain her usual lifestyle and that serious consequences were likely to follow. Realizing she couldn’t even tell if she was in pain anymore was the final straw.

River also struggled internally with her cocaine habit and she recalled a definitive switch in the effect the drug had on her after a period of time.

It wasn’t about like not wanting to do it. I think I just, I don’t know, I can’t really explain it. When I first started doing it, I was just full of life. It was so fun... and then there hit a point, I don’t know if it was from doing too much or if I messed up my brain a little bit or what...I would get like an anxious depression where I just don’t want to do anything, I

don't want to move. I just want to curl up in a ball...I guess I've hit that point where it's not fun anymore.

River described this as “when things started going bad in my head” or that the drug “started not being nice to me anymore.” As negative psychological effects of her cocaine use began taking their toll, she began attempting to cut back and the quitting process began. While it was not an abrupt or simple process, the switch from having “the time of her life” to “it just wasn't fun anymore” was a key element in her realizing she wanted to stop using cocaine.

For the four other participants *The Tipping Point* moments were somewhat more concrete and often tied to external forces. Through their experiences, the two subthemes rock bottom and personal damage will be described to substantiate and broaden the reader's conceptualization of *The Tipping Point*.

Rock Bottom. Rock bottom moments are often sensationalized in media accounts of substance use and addiction. Since none of the participants had entered treatment, I was curious to see what types of events would motivate independent quitting. An interesting revelation of the study was that three of the six participants, Marie, Steve and Allan, explicitly described *hitting rock bottom* in their own unique circumstances. Key elements of these experiences appear to be tied to fear and loss. The following section will explore their stories.

Marie's rock bottom moment occurred when her family dissolved around her. As a mother of five children, her crystal meth use came to a traumatic head: “You know I really hit my rock bottom at that time. My in-laws took my kids away on me. Un, I had broken up with my partner who I was with for over five years...he broke up with me and it's like I was really alone. I felt so alone.” With the loss of her children and partner, Marie's found herself scared and alone. She feared she would never see her children again unless she was able to get clean:

My in-laws, my mother and father in-law, they weren't going to give my kids back until they knew I was done... And so, I had to work on that. I had to stay clean for about two months and they gave me back my kids [tearing up]. Once I got my kids back, you know I knew I never wanted to lose them again. I never want to go through that again and I never want, number one, I never want to be homeless. I never want my children to be homeless. So, I knew I had to dummy up right now. This is it - God gave me another chance so dummy up right now. And I never even thought about touching it.

The loss of her children was a powerfully strong motivator for Marie; the event is still difficult for her to talk about without becoming overwhelmed by emotion. Their removal from her home was a pivotal moment where she immediately decided to quit. Moving forward she has worked extremely hard to care for her children and give them a better life by staying clean and providing them a safe, drug and alcohol-free environment to grow up in.

Allan's rock bottom experience brought him to the brink of losing his life. He explained: "I got stabbed and I think I was 19 years old." The stabbing occurred during a street fight, and Allan attributes his actions during this fight to being under the effects of drugs. The event was a life changing moment: "I just quit all the drugs, alcohol, cocaine. I just quit everything based on that. You can see life really different when you are just almost dying in bed, with tubes all around your body." He further elaborated on his experience by stating: "Um, I mean to see your parents crying at the side of your bed, that definitely moves some fibers in you." While the stabbing served as Allan's rock bottom tipping point and resulted in his decision to quit, the moment also continues to motivate him to stay clean to this day. Over 10 years later, he indicated the power of his painful memories continue to provide him with motivation to stay away from drugs: "How I felt when I woke up from surgery. That, yeah, that feeling is not good. Your

moral, physical, I mean, you touch the rock bottom. I think there is not better point to start from new, to start from zero. There is, if you touch the rock bottom. Oh my god. Definitely... I think those feelings really helped me a lot.” *Starting from zero* suggests Allan had the feeling he had lost everything in that moment he nearly lost his life. The emotion in Allan’s voice as he spoke about this moment was palpable. Coming from a family he had previously described as “independent” in character, the vulnerability of his position when injured was extremely moving and precipitated a major shift in his behaviour and lifestyle.

The final participant to speak about rock bottom moments was Steve. Steve’s story had an added level of complexity when he described two instances that he labelled *rock bottom*. The first incident occurred at the end of his first-year university during a night out partying. He ended up at a dealer’s house he was offered to try some of their “good stuff” and felt obligated to have some even after feeling like he had “done too much.” After taking a line of cocaine the size “of a pinky” things took a drastic turn for the worse. Steve got incredibly nauseous and started throwing up and “freaking out, because I could feel my pulse in my head, like my ears were pulsing. I was like ok, something is not right.” Steve quickly left the party and called a cab to take him home. Fortunately, he did not end up in the hospital that night; however, he was up all night in psychological and physical distress:

I was like curled up in the fetal position on the bathroom floor, because I couldn’t really move. I had attempted to throw up again, but I was just dry heaving. I was drenched in sweat and finally... I managed to crawl to the shower because I couldn’t really stand...I got into the shower with like shoes, clothes, everything. Didn’t care. And [after] I just curled up on the couch and attempted to fall asleep...and that’s when I kind of thought I hit rock bottom.

Steve experienced a great deal of fear during this event. Not only was he in fear of his health and the effects of possibly overdosing on cocaine, he also recounted that he was “scared people would judge me or something...I didn’t want anybody to know.” He never reached out to anyone during his possible overdose or sought medical help due to the fear of his parents finding out. After the event, he went home for the summer to work stating: “now I was really scared, like “I won’t touch this again.”

Steve’s second *rock bottom* experience occurred a year later after getting back into drug use during the course of his second school year. He had become romantically involved with a woman who was experimenting with heroin, and one evening she convinced Steve to try some: “[when] the drug like actually hit, is when I , I mean I felt amazing but I was also like really scared at the same time... it scared me, because you know, I realized why people get addicted to this.” He further explained:

You know, [I was always] trying to find something to kind of drown this out [negativity]... And yeah, with heroine, you know trying to find something to drown out this negative voice in my head? Heroin did it. And that’s what I was afraid of, because I was like, I feel amazing right now. This is the best I have felt in like, maybe three years. Steve felt immense fear in himself and what the repercussions of heroin use could be: “I really liked heroin and I was really scared I was going to do it again, and I wouldn’t be able to control it anymore.” Further complicating Steve’s emotional experience of that evening, when he awoke the next morning, he found himself covered in blood:

The night I was high on heroin, the girl had told me...one of the nice things about heroin is you don’t feel any pain. And I was like yeah, I know I feel fine. She’s like, no. You

don't feel physical pain and then she took the razor blade she used to cut the heroin up and then she sliced me...I still have the scar. Like sliced my chest open.

Steve considered this evening a second rock bottom experience. The next morning, he felt physically terrible, and was “freaking out” grappling with the reality of what he had done, and the shape he was in. He never touched drugs ever again as he recalled: “I was too scared.”

Personal Damage. The second subtheme manifesting within *The Tipping Point* was the experience of personal damages. While participants who recalled rock bottom moments certainly incurred damages to the self, other negative consequences of drug use not labelled as rock bottom moments were also described in the data.

Fran's account of her drug using years revealed experiences of personal damages frequently along the way, from “spending \$600 a night on drugs...a gigantic waste of money” to “waking up feeling like shit every morning”, or “significantly worsening my anxiety and OCD.” Fran suffered from frequent “drug hangovers” that caused her to miss work. She owed her parents quite a large deal of money and had a strained relationship with them due to her breaking their trust. The accumulation of these events slowly built up over time until Fran could no longer psychologically sustain her use, and the event she needed to make a change came in the form of an ultimatum. Fran's final tipping point moment occurred when she eventually caused damage to a meaningful relationship through her drug use:

He's [boyfriend] not into drugs at all...and basically, he had caught me a couple time lying... about stupid things...and he caught me doing that a couple of times and he just had enough. He was like either you drop all these disgusting habits, or, he was like, I'm gone. And that was it. It was a no brainer. So I just quit. That was it and I haven't done it since.

Negatively effecting her relationship and receiving an ultimatum from her partner was catalyst for change: “Knowing that he was serious about leaving me if I didn’t, and then I wouldn’t see him again, I wouldn’t see our dog again.” The consequence of losing meaningful relationships was too much for Fran to bear at that time and she was able to find the motivation to quit her drug use.

Allan’s journey with drug use also involved a great deal of pain and personal suffering. He described “the pain of [losing] my brother” as well as “physical and moral pain” [from the stabbing] as key motivators in his quitting process, and also attributes some resulting cognitive impairment to his past drug use. The following excerpt highlights the many personal damages Allan incurred:

I still feel guilty because I have this memory impairment. Or at least I think that’s the cause of this memory impairment. So, I have this little, remember me, like hey, you’re just facing the consequences of what you did. So that’s another point of remember, what I have done. I think the memory impairment is the biggest point. And the scars from the surgery, from the physical point of view. But definitely it had a mental scar. Like hey, you have done this, look what your actions leads in that point of time, and you know it can be repeated if you get back to that point. So yeah, yup, I think that’s a big scar.

Personal damages affected Allan on many levels: physical, cognitive and emotional. He also foresaw the future damages that were likely to follow if he did not make a change on the day he woke up in the hospital realizing “I will end up dead or in a jail...it was a matter of time.”

One other participant who accumulated significant personal damages to the self through their drug use was Marie. Marie recounted “the ugliness” of her comedowns with severe physical and psychological repercussions:

The comedowns are always the worst things. It's really ugly, it's worse than a hangover. I don't know how to explain... it's the ugliness and loneliness you feel inside and it's almost like your spirit leaves you. And you almost feel lost there for a couple days. Even after you're done taking the drug I'd say it takes 3, 4, 5 days for you to actually feel normal again.

Two words Marie used multiple times when speaking about her experience with crystal meth were: *it tore* (i.e. me up inside, my life apart). Something being torn apart is a violent act. Her language instills the severity of the damages she suffered while using meth. Her physical health, personal relationships, adaptive functioning, and home environment were all negatively impacted. The culmination of these damages when her children were apprehended, quite fortunately, resulted in Marie finding incredible strength within herself and making a drastic change and begin the healing process.

Creating Space for Change

The final superordinate theme generated through data analysis was *Creating Space for Change*. As the interviews progressed and stories were shared, one common practice between participants was that they all actively made modifications to their lifestyle in order to introduce new habits and routines free from illicit substances. The precipitating factor allowing participants to *create space* commonly began with simply leaving it all behind. The two means this was achieved were: a) finding a geographic solution (e.g. moving), or b) by cutting ties with their peer group entirely.

Marie, Ryan and Fran all made substantial relocations in the process of quitting. When Marie's children were taken away and her relationship ended, she found herself without a place to live. Desperate for change, she made decision: "I left my house with just a bag of clothes and I

came to Saskatoon cuz I know my dad lives here.” She described the importance of her leaving further:

I left with this intention that when I left, I left because I was leaving what was there. You know? My lifestyle. And I was leaving for a reason. And I felt like I didn't want to have to bring those problems with me into this life I'm trying to create, you know. So, I have to try to really stop this right now. I don't know, I just don't want to be another person who lost their life to crystal meth. [The move was] The most importantest I think because it took me out of that environment that I needed to be out of... me physically removing myself from that environment and looking back to see how it was and how things functioned. I can see now its unhealthy. There's a lot of problems there and it's not anything I want to raise my children in.

Not only did leaving allow Marie to physically break free from the environment she was stuck in for two years, it also allowed her a glimpse of a different life. She was able to “see things differently and clearer” realizing her life with her family was “not right...not healthy and... had me messed up.” Breaking away from deeply normalized substance abuse was necessary for her to even imagine a different life and realize she wanted something else for herself and her children.

Ryan also used relocation as a critical motivation and moment in her decision to quit.

When she was struggling to stop using Dilaudid, she set a goal:

I told myself that if I quit and was actually clean, I decided I wanted to leave my hometown. I was like if I quit and I'm clean, then I can save up enough money... and I will move. So that's what I did, and I think that was really, really good for me. Just to kind of like, it was almost just like I was physically leaving it behind me in a way.

Moving was both a critical goal and lasting change that supported Ryan's decision to quit. The concrete action of leaving was very powerful for her. Being able to move, and "live life again" was like a fresh start where she could reinvent her identity in alignment with a non-drug using self.

Fran made two moves in her journey to get clean. After spending years bartending and partying in Vancouver her mental health and quality of life had deteriorated to the point she knew she needed to act:

I moved because I realized I was in a downward spiral... I realized I needed to get out of Vancouver and like out of that environment I was in... I was like I'm gonna get away, get away from all this and try living a healthier lifestyle.

Unfortunately, the only job Fran could secure in her new city was at a bar and after making a friend who used drugs, she "fell right back into it again." A year later, Fran made a second move to Saskatoon:

Leaving Vancouver was completely necessary. Absolutely I had to do that...just like work atmosphere, the people you are surrounding yourself with that is a huge factor regardless of where you are moving. Um, and then moving to Saskatoon was equally, if not more significant. Like I just needed to... going somewhere where I didn't know anybody, and not having any sort of influence always trying to get me to go out partying or drugs or anything like that. Basically, removing myself from all those external factors, it was necessary to help at least slow down.

Finding a safe environment where temptation and peer pressure were eliminated was necessary to create space to change. Physical distancing herself from her former environment meant that

Fran was no longer surrounded by opportunities to use and she was now presented with opportunities to socialize *without* drugs.

While not as drastic as physically relocating, Allan, Steve and River created space for change by cutting ties with their significant peer groups. Allan, who referred to his peers as a “second family” indicated the difficulty of this act: “I just started to say I’m not going. And they cared for me, and I just said no. I had to fight to get out, but I needed to get out from there because I wanted to change.” Steve described a similar situation of having to “break apart from” his peers:

No friends, Yup, I didn’t have a single friend, because I realized that every one of my friends – this girl I am seeing, has a heroin addiction. Her boyfriend, I don’t think there is anything he is not addicted to...her brother, uses cocaine a lot. All of his friends were using cocaine. I’m like, I know everybody, and they all use it, and I don’t want to use it.

Lastly, River, also actively tried to socialize with friends who did not use cocaine and began dating someone who had quit using drugs sometime earlier. Without being able to physically distance themselves and create a fresh start, these participants were left trying to recreate their existing lives with temptation still around them. The subthemes opening up to support, safe substitutions and future focus become particularly relevant in supporting the change process. The following sections will highlight common patterns between participant efforts to create space for change in their lives.

Opening to Support. Moving past the tipping point, the shame and secrecy from *The Incongruent Self* was often exchanged for opening up to family and friends about drug use. Being honest about their drug use and accepting support often took a great deal of pressure off the participants because they were no longer solely accountable for their own actions. They now

knew someone else was involved and invested in the outcome of their behaviour. Opening up to support often resulted in new solutions and routines that distanced participants even further from drug using behaviour.

As River was developing more and more anxiety with her cocaine use, one of her former drug-using peers disclosed he was thinking about quitting. This simple revelation spurred River to admit that she wanted to quit as well and resulted in the two of them making a pact to do it together:

We made a pact that we would quit, and it worked pretty good... like I made a deal, I was like ok, if you're going to quit and I'm going to quit, you can't do any. You know, I'm going to put this pressure on you...so you know I felt like I wasn't quitting for myself, I was doing it for someone else. That made it easier.

River claimed that when she "felt like someone else cared" it was easier for her to quit and that she wished someone would have said something to her earlier.

Telling someone really made all the difference for me...maybe that's all I needed this whole time was for one person to say they wanted me to quit... telling someone that it is really messing up your life...or you're ashamed of it...can make all the difference...really opening up about it, that's what changed my whole life.

Simply admitting the desire to quit created expectations and pressure to succeed; however, this became manageable once someone else was sharing the responsibility.

When Marie headed for Saskatoon to leave her substance use behind, she was in search of her father. She remembers:

All I wanted to do was find my dad and I think that was probably the best choice. I found him and my cousin gave me a place to stay. In those two weeks of being here in Saskatoon I found a home for me and my kids.

Marie took a risk and opened up to her cousin: “I told him about my situation, and what was going on and he wanted to help me. So, he helped me out.” She was still living in this home with her family at the time of interview. Marie reflected that finding a safe place to live gave her even more motivation to “stay away and continue to be clean.” When discussing how she thought she was able to manage to stay off crystal meth for the past two years she credited the support she had in her life: “My father, you know being there, having him. Honestly, if it wasn’t for my dad just being there for me it would probably would have been a lot harder.”

Taking the risk and travelling to Saskatoon to seek out her family for support was a critical moment for Marie. Knowing that her father was “never going to judge, or say anything bad, or hold anything bad against” her allowed her to feel safe and reveal to him her “deepest darkest secrets.” Opening up to her family allowed Marie a safe place to live and exposure to positive support in her life away from substance use. The further Marie got away from her old lifestyle, the more she was able to recognize dangerous old patterns and at the same time, generate new ideas of the future she wanted to create for her and her family.

A significant event in Steve’s drug using journey was deciding to open up to his family about his history after he had successfully quit. While he was able to leave it all behind independently, in the years that followed his mental health deteriorated and he ended up in a deep depression. He recalled not being able to keep food down, sleep at night, being plagued by nightmares and often thinking of dying: “I think the reason for the nightmares was because of the guilt that I felt about it. Like, ok, I haven’t been using drugs, but I keep thinking about it.”

During this period Steve felt “quite helpless” because he “literally had no one to talk to” and still feared his family finding out. Fortunately, he told his brother and help soon followed: “I finally told my parents about all those years ago, about how I started with drugs” and “when I finally told them, I actually went and saw a doctor and he gave me meds for depression and anxiety.” In hindsight Steve wishes he “would have spoken to someone sooner.” The importance of making peace with himself and repairing his relationship with his family was highly emphasized and interpreted as an important factor in his ability to maintain his abstinence. Steve was proud to no longer have secrets in his family and attributes the strong connection he now has with his parents to finally opening up and being honest about his drug using past.

Safer Substitutions. A second subtheme of *Creating Space for Change* involved participants finding alternative actions to fill time and channel the energy they had previously used taking illicit substances. Moving to a new town, breaking away from peers and leaving it all behind resulted in having significant changes to their day to day living. In these instances, space for change was found with safer substitutions: new behaviours that promoted their health rather than negatively impacted it. Safe substitutions ranged across participants and fulfilled a variety of needs left after quitting.

Two of the six participants relied heavily on marijuana during the first few months. River and Marie both found marijuana to be very helpful to manage cravings in the beginning. River recounted: “when I did quit, I would smoke a lot of weed...I was able to just get stoned every time I had a craving. I know it’s kind of bad, just substituting one thing for another but weed is a lot better.” While River found marijuana helpful, Marie’s depiction of coming off a two-year crystal meth habit suggested that marijuana was almost vital to her success:

I had to start smoking marijuana again for a little while to help with those, ugly wanting to smoke. When I'd get that feeling... I'd smoke weed, I'd have a couple of puffs of a joint when I had those feelings. When I wanted to have a hoot of the crystal meth, it wouldn't be crystal meth. It would be weed instead... and then all you need is a couple puffs and you feel mellow and the feeling of wanting the crystal meth hoot is gone. All you need is something to get rid of that edge...the first two months is the hardest.

Marie's health had been so negatively impacted by her meth addiction that marijuana helped her physical recovery as well:

You can't just ease off and stop...it's a good thing to have things like marijuana. You kind of feel sick, but the marijuana it gives you the munchies so it kind of masks that ugly feeling in your stomach so you can eat. And that's what you need, you need to be getting food and nutrients inside of you because on that binge you haven't been eating or drinking.

Marijuana was a safe substitution for both Marie and River because it was a "different high" where their mental and physical health were not negatively impacted. They were able to use it as a tool to reduce dependency and the habitual nature of their illicit drug use to make space for change.

A second theme regarding safe substitution was an investment in health and physical fitness. Alongside her marijuana use, River began exercising regularly and "fell in love with working out" to work through her feelings on her "down days." Fran voiced similar feelings about her desire to get healthy again after distancing herself from drugs: "One of the biggest changes I made was I needed to start getting healthy again. When we moved to Saskatoon...I'd say I started working out more." She reflected: "I needed an outlet. My outlet used to be, ok,

stressful day I'm going to go drinking and probably stay up all night partying. But now it's basically the gym. That's my outlet." The mental health benefits of exercise often counteracted the emotional struggles participants were experiencing and helped maintain their sobriety.

Ryan was the final participant who experimented with finding safe substitutions for her Dilaudid use. Being diagnosed with a chronic illness, she realized she needed to find alternatives to opioids:

I used different diets and stuff. I literally tried anything under the sun instead of drugs. Just trying to replace that, oh, this [opioids] is the one solution, with literally anything else. And I liked that because it kept my mind busy enough with being like, ok is this a difference? Is it not? And also, as like a way of distracting myself in a way. Of being like, ok what is the next thing I do?

Ryan also took mindfulness training specifically targeted to living with chronic pain. She ended up having to undergo a second surgery which she did without opioids, and she credits mindfulness, and "coping with pain and sitting in it as opposed to panicking and freaking out" to be very helpful.

The directing of behaviour towards new, safer alternative solutions was very helpful many participants in generating space to change their behaviour and move towards quitting their illicit substance use.

Future Focus. The final subtheme comprising *Creating Space for Change* to emerge was the shift of attention from the present to the possibilities of the future. After participant made the decision to quit, many developed extremely strong commitments to their potential for success. Allan's revelation after waking up in the hospital was clear; he decided he was going to leave his old ways behind and devote all his energy towards his career:

I totally took a really different point of view of life. Ok, I'm going to just focus on my career, and I'm going to keep going with my career. So I took that decision, and I get out of the hospital after one month and I was at my house, I just, ok, I'm going to keep it this way. The next time I get into the university, I was always at the end line of the class, and now I was the first.

Allan stuck with his dedication to his education and career, taking himself all the way to international graduate level studies: "I just want to focus on my career and if something is not helping me in that way, it is distracting me."

Academic achievement was a common expression of future focus amongst participants. After quitting, River, Fran, Steve and Marie all found fulfillment in realizing their potential. River commented: "Around that time is when I started really applying myself at school, showing up every day and I got really good grades. I never knew I was capable of that and I was like holy crap! Maybe I can get into an honours program." An interesting reflection made by River about her drug use was: "I feel like it was socially acceptable for a person like me to be doing it [using cocaine]...because I was kind of just an average person, but now that I'm a 90s student, I think people would be really worried about me and upset with me." The increased self-worth River has gained from her academic success and focus on future achievement further exemplifies the incongruence she experiences with a drug-using self in comparison to her current identity.

Steve found purpose and a new focus by reapplying for graduate studies in a different field of study. His new path served almost as a form of healing and renewal from his past ways:

What that [his studies] has to do with the whole drugs things is because when I was using them [drugs] I wanted to distance myself from everything. I'm like, I don't want to look at anything too deeply because I feel the farther I look, the more deeper I get [into

unhappiness]. Whereas now I'm kind of doing the opposite. The farther I look, the deeper I get, the more fascinating it gets...one was about, you know, death and family and drugs and depression and all that, and the other is about like, art and culture and history and all this.

Steve found this new approach to his life as something that "grounded him" as his interest in learning was sparked and he was able apply himself in a meaningful way. He now is enjoying living his life and looks forward to where his degree will take him.

Finally, Marie was another participant whose future focus had ties to academic achievement. One of the strongest resonating messages in her story of drug use and successfully quitting was her desire to protect her children and give them a better life. Having completed her first year of post-secondary education after her battle with meth, Marie expressed shock and gratitude for opportunity to succeed in school:

My marks are still high. That surprised me! In my history class I got like a 91% on my paper and I was like, wow!! I couldn't believe it, I cried... I was so happy I can't believe I am able to bounce back after my addiction like this.

Receiving the validation that she could be successful academically in university has continued to increase Marie's focus on the future and her drive to make a better life for her family. She passionately defended her children as her number one motivation to quit: "Being sober, honestly the number one thing is giving my children a better life. I don't want them to grow up to see anything I seen as a child." She reflected that her past has given her the knowledge to hopefully be able to better protect them in the future as well: "So now I know as a parent what to look out for...maybe if I can find the signs before it takes a hold of my children's lives like it did to me, I can, I could put a stop to it, like change their lives, the outcome of their lives for the better."

Setting focus and intentions for the future was another substantial expression of the superordinate theme *Creating Space for Change*, and the final subtheme to be analyzed in the exploration of experiences of quitting illicit substance use.

Summary

My analysis of the six participant stories and their experiences quitting illicit substance use independently was a detailed and complex process. At the beginning I was overwhelmed by the diversity and uniqueness of each personal experience with drugs. As I sat with the data and began to puzzle out the key elements of each story, the more I began to see fragments of collective messages, and common turning points across the data. Three overarching superordinate themes *The Incongruent Self*, *The Tipping Point* and *Creating Space for Change* were conceptualized as my interpretation of the participants decision making process to quit illicit drug use. Within these superordinate themes, elements of shame, questioning purpose, rock bottom moments, personal damages, opening to support, safer substitutions, and future focus work to further represent how the individuals made their decisions, and the critical moments supporting the quitting process along the way.

Chapter Five: Discussion

The purpose of this study was to explore experiences of quitting illicit substance use independently. The phenomenon of substance use recovery use has been widely researched from the perspective of formal treatment outcomes; however, qualitative inquiry around individual experiences of quitting drug use without external intervention has been rarely studied in recent literature. The initial literature search yielded only two studies that explored independent quitting or transitioning out of recreational drug use. This study sought to address this gap in the research: how do people make the decision to quit using illicit drugs independently?

Detailed analysis of the stories recounted by six participants revealed three superordinate themes which together encompass the decision-making process and critical moments participants underwent in their quitting experiences: *The Incongruent Self*, *The Tipping Point*, and *Creating Space for Change*. Regardless of context surrounding their patterns of use, all participants expressed experiences central to these three themes. The following section will provide a summary of the findings in relation to current literature, highlight the strengths and limitations of the study, outline implications for future practitioners, and close with researcher reflections and conclusion. For reference, Table 5.1 organizing superordinate themes and subthemes has been provided.

Table 5.1

Superordinate Themes and Subthemes

<i>The Incongruent Self</i>	<i>The Tipping Point</i>	<i>Creating Space for Change</i>
- Shame	- Rock Bottom	- Opening up to Support
- Questioning Purpose	- Personal Damage	- Safer Substitutions
		- Future Focus

Connecting Findings to Current Literature

The Incongruent Self

Participants in this study commonly expressed disapproval or even disbelief towards their drug using selves. This discrepancy between their real self and an idealized version as a contributing factor in the decision-making process towards quitting supports existing literature on reasons for abstinence and drug use cessation. On a self-report questionnaire given to university students, Rosenberg et al. (2012) found one of the strongest influences on the decision to abstain from using illicit drugs to be the belief that drug use was contrary to one's self-image or values. Similarly, research on substance use protective factors also found having a strong sense of personal morality to be a protective factor against substance abuse in adolescents (Greydanus et al., 2016). The inherent negative language participants used to describe their drug using behaviour supports the claim that a strong internal sense of right and wrong inhibits individuals from using drugs. At the onset of this project I was curious if the mindset of those who abstain from drugs entirely would correlate with the perspective of those who routinely used drugs. Similarities found between reasons for abstinence and reasons for quitting help identify those common factors that contribute to abstinence and are also utilized as motivators to encourage quitting in individuals with already established drug habits.

As mentioned previously, current research on independent quitting of illicit drug use has not been extensive. While only two relevant studies were located in the review of literature, connections between the theme *The Incongruent Self* and those works can be noted. Hansen and McNeal's (2001) longitudinal study on psychosocial predictors of self-initiated substance use cessation found "perceiving substance use to not fit with one's desired lifestyle" to be the second strongest predictor of cessation among youths with recent substance use experience and

suggested “intrapsychic dissonance” to be a strong motivator for cessation (p.969). Secondly, in an ethnographic analysis examining how recreational drug use was negotiated into adulthood among electronic dance music scene members in Australia, concern over maintaining a “normal” non-drug using identity appeared to most strongly inform decision making on whether to continue using amphetamine type stimulants across the transition to adulthood (Green, 2016). When individuals realized their ideal “normal” identity was being threatened by their alternate drug using persona, the decision to slow down or take a break from the party scene was often initiated. The results from the current study support these findings that perceived identity and living one’s ideal lifestyle are significant factors individuals wrestle with when using illicit drugs.

The subtheme ‘shame’ within *The Incongruent Self* is a well-researched and acknowledged phenomenon around substance use and addiction. The original review of literature for the study did not encompass an in-depth exploration into this subject; however, the implications of negative attitudes towards drugs were explored. Public stigma over drug-using behaviour, and opinions that using drugs is deviant and disapproved of, has been credited in research as a major barrier for individuals using drugs to seek help (CCSA, 2018a; Green, 2016; Tozer et al., 2015). Awareness of stigmas towards drug use contributed to generating the secrecy and shame participants spoke of during their drug using pasts. Furthermore, the varying levels of shame participants described when evaluating their drug use supports the research on *differential normalization* theory where individual substances and modalities of use become normalized in different environmental contexts (Jenkins et al., 2017; O’Gorman, 2016). Using cocaine at home alone, crushing up prescription medications to snort, or using highly stigmatized drugs such as heroin or crystal meth were all examples of situations where participants felt increased shame

directly because of the type of drug they were using or the context surrounding its use. Perceiving a degree of normalization towards drug use decreased feelings of shame when participants viewed their use as either appropriate or functional. A key aspect of the quitting process occurred when participants no longer viewed their individual pattern of use as normal and feelings of shame increased.

Questioning one's lifestyle and future purpose emerged as a common subtheme within *The Incongruent Self*. I believe these findings correspond to existing research on the *maturing out* process conceptualized within normalization theory. Negotiating the boundaries of normal adult lifestyle and keeping drug use within these confines has been postulated to be a mechanism for individuals maturing out of drug using behaviours (Green, 2016; Sznitman & Taubman, 2016). Three of the six participants expressed sentiments related to "growing up" or judgements about their age and the acceptability of drug use in comparison. Life pressures associated with increased maturity were expressed as influential factors in participant decision-making processes towards quitting and supports existing research that a maturing out process does occur in certain individuals' drug using trajectories.

The Tipping Point

The second superordinate theme, *The Tipping Point*, represents a critical moment where individuals shifted from feeling comfortable with their substance use to awareness of negative consequences and the need to quit. 'Rock bottom moments' and 'personal damages' were the subthemes that emerged within participant experiences of this superordinate theme. Hitting rock bottom is a popular expression within the field of addictions and a commonly acknowledged entry point to recovery even in mainstream society. The findings of the current study support the legitimacy of this phenomenon as three of the six participants directly referenced "hitting rock

bottom” as a critical moment influencing their decision to quit. Green (2016) also found the “negative effects of drug use” to be a mediating factor in young adults transitioning away from amphetamine-type stimulant use and involvement in the electronic dance music scene (p.205). Experiencing physical, psychological or social consequences impacted participants evaluation of their substance use habits. Recognition of consequences eventually generated a transition away from drug use and towards a desire for change.

Conversely, Hansen and McNeal’s (2001) findings on mediators of self-initiated substance use cessation did not support “beliefs about consequences” to be largely influential in participants ability to quit independently. A possible explanation for the discrepancy in the findings is the inclusion of only alcohol, tobacco, marijuana and inhalants in Hansen and McNeal’s research, as well as the participant pool being adolescents. The participants in the current study were drawn from a university population and had experienced longer drug using histories and involvement with more high risk or potentially damaging substances. These factors contributed to them undergoing more negative consequences (e.g. rock bottom moments and personal damage) and can explain why *tipping point* moments were considered as intrinsic events in their quitting experiences.

The findings of the current study around negative consequences and tipping point moments correlate with findings in research on abstinence as well. Davis and Spillman (2011) conducted a survey on reasons for abstinence within a university population and “physical damage drugs cause” was identified as the top reason students abstained from using (p.16). Rosansky and Rosenberg’s (2019) exploratory factor analysis of reasons for abstaining from drug use within a university student population revealed “negative consequences” to be the highest loading factor influencing students to abstain from drugs including prescription

stimulants, prescription opioids, cocaine and heroin (p.480). Another interesting connection between the current study and Rosansky and Rosenberg's work was that university students perceived "negative consequences" to be less important for prescription drugs when compared with non-prescription drugs. Ryan's description of her Dilaudid use echoes this sentiment as it took her a long time to recognize the consequences of her use because she was originally prescribed the medication and the drugs were the "solution to her problem." Fear of progressing to harder drugs like heroine or synthetic opioids like Fentanyl was also expressed by three out of the six participants supporting the findings that different substances generate varying levels of fear for negative consequences. Acknowledging consequences often contributed to participants reaching their *tipping points* as they considered the potential effects of continuing on with their current use patterns and possibly moving on to more dangerous drugs. These findings further support significant correlation between reasons for abstinence and reasons behind the decision to quit.

Creating Space for Change

After making the decision to quit, the final superordinate theme *Creating Space for Change* revealed participants making modifications to their lifestyle in order to introduce new habits and routines free from illicit substances. Many made moves to physically distance themselves from drug using environments, while other left their peer groups behind. Kramer and Vaquera (2011) examined the importance of peer embeddedness as a facilitating factor for substance use. Their research supports the findings of the current study indicating the more socially connected individuals are to other drug using peers, they more likely they are to use substances themselves. Greydanus et al. (2016) also reported easy availability of drugs, community acceptance of drug using behaviour and substance using peers to be significant risk

factors for substance abuse in adolescents. All of the participants made efforts to move away from their drug using environments and peers when navigating their quitting process.

The importance of environment and the social influence of drug using peers highlighted in *Creating Space for Change* can be connected to the hypothesized theories of addiction explored in the literature review. The results from this study would indicate that addiction cannot be conceptualized as solely, biological, neurobiological or personality based. The necessity for participants to change not only their behaviour, but also their environment and entire lifestyle, alongside addressing underlying mental health, past traumas or current struggles supports Zucker and Gomberg's (1986) *biopsychosocial model* of addiction. On an individual level, many participants found "safer substitutions" to manage their internal cravings to use drugs, while "opening to support" sometimes meant managing mental health or fostering relationships outside of drug use. Developing "future focus" highlights the influence of one's social endeavors on successfully quitting. These findings support evidence that substance use needs to be conceptualized from multiple perspectives and is the result of a dynamic interplay between genetic and environmental vulnerabilities (Leyton & Stewart, 2014). Participants would not have been successful in their attempts to quit if they had not addressed multiple areas of their lives to make necessary changes.

The subthemes within *Creating Space for Change* also correspond with the literature on reasons for abstinence. Intelligence, positive self-esteem, social competence, strong communication with family members, positive peer groups, social involvement and connection are recognized in literature as protective factors against substance use (CCSA, 2007; Greydanus et al., 2016). Subthemes 'opening to support' and 'future focus' support these findings as participants commonly strengthened their relationships with family or non-drug using peers as a

means of creating space to change, while also negotiating new lifestyles that allowed them to realize their future potential. High academic achievement was commonly referenced as a factor influencing the decision to refrain from using drugs indicating intelligence and strong executive functioning (e.g. future planning, goal setting and maintaining focus) positively contributed to participants abilities to successfully quit.

Evidence in the subtheme ‘future focus’ also supports previous findings on the *maturing out* process. Green (2016) suggested individual decisions around drug use are commonly renegotiated based on perceived mental well-being and functionality at work or school. Participant tendencies to acknowledge they could not achieve the lifestyle they desired in the future while maintaining their level of drug use reflects this sentiment of maturing out in understanding their own experiences. Desires for wellness and health, as well as reaching one’s potential in school or work were key elements of ‘future focus.’ Finding ‘safer substitutions’ such as mindfulness or physical fitness were means used to achieve these desires.

The Phenomenon of Natural Recovery

When revisiting the literature to support formulating this discussion of findings, I discovered reference in addictions research to a phenomenon closely aligned with the subject of the current work. Independent quitting without treatment interventions is recognized and referred to in the substance use field under multiple synonymous or interchangeable terms including, but not limited to *self-change*, *self-quirters*, *natural remission*, *untreated remission*, *natural recovery* or *spontaneous remission* (Klingemann & Sobell, 2001; Klingemann et al., 2010; Sobell et al., 2001). At first, I was surprised and concerned that I had not come across this concept in my initial literature review since it was the very process I set out to explore; however, upon further exploration I could better understand why and how this had occurred. Not only is the

terminology inconsistent and universally not agreed upon, the sheer number of terms that have been used interchangeably makes locating relevant literature significantly challenging. I feel the term *natural recovery* best expresses the process of independent quitting as described by my participants and for the sake of clarity will use it moving forward to discuss the process of independent quitting.

While it is acknowledged that a significant population of individuals quit and recover from addiction independently, in-depth inquiry around the process of *natural recovery* has yet to receive considerable attention in substance use research. When reviewing the state of natural recovery research, Klingemann et al. (2010) suggested there was “a paucity of research investigating the mechanism by which people decide to change” (p.1514). This appears to continue to be the case ten years later. The few available resources on the phenomenon include primarily quantitative analysis of survey studies as opposed to close and personal methods of qualitative inquiry. Furthermore, a great deal of natural recovery research centers around cigarette, alcohol *and* drug use while focus on drug use as an independent phenomenon appears to have not yet been carried out.

A project in 2001 by Sobell et al. attempted to qualitatively explore perceived reasons for change through computer assisted content analysis of reports from alcohol and drug users who naturally recovered in Canada and Switzerland by compiling three separate studies. Results from the computer assisted content analysis produced eleven qualitative word categories organizing the data including: cognitive evaluations, behaviour monitoring/action statements, problem related reasoning, dramatic events/strong expressions, reference to others/support statements, health-related statements, religious attributions, time-frame statements, affect-related statements, alcohol-related statements, and references to illicit/licit drugs (Sobell et al., 2001). While

connections between the results and the current study can be noted in categories of cognitive evaluations, dramatic events, support statements, time-frame statements, health statements and affect statements, lack of descriptive details and explanation within the report leaves the change process too largely ambiguous in the study's findings to make empirically relevant comparisons. The most recent natural recovery study located was a 2014 cross-cultural self-report survey investigation with alcohol and drug use disorders in Spain and the USA. Carballo et al. (2014) statistically explored differences between these two groups rather than account for how the change process occurred, so meaningful connections discovered with the current study were not found. It appears specific inquiry into natural recovery and illicit drug use is still a widely under researched, and potentially under acknowledged, phenomenon in the addictions and substance use field.

Strengths of the Study

The current study has many strengths. Firstly, while *natural recovery* has been acknowledged in research previously, the scarcity of studies exploring the phenomenon reveals a significant gap in the literature. This study is valuable in the sense it explores a topic that has limited quantities of empirical data or experiential knowledge available for reference. When I first began my thesis journey, I was at times met with minor skepticism when I described what I was seeking to examine and the question: "Do you think you will find any participants?" I feel the lack of awareness about independent illicit substance use quitting further exemplifies stigmas attached to drug use and the reluctance of people to disclose they use/used drugs. It is my hope that stories of positive change without treatment can be powerful in offering hope to individuals suffering negative consequences of their own drug use, and that the idea of natural recovery can become more mainstream knowledge. I am beyond grateful that my participants shared not only

their time but also their unique experiences to begin building a body of research that offers insight into alternative solutions to quitting illicit drug use.

A second strength of the study arises from the beneficial aspects of IPA methodology. With a majority of substance use research being quantitative and based on survey data, I feel the current work exposes novel voices that are needing to be heard at a level of intimacy that possesses not only empirical worth but also therapeutic value. The small and purposefully selected sample allowed a concentrated focus on individual cases, with meaning being made from their collective experiences (Smith et al., 2009). The detail and intricacy of thematic analysis demanded by IPA allowed me as a researcher to tell a story about the *process* of natural recovery across cases rather than identify individual specific factors. As evidenced by the themes, independent quitting was not a simple experience. Participants underwent multiple layers of understanding and evaluation of their drug use before, during and after quitting. I feel the complexities of drug use recovery cannot fully be captured nor understood without this style of idiographic, in-depth analysis.

A third strength of the study was using semi-structured interviews to truly allow participants to relate their story as they experienced it. By following an interview schedule, the participants were able to talk at length and relate details of the quitting process from their own unique perspective without being overly led or guided by the researcher (Smith et al, 2009). The semi-structure format allowed me to ensure common questions were explored with all participants; however, they each were also allowed some control over what they chose to talk about at length. I feel I gained a better perspective on meaning making and understanding of why and how they decided to quit by observing the ways they spoke at different lengths and with varied enthusiasm about different points or prompts. While certain questions may have led one

participant to speak a great deal, the next may have breezed over the question finding more relevance or importance in another speaking point. Using semi-structured interviews allowed me to feel that participants were truly being allowed to relate their own unique understanding of natural recovery.

A fourth strength of the study was the diversity of participant experiences. My original assumption that entries into, and exits out of, substance use would be dynamic was validated through the six unique stories I was privileged to hear. Not only were there male and female participants, there was also variety in age, cultural backgrounds, drug histories and years clean. I feel the variety of participant experiences in my sample helps validate the results I found as relevant components in the independent quitting process since they do not only speak to one specific type of drug use or drug user. Knowing that my participants had such distinctive stories, yet a common message could be found among them, increases my confidence that lessons learned will be valuable for general substance use prevention or intervention initiatives.

Finally, the fifth strength of the study was simply allowing individual stories of resilience and positive change to be shared when they might otherwise remain silenced. Nearly all of the participants expressed feeling somewhat obligated to respond to recruitment materials simply because they felt the type of research was rarely conducted and there was a unique opportunity to tell their story. Strong desires to potentially help others and let others know that it is possible to quit on your own were expressed frequently. A common sentiment was “I wish someone could have told me then what I know now.” I felt touched multiple times as participants thanked me for allowing them the opportunity to share their experiences simply because they hoped maybe it could help others somewhere down the road. If simply participating in the study offered

additional meaning making or resulted in participants feeling empowered by their achievement of natural recovery, then I feel this is possibly one of the greatest strengths of all.

Limitations

This study is not without limitations. While IPA provides a flexible means to explore rich descriptions of lived experiences (Shinebourne, 2011; Smith et al., 2009), some criticisms of the method must be noted. Pringle et al. (2011) suggested the small homogenous samples common in IPA limit the relevance and generalizability of findings. While I feel the diversity of participant drug using experiences adds validity and relevance to results, generalizability is just not possible with a sample of six. Although participant background varied, cultural differences were not accounted for nor represented in the resulting findings in an attempt to maintain focus on the quitting process rather than personal demographics surrounding substance use. Drawing from a university population, one also could assume that participants were representative of a certain level of privilege and may not be representative of more disadvantaged populations of substance users. Furthermore, the inclusion of only two male participants does not allow any gender-based differences in the quitting process to be reflected upon since males did not account for at least half of the sample so the results may be more relevant to a female population of drug users.

A second criticism raised is the lack of recognition IPA has given to the importance of language and communication in the data collection methods. Tuffour (2017) raises questions as to whether or not experiences and meanings can be accurately captured if participants and researcher lack the ability to successfully communicate the nuances of those experiences eloquently. The interpretations and meanings discovered are indeed constructed by the researcher

and participants with the available language skills they possess. The importance of language and communication skills was highlighted in multiple instances during the current study.

With interviews switching halfway through data collection to FaceTime video calls due to the pandemic, the atmosphere during interviews was altered. I found it necessary to spend significantly more time with ice-breaking warm up discussion with participants before beginning the interview than I did when meeting face-to-face due the absence of clear social cues and body language. Rapport building became even more important to build on trust and I was very observant of participant facial expressions and behaviour, while paying special attention to the clarity of my speech. Fortunately, the computer audio for the interviews was acceptable quality and there were only a couple minor instances where technical glitches required asking for clarification. Also, given that English was not Allan's first language, his interview presented some challenge as there were times where we both needed to pause and check for clarification to ensure the correct information was being communicated. Lastly, differences between participants style of speaking and willingness to talk freely were noted. It took careful attention as an interviewer to ensure everyone was given equal opportunity to share their story in a manner that not only addressed the research purpose but also allowed them to emphasise moments and details most important to them individually.

A third criticism of Pringle et al. (2011) posits perhaps the idiographic and intense level of analysis could result in researcher interpretations moving farther away from the real meanings behind participant experience. In order to ensure the final interpretation remained credible, direct quotes from participant data anchored the findings and are presented in the finished report (Pringle et al., 2011). I attempted to remain true to getting to the essence of each participant experience; however, the process of generating collective meaning across cases can only be

credited as such: my own understanding of the participants experiences. This concern touches on a final limitation of IPA often cited: subjectivity. The reality remains that two different researchers could in fact come up with two different interpretations due to the difficulty of bracketing past experiences and knowledge gained from exploring recent literature (Pringle et al., 2011; Tuffour, 2017). Completely eliminating one's personal biases and expectations is likely not attainable no matter how conscientious a researcher may be.

Recommendations for Future Research

First and foremost, the difficulties encountered locating a unified body of research on the phenomenon of independent quitting, or *natural recovery* calls for need in the substance use research community to collectively acknowledge and reach consensus on terminology for this occurrence. Unifying terminology can help to build a more accessible body of empirical work for reference by researchers and professionals. Secondly, the need for subsequent qualitative inquiry around natural recovery would help to increase evidence of and build a larger knowledge base around the decision-making process of persons who successfully quit illicit drug use independently. This phenomenon is undoubtedly one that represents a significant transition in individual's lives. I believe the knowledge that comes from real world experiences explored through qualitative inquiry carries a therapeutic weight that possesses the power to inspire others to change in a way that quantitative analysis cannot. One avenue that could potentially warrant exploration is more intensive inquiry into natural recovery in a homogeneous sample of high-severity drug users (e.g. heroin, crystal meth, or other opiates) where the physiological and psychological implications of quitting are more pronounced in comparison with cases where individuals mature out of heavy recreational cocaine or ecstasy use.

Implications for Professional Practice

The lessons learned and collective knowledge gained through exploring shared experiences of individuals independently quitting their illicit substance use offers valuable insights for mental health workers whose clients are struggling with drug use. First and foremost, I believe any persons working in the substance use field must be aware of, and willing to educate clients on, the possibility of natural recovery. Often the suggestion of treatment or formal interventions may be inhibiting to individuals considering getting help. By offering multiple avenues to help seeking, a more diverse population of clients can be reached. Marie was one participant who stressed this notion stating she wanted other members of her community to know quitting was possible on your own and that formal treatment was not the only way. Certain cultural barriers to traditional treatment programs developed around Christian frameworks could make them undesirable to a large proportion of the population, and knowledge of other options increases one's professional cultural competence.

Public health campaigns aimed to address substance abuse should also address stories of natural recovery to reduce stigma and instill hope that quitting may be more possible than popular belief. Messages of resilience and ability to quit independently could be used in tandem with harm reduction strategies such as safe injection sites or controlled rationing of alcohol for individuals battling with addiction. The helpfulness of 'safer substitutions' such as marijuana may also be a valuable tool to offer individuals suffering intense physiological withdrawals when trying to stop using drugs such as heroin, prescription opioids or crystal meth. One common occurrence amongst participants was the decision to either eliminate or significantly limit alcohol consumption in the quitting process due to the increased likelihood of 'making stupid mistakes' or viewing alcohol as the 'gateway drug.' The experiences of the individuals in this study

exemplify the path to recovery can take many routes. People and organizations designing interventions and treatments should keep this in mind and address multiple pathways to recovery which may not necessarily entail quitting cold turkey and more traditional forms of treatment.

Generating an open dialogue about drug use and reducing shame and secrecy around illicit drug is also necessary to help support clients. I believe clinicians should discuss drug and alcohol use in a holistic and inquisitive manner. Examining how drug use is influencing one's lifestyle, relationships, career or school achievement moves the discussion away from "drugs are bad, don't do them" to something that resembles more curious caring about any negative impacts people may be experiencing. As a future psychologist, not all of my clients will be suffering from addictions, yet some of them may be using illicit drugs regardless. I would rather engage in open discussion about these habits whether they are perceived as problematic or not, rather than continue on the pattern of only talking about illicit drug use once problems arise. Multiple participants reflected at the end of the interviews that they wish they would have talked to someone sooner, and in the case of Fran and River, all it took was for one supportive person to suggest the decision to quit for change to occur. The more we can work to reduce stigma, shame and secrecy towards illicit drug use, the more likely individuals needing help will feel comfortable asking for support. As someone who would like to work with the adolescent population, I feel these practices are extremely important. Youth deserve to be educated about all forms of substance use and be taught to critically examine how their decisions are affecting, and potentially could affect, their lives.

When conceptualizing specific implications for professional practice, an important underlying message across participant stories was the relevance of underlying mental health difficulties and their association with decision to use drugs in the first place. River, Ryan and

Steve all spoke of pre-existing depression that facilitated using drugs to self-medicate or numb themselves. Fran disclosed a late adolescent Obsessive-Compulsive Disorder (OCD) diagnosis and reflected on the impact of her drug use on her symptoms. Marie, Steve and Allan all recalled adverse childhood experiences such as growing up within a substance abusing household, or traumatic losses. While managing mental health was not necessarily the most significant factor in making the decision to quit, it certainly contributed to how participants ended up as drug users and addressing these struggles after quitting was instrumental in maintaining abstinence and personal well-being. As future practitioners, I believe this study demonstrates the importance of taking a personal and individualized approach to intervention, uncovering underlying psychological trauma or pathologies and then generating personally meaningful pathways to create space for change.

A possible useful intervention strategy that came to mind when reflecting on the findings was *values exploration* and the encouragement of value-guided behaviours. As a beginner practitioner I have done some initial exploration of Acceptance and Commitment Therapy (ACT). ACT is a therapeutic approach “that uses acceptance and mindfulness practices, and commitment and behaviour change processes, to produce greater psychological flexibility (Hayes et al., 2004, p.13). Part of the core clinical techniques utilized in ACT interventions is *value identification* and the subsequent development of *committed action* plans guided by the values (Strosahl et al., 2004). I feel work on values would be beneficial for addressing the sentiments common in *The Incongruent Self* by accentuating the discrepancy between actual day-to-day behaviours and the life people desire to see themselves living. Identifying value guided behaviours and committing to action aligns with helping *Create Space for Change* by supporting clients develop new ways to fill their time not using illicit drugs with more meaningful activities.

One could hope that doing work of this nature could even help some clients potentially bypass *The Tipping Point* stage. For example, if therapeutic interventions create enough incongruence and dissatisfaction with clients' lived reality then transition directly to quitting before experiencing many of the negative consequences characteristic of tipping point moments becomes a viable option. ACT is recognized as an evidence-based treatment for substance use and addictions further supporting the potential implications of the current work in its alignment with an ACT model of care.

Researcher Reflections

While the completion of this study over the last two years has been challenging, I have found the research process incredibly satisfying on a variety of levels. Solidifying a topic, conceptualizing and planning the project at times felt overwhelming with the amount of work to be organized, yet engaging in data collection and analysis was both fascinating and humbling. I am immensely honoured that six persons took time out of their own lives to work with me and share their stories. After each interview I felt amazed and astounded by the strength the participants demonstrated and their abilities to face adversity, trauma or emotional pain in order to make the necessary changes to quit using illicit drugs. It meant a great deal to me to learn from my participants experiences; I truly feel they passed on valuable practical knowledge that will make me a better helper in my future work and can hopefully inspire other as well.

I found the analysis stage to be especially challenging as I felt a great deal of responsibility to stay true to each participant's individual experience, while also generating a body of work carrying empirical and practical relevance. I have tried to maintain a balance between clinician and researcher as I went about completing the work. It was important when I selected my topic in the beginning that I felt I would be contributing to an area of knowledge

particularly relevant for work in the mental health field while also potentially shedding light on a topic often overlooked in formal research. I feel I have learned a great deal about how drug using individuals initiate change as well as strategies and supports often necessary to succeed. The participants stories help facilitate better understanding of pertinent topics in substance use research I hoped to address through examining the experience of quitting such as drug normalization and maturing out, non-medical opioid use, and the realities of drug use in our community. I feel my work resulted in a valuable contribution to the limited body of research on independent quitting or *natural recovery*.

Conclusion

This study sought out to explore how individuals made the decision to quit illicit drug use independently while also drawing attention to critical moments in their decision-making process. Through IPA methodology, the unique experiences of six diverse individuals were carefully thematically analyzed and then woven together to create an interpretation of this decision-making process. While independent quitting, or natural recovery, may lack recognition in the addictions field, the stories of these individuals offer proof and hope that it is indeed possible under a variety of different contexts. Experiencing feelings of incongruence, reaching one's tipping point and eventually creating space to make change exemplifies an alternative model for individuals on their recovery journeys or for future mental health workers in need of research informed guidance as they support individuals wanting to leave their illicit substance use behind so they can live healthier more productive lives.

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Appendix

A: Paws Bulletin

Looking for Research Participants on Past Substance Use

I am looking for research participants who have past experience with significant illicit substance use that have managed to quit entirely on their own and no longer use illicit substances at all. Significant illicit substance use can involve frequently using illegal drugs such as cocaine, methamphetamine or ecstasy, or possibly recreational regular non-medical use of prescription drugs such as opioids or stimulants (e.g. ADHD medications). Participants are required to have quit entirely on their own without an external intervention or treatment program and must have refrained from substance use for a minimum of 1 year. The project looks to explore individual experiences of quitting and the context around them.

If these experiences are familiar to you, you may be eligible to participate in this study. You would be invited to take part in an interview, where you would describe your experience. This interview will last approximately 1 hour. Due to the potentially sensitive nature of this research I recommend that you do not participate in this project if you believe that it will be upsetting or potentially incriminating. Information provided could be subpoenaed by a court of law.

For more information please contact Sarah Wilson (School & Counselling Psychology Graduate Student) at set269@usask.ca. If you wish to participate, I will conduct a short screening interview to determine your eligibility.

BEH-REB #1497

B: Recruitment Poster

**Department of *Educational Psychology & Special Education*
University of Saskatchewan**

**PARTICIPANTS NEEDED FOR
RESEARCH ON *QUITTING ILLICIT SUBSTANCE USE***

I am looking for volunteers to take part in a study of the experience of quitting illicit substance use independently without intervention. Eligibility criteria are as follows:

- Participants will have used illicit drugs regularly for a minimum time period of 6 months
- Participants will have decided to quit using illicit drugs on their own volition
- Participants will not have received any external intervention for substance use
- Participants will have maintained abstinence from using illicit drugs for a minimum of 1 year and continue to be abstinent at the time of participation
- Participants must be a minimum of 19 years old

Interested candidates would be invited to attend a brief individual screening meeting to discuss the project details and assess criteria eligibility. Selected participants would be invited to participate in a 60-minute, audio recorded interview and to review the final research report prior to the study's completion.

For more information or to volunteer for this study,
please email:

Sarah Wilson: set269@usask.ca

Department of Educational Psychology & Special Education

To thank you for your participation, each participant will receive an honorarium at the end of the interview. This compensation is to help cover any costs you may have incurred as a result of your participation. Participants should be aware that information provided has the potential to be subpoenaed by a court of law.

**This study has been reviewed by, and received approval
through, the Research Ethics Office, University of Saskatchewan.
REB #: 1497**



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C: Consent Form

Department of Educational Psychology & Special Education

Participant Consent Form

You are invited to participate in a research study entitled Exploring Experiences of Quitting Illicit Substance Use. Please read this form carefully, and feel free to ask any questions you might have about the study.

Researcher: Sarah Wilson M.Ed. Graduate Student, Department of Educational Psychology and Special Education (Email: set269@usask.ca)

Supervisor: Dr. Tim Claypool, Department of Educational Psychology and Special Education (Email: tim.claypool@usask.ca, 306-665-1423)

Purpose and Procedure: The purpose of this study is to examine the individual experience of quitting illicit drug use on one's own without external intervention. The focus of the study will be on the context surrounding the decision to quit, how you experienced the process, and the influence it has had on your life. I am inviting you to take part in a semi-structured interview that will be approximately 60 minutes in length and will be audio recorded. You may request that the recording device is turned off any time without giving a reason. You may choose to not answer particular questions, and you can discontinue the interview at any time.

Semi-structured interviews follow a schedule rather than a detailed list of questions for you to answer. I would like to have an open, semi-guided discussion about the experience and process of deciding to quit using illicit drugs. I am not looking for a detailed account of your past drug use habits, but rather would like to explore how and why you quit, and the impact that decision has had on your life moving forward. I realize that individual experiences with using drugs are unique and are influenced by their own personal context. This study aims to explore your unique experience and your understanding of the meaning behind it.

The interviews will take place at your convenience and will be held via FaceTime or Skype. With your permission, I will audio-record the interviews and then transcribe them. You will be mailed a copy of the transcript of the initial interview and given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcript as you see fit prior to results being published in the finished project. You will have up to two-weeks to make your revisions and then you will be asked to sign a transcript release form. If you do not complete the revisions before the deadline you will be asked to sign the release form with the transcript in its original form. If you do not sign the transcript release form, your data will be removed from the study and destroyed by shredding.

I grant permission to be audio-taped:

Yes: _____

Potential Benefits: Talking about the process of quitting illicit substance use may be beneficial for you because it may facilitate gaining a more in-depth understanding of your experience. In addition, participating in this study will help provide better understanding of the strongest motivating factors needed to successfully quit using drugs, as well as any positive outcomes that resultingly occur. Gaining a better understanding of the experience and process of successful attempts to quit drugs and maintain abstinence could potentially be used to help others who struggle with substance use and you may feel empowered by the knowledge you have learned and accomplishment you have made.

Potential Risks: Risks associated with this study are minimal. However, you may experience some discomfort discussing experiences of past drug use. In addition, it may also cause negative memories to surface or emotional discomfort if negative events occurred during the time you used illicit substances. You have the right to determine what we discuss and may refuse to answer any question. Further, should you wish, you have the right to request we turn off the audio recorder at any time. If your discomfort increases during the interview, you have the right to end the session. I will provide a list of mental health services that you may contact should you experience discomfort as a result of the interview. If you have questions regarding these agencies, I would be happy to provide you with any information you may need. A list of mental health resources is provided with this consent form in case you experience distress at any time during your participation.

Confidentiality: To ensure your privacy, the audio recordings will be kept completely confidential and personally identifying information will be removed when reporting your data. Although I may report direct quotations from the interview, you will be given a pseudonym, and all identifying information will be removed from my report. Researchers will not maintain confidential information about known or reasonably suspected incidents of abuse or neglect of an infant, child, or youth, included but not limited to, physical, sexual, emotional, and financial abuse or neglect. In any researcher has or is given such information, he or she may be required to report it to the authorities.

Storage of Data: At the end of the research project, the results and associated material such as transcripts will be safeguarded and securely stored on campus at the University of Saskatchewan by my supervisor, Dr. Tim Claypool, for a minimum of five years. To protect your anonymity your signed consent form will be stored in a separate location from the data records. When the data is no longer required, it will be appropriately destroyed.

Dissemination: The data from this research project will be used for the purposes of my thesis. The finished project will be published on the University of Saskatchewan's Harvest data base; however, your identity will be kept completely confidential.

Right to withdraw: Your participation is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any kind. You do not have to answer questions with which you are not comfortable. If you choose to withdraw from the study, you may do so up until one month after your interview has taken place. If you withdraw from the study before this point, all data you have contributed will be destroyed.

Follow Up: To obtain results from the study, please email the researcher at set269@usask.ca and indicate you would like to receive information about the results of this study. You will be emailed a link to the thesis when the research has been completed.

Questions: If you have any questions concerning the study, please feel free to ask at any point. You are also free to contact the researcher at the email provided above if you have questions at a later time. This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Compensation: To thank you for your participation, each participant will receive a \$20 honorarium at the end of the interview. This honorarium is to help cover any costs you may have incurred as a result of your participation. You will receive this honorarium even if you choose to withdraw from the study during data collection.

Consent to Participate: I have read and understand the description of the research study provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I agree to participate in the study described above, understanding that I may withdraw my consent to participate until the data analysis of all the transcripts occurs. A copy of this consent form has been given to me for my records.

_____ <i>Name of Participant</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Researcher's Signature</i>	_____ <i>Date</i>	

D: Mental Health Resource Sheet

Mental health resources on and off campus that can be accessed if the need arises:

1. University of Saskatchewan
Student Wellness Centre
Room 310 (Third Floor)
Place Riel Student Centre
Saskatoon, SK
306-966-5768

2. Saskatchewan Health Authority
Community Adult Mental Health Services
4th Floor - 715 Queen St.
Saskatoon, SK. S7k 4X4
306-655-8877

3. Saskatoon Community Clinic
Cooperative health care facility. Counselling services referred by visiting onsite physicians.

Downtown Location:
455 – 2nd Avenue North
Saskatoon, SK
306-652-0300

Westside location:
1528 – 20th Street West
Saskatoon, SK
306-664-4310

4. PPC- Professional Psychologists & Counsellors
Private Practice Counselling Services located near the University of Saskatchewan
1118 College Drive
Saskatoon, SK
306-664-0000

5. Catholic Family Services
*Has flat rate of \$25/session for individuals with income less than \$80,000/year
506 25 St E
Saskatoon, SK
306-244-7773

6. Saskatoon Crisis Intervention Services
24-hour crisis line
306-933-6200

E: Sample Interview Schedule

Drug use:

1. Can you tell me about your history and experience with drug use?

- prompt: what types of substances?
- prompt: how often were drugs used typically and for how long?
- prompt: significant peer groups or party scene?
- prompt: alone or social use?

2. How did your drug use effect your everyday life?

- prompt: were you able to maintain responsibilities (e.g. school, work, relationships)

3. How did you feel about your drug use habits at the time?

- prompt: did you consider your habit socially acceptable behaviour?

Decision to quit & strategies:

4. Describe what was going on in your life around the time you decided to quit?

- prompt: were there any precipitating factors or a tipping point?

5. What made you think about quitting at the time?

- prompt: was the decision abrupt or considered for a while?
- prompt: was there an element of maturing out?

6. How did you feel about your decision to quit?

- prompt: did the decision cause difficulties?
- prompt: what was beneficial about quitting?

7. How long did the quitting process take?

- prompt: was the process one of instant cold-turkey quitting or gradual weaning away?
- prompt: what kind of supports did you have/need?

8. How do you think you managed to maintain and sustain abstinence?

- prompt: were there any specific strategies you used?
- prompt: was there a main source of motivation?

Self-perception after quitting:

9. How do you feel about the quitting process now?

- prompt: how did it impact your relationships?
- prompt: how did it impact your personal well-being?

10. How do you think your life may have been different now if you had continued on with former drug use habits?

- prompt: is there anything we may have missed about the meaning and importance of your experience independently quitting drug use?

F: Contact Summary Sheet

Participant Number:

Date:

1. What were the main themes that stuck out for you in this contact?

2. Did anything else stand out as significant or particularly relevant with this participant?

3. How does this participant compare with other data collections for this study?

G: Transcript Release Form

Exploring Experiences of Quitting Illicit Substance Use

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Sarah Wilson. I hereby authorize the release of this transcript to Sarah Wilson to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

Name of Participant

Signature of Participant

Date

Signature of Researcher