Heroin Addiction Recovery
A qualitative study on how individuals recovered from habitual heroin addiction

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**Summary:**
Heroin addiction is an epidemic that destroys individual lives and costs literally billions of dollars worldwide. Although a huge problem in the world today, previous research shows that there are records of individuals who have been able to recover from heroin addiction and live drug free, although it can be a challenge. The aim of this study was to discover how individuals with previous heroin addiction recovered from their addiction. This study, using a qualitative strategy, is based on four individuals with a previous heroin addiction, using a semi-structured interview. The data was then transcribed and analyzed using a conventional content analysis. The results of this study showed that many factors attribute to how former heroin addicts recovered from their addiction such as: finding a program, being open with others and changing their location. The conclusion of this study was that although recovery is often tough, and most times a lifetime process, it is possible for former heroin addicts to recover and be able to live their lives free from heroin. In order for this to happen a transformation must take place that means a total life change. These individuals need help in the process and the society can help by becoming aware of the problem and work toward finding out how they can help individuals enter into recovery and sustain it.

**Key Words:** Heroin, addiction, recovery
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1 Introduction:
There are different statistics that show just how large of a problem heroin use is in the world today. The 2002 National Survey on Drug use and Health stated that approximately 3.7 million Americans aged 12 and older had tried heroin at least once in their lifetime representing 1.6% of the population aged 12 and older. The potency of heroin also has increased over time that makes different ways of using heroin more acceptable other than intravenous, like smoking or snorting the drug. Further reports of studies show that 20-30% of individuals who met the criteria to be diagnosed as being a heroin addict were able to succeed in recovering from heroin, although the factors that determine recovery or the process that needs to be taken in order to maintain it, have not been discovered (Tiburcio, 2008).

Heroin has both individual and community consequences. For the individual, the morbidity and mortality rates among heroin users is significantly higher due to the frequency of overdose, accidents and disease (HIV, viral hepatitis, tuberculosis, etc.) than the general population. The effects of long-term heroin use on an individual can be for example social dysfunction, long periods of unemployment, homelessness, criminal activity and incarceration. For society at large this represents a problem in terms of money because the effects of individuals using heroin can mean hundreds of billions of dollars per year due to loss of productivity, crime, drug treatment and health and social services needed (Weiss, Gass, Egan, Ompad, Trezza & Vlahov, 2014).

Society today is full of individuals who use and abuse drugs, and drug use is in fact not an uncommon occurrence. As above stated, the repercussions in regards to what people with drug addiction costs society is at such a high rate that something needs to be done. Tiburcio (2008) stated in his research that discoveries have not been made yet as to what factors determine recovery, although understanding the problem of drug addiction from the addicts vantage point themselves might be a way to make some new discoveries into this social phenomenon. By gaining understanding from recovered addicts themselves about who they are, what have they experienced, and what factors led to their recovery, from their own perspectives, might help in what factors determine recovery from addiction.

In order to be able to understand more about this societal problem and to better equip individuals who will work with drug addicts in the future, researching and discovering what the needs of the addicts in the recovery process are, could produce a result that could change how individuals work with addicts in rehabilitation clinics etc. With this in mind, this qualitative study is based on 4 individuals who personally have been in the depths of one the hardest and most terrible addictions, heroin addiction. These four individuals have however, managed to recover from heroin, and today live as examples of how individuals can recover from heroin addiction which could be an inspiration and encouragement for others that still may be using. Tiburcio (2008) states that although studies have been done regarding long-term recovery from heroin
use, it is not common to focus on the process of experience of the recovering individuals themselves. From the perspective of the recovered heroin addicts themselves, this study tried to consider what the recovered addicts themselves perceived as factors that helped them to make the decision to abstain from heroin use, what factors they perceived as being helpful for them in the process and whether or not those same factors continue to help them in sustaining their recovery from heroin today.

1.1 Aim:
The aim of this study was to understand from the addicts’ own perspective how they perceived their own heroin addiction recovery.

1.2 Research questions:
What do former heroin addicts perceive to be important experiences/factors in making the decision to recover from using heroin?
What do former heroin addicts perceive to be important factors in carrying out their recovery from using heroin?
Are the same factors relevant for their recovery today as they were in their initial recovery?

2 Earlier Research:
This study began by searching for previous research in the area of heroin addiction as to how individuals have recovered. Previous research was found by using two databases called PsycINFO and SocINDEX that were accessed through Umeå University library’s website. The author also found other resources by manually searching which attributed to a better understanding of heroin addiction.

2.1 Is recovery possible?
In a review of an international study carried out for the Centre for Substance Abuse Treatment, it was found that 58% of individuals with chronic substance dependence achieved sustained recovery, although stated also that rates varied from 30-72% (Best & Lubman, 2012). It was also found that in another source that addiction is and can be a chronic relapsing condition, but despite that there is a rich history of problematic drug users who have achieved long-term recovery. (Best, Groshkova, Loaring, Ghufran, Day & Taylor, 2010). To be able to achieve and maintain stable recovery, there are different factors that need to be in place like for example developing coping skills, having a high degree of self-efficacy and even personal and social support. With these factors in place to help individuals with life stress, the likelihood of maintaining stable recovery is greater (Hser, 2007). There is also research that reveals the value of recovery aid groups and it has been understood that those groups can contribute to long-term positive effects of individuals with drug problems (Groshkova, Best, & White, 2011). Finally, the conclusion of one study of former heroin addicts was that the data definitely points to the fact that long-term recovery is possible. (Tiburcio, 2008)
2.2 Reasons for quitting:
In order to establish a better understanding of how individuals recovered from heroin addiction, it was important to look for previous research in relation to the research questions asked in this particular study. In relation to the first research question that focused on what heroin addicts perceived to be important experiences/factors in making the decision to recover from using heroin, various previous researches as well as different models were discovered. These findings help explain what models individuals used and what was important from their perspectives as to why they were successful in their recovery from using heroin.

Studies have been done on the problem of heroin addiction and reasons as to why individuals recovered, although concrete reasons were not obvious. Individuals generally describe multiple attempts to quit and this can span over a period of several years. There is also various research that points to what is known as “hitting rock bottom”, also described as a feeling of despair, which can motivate individuals to begin the recovery process (Blomquist, 1999). Common motivators for heroin cessation can be a desire for an improved quality of life, the desire to please their family, or even fear that can come from a “quit or else” ultimatum like for example incarceration, loss of job or even death. Participants felt that they were inherently “better” people than the people that they had become, and attributed their poor living conditions to their drug use. Poverty and dysfunction were main motivators, as others attributed their abstinence to being “tired” and not finding it “fun” anymore (Weiss, Gass, Egan, Ompad, Trezza & Vlahov, 2014).

It was documented in one study that a reason for recovery was based on one woman’s description of her own “disgust” with herself for having engaged in prostitution for so many years instead of being able to maintain adequate employment. These were key dimensions that troubled her most of her past, and factors to motivate her to live a new life in recovery (Tiburcio, 2008). One study focused on recovered heroin addicts where it was found that addicts were habitually discontented with both their straight and addict identities that caused them to cycle from wanting to be straight when an addict, to wanting to be an addict when straight. This frustration of having a lack of identity helped motivate them to recovery according to Jorquez (1984).

Many theories have been used to try to make sense of why individuals recover. One theory being the “maturing out” theory, which describes individuals, normally in their mid-40s, begin the recover process because they finally begin to recognize their responsibilities, and adopt their grown-up roles. This theory, although widely analyzed, explains very little about recovery. Another theory claims that recovery comes as a result of a “sudden change” after a series of negative experiences such as imprisonment, homelessness, broken family bonds, or other stressors that lead the addict into believing that there are no other options than making a change (Flora, 2012). It has been documented elsewhere that sometimes “shocking experiences” lead
individuals to feel like they have no other options and a choice then needs to be made at that point between a life with or without drugs (Klingemann, 1991).

There have also been instances where people “drift” away from addiction instead of recovery always needing to be a matter of choice. There is also a view that many drug users simply “mature out” of addiction when they are around the age of thirty, although this is rare (Best & Lubman, 2012). It has been found also that as individuals get older, that they sometimes no longer have patience for the uncomfortable lifestyle that goes along with drug use, which can motivate them to begin the recovery process which is consistent with other previous research (Weiss, Gass, Egan, Ompad, Trezza & Vlahov, 2014). Other research has also indicated that individuals being “tired of the lifestyle” and problems that can occur, such as bad relationships, violence, involvement in crime, prison and even fear for their own safety could motivate individuals with an addiction to want to abstain from using (Best, Gow, Taylor, Knox, & White, 2011).

2.3 How does one quit?
Understanding how individuals recover from addiction in relation to the second research question of what they perceive to be important factors in carrying out their recovery is to consider different possible stages that former addicts may go through. Prochaska, DiClemente and Norcross (1992) proposed five separate stages that individuals progress through in their recovery, those being: Precontemplation, contemplation, preparation, action, and maintenance. According to Flora (2012), individuals generally cycle through these different stages several times before they finally are able to put an end to their addiction. When discussing these spiral patterns, Cohen & Rabinovitch (2005) claim that relapse and the re-cycling as they call it, through the stages is the normal process for individuals trying to recover from addiction. Successful recovery however they say means getting to the maintenance stage and staying there. For substance abusers to see any behavioral change, they first need to work through different initial issues and those seeking help often question whether change is necessary, or even possible, and those beginning steps first need to be dealt with. Prochaska (1992) wrote in quote, “probably the most obvious and direct implication of our research is the need to assess the stage of a clients readiness for change and to tailor interventions accordingly”.

Social and cultural support according to Best & Lubman (2012), also have an important role to play in recovery, and in fact one of the most important things in recovery is that other people matter. They go on to say that something they have learned in recent years, as they look more into the phenomenon of recovery, is that it almost never happens in isolation. Support from other people is essential for individuals to recover and getting immediate physical and mental health issues under control according to Best & Lubman (2012) is not enough. Social support in the form of former users who had experience with the recovery process also helped individuals in their journey toward recovery (Weiss, Gass, Egan, Ompad, Trezza & Vlahov,
Stall and Biernacki (1986) claim that for individuals to be able to find necessary social supports in their recovery is very important. By publicly expressing their desire to recover says that they want to change their lifestyle and the need to begin with a new social identity, which Koski-Jännes (2002) defines as “a collective or shared presentation of who one is and how one should behave”, is all part of the recovery process. When individuals verbally say to another individual that they will begin recovery, they immediately need to then understand that their behavior needs to change. However, in order to successfully carry this out, they need a social support around them to ensure their long-term success of recovery.

Individuals in recovery need help from others to ensure their recovery, including support that can act as a “bridge” to groups and individuals who successfully model recovery. It is also important to involve family members in helping to support them in their recovery journey. Not to mention the need for helping people to find and get into recovery support groups (e.g. Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc.) (Best & Lubman, 2012). Jorquez (1984) contended that a key for the individuals’ recovery that they studied was that they needed to separate themselves from that particular drug culture that they had been accustomed to.

2.4 Problems with the recovery process:
There are different issues that individuals face when embarking on the process to recover from using drugs to which they have had an addiction. Findings commonly report on the chronic relapsing nature of drug use; the need for strategies to cope with triggers; and even the need for social support. Also mentioned is the fact that rarely can individuals abstain in their first attempt, but instead can the process extend over a long period of time involving multiple attempts to recover from heroin use (Weiss, Gass, Egan, Ompad, Trezza & Vlahov, 2014). One of the most commonly documented reasons for relapse is a lack of motivation according to Ryan (1995) and there can be a cycle that sometime appears when individuals attempt to start a new life. This cycle is described as the cycle of recovery, relapse, treatment, detox, hospitalization, incarceration, and then eventually trying again to recover. This process can carry on for a long periods of time to which Tiburcio (2008) concludes shows the need to have a better understanding of what patterns of a successful long-term recovery looks like because it is a difficult process for individuals who go through it. This in addition to the problem that recovering addicts need to face the fact that their identity is in need of “repair” as McIntosh and McKeagney (2000) state in their conclusions based on interviews with 70 individuals in recovery.

Since even back to the days of the drug prohibition, drug users have always generally been given a permanent stigma that is not always easy to avoid. The sentiment went, that once the invisible line has been crossed as being a drug user, then there was really no turning back (Tiburcio, 2008). Stigma that is imposed upon individuals due to their previous drug use can be a hinder to their recovery unfortunately. It was also found that if individuals are going to succeed in their recovery, it takes a change in their
drug use behavior to a more square behavior. This however, is difficult for individuals, especially if they have both a stigma in connection with drug use, but also an added stigma in regards to gender, race, or class (Biernacki, 1990).

The previous research acquired as a background to this study on how heroin addicts recovered showed that recovery is in fact possible, and there are many documented cases that prove that. The reasons for beginning a new life in recovery are many and the support needed to help individuals succeed is essential. Lastly, there are problems in the process, but when the decision has been made, regardless of the costs, individuals can recover and experience long term recovery.

3 Method:
This section explains the method used in this study, sampling process including criteria for respondents, how the empiric data was acquired and handled as well as which analysis method was used. Also included is an account of reliability, validity and generalizability, ethical considerations, and a discussion about why this was the correct method selected for this particular study.

3.1 Convenience and snowball sampling:
This study took place in the United States of America and in particular in a city called Toledo, Ohio. The cultural context of individuals that were asked to be a part of this study was middle working class America, and all respondents at the time of this study were either employed or doing university studies, and even so when their drug addiction began. Since the aim of this study focused on discovering how individuals themselves perceived their own experience of recovery from heroin addiction, the author chose convenience sampling by using personal contacts. Bryman (2008) explains convenience sampling as doing a study by using individuals that are available at a particular occasion that are relevant for a particular study. Since former heroin addicts can be a stigmatized group, it could have been difficult to find relevant respondents. However, the author had a personal contact who herself has had a previous addiction to drugs and is highly active in AA and NA and because of that has many contacts. As a result, the author was able to find individuals that were relevant for the study by asking that contact if she knew any former heroin addicts that would be willing to be a part of a study. The authors’ contact initially asked potential respondents if they would be willing, and when receiving a confirmation, she then contacted the author and gave the potential respondents contact information to the author. The author then personally contacted them by way of telephone contact and set up appointments to meet and talk. While interviewing one respondent, it was brought to the authors’ attention that another individual that this respondent had contact with might also be of interest for this study. By way of asking the initial respondent to ask their contact if they would be willing to also be a part of this study, the author was able to acquire another relevant respondent. This style of finding new respondents is classified as snowball sampling (Bryman, 2008).
3.2 Selection:
Respondents in this particular study needed to meet a certain criteria that the author decided beforehand in order to be able to be a part of this study. There were two reasons for the respondents needing to adhere to criteria. The first was that of an ethical nature, to ensure the well-being of each respondent (explained in section 3.9 Research ethics), and the second reason was in order to insure that the respondents had the experience and background of those that were of interest for this study.

The criteria for a respondent to be a part of this particular study was the following:

- Former habitual heroin users
- They needed to be at least one year into their recovery process
- At least 18 years of age

All interviews were conducted in the respondents’ homes with the thought behind being that they could be as comfortable as possible and that the respondents would in no way feel pressured or stressed. Meeting people in their own environment seemed to be the most relaxing as well, especially since the content that they expressed was very personal and deep regarding their own lives as recovered heroin addicts. This was also the experience of Wikström (2009) when she experienced herself individuals more relaxed and happier to talk while in their own home. This proved to be valuable as well because the author was able to experience the daily life of the respondents first hand which helped in acquiring a deeper understanding of how the respondents lived out their recovery in reality which also was the experience of Wikström (2009).

3.3 Semi-structured interview:
The author divided the interview guide into three different themes in accordance with the semi-structured interview. The three themes were (1) Why did you quit? (2) How did you quit? and (3) Life in recovery. With this structure of interviewing the author used supporting questions under each theme (see attachment 1) that brought forth the relevant information. At the onset of every interview, the author asked a few introduction questions in order to get both background information as well as a very short account of the respondents initial use of heroin. The length of interviews varied from 45-75 minutes and the interviews were recorded onto the author’s mobile telephone that was then transcribed word for word in order to be able to properly analyze the empiric data.

3.4 Analysis method:
In this study the conventional content analysis was used, this in order to make sense of the empiric data collected and to make an effort to describe the phenomenon of how individuals recover from heroin addiction. The author chose this particular analysis because of the nature of the study, that having an inductive focus, in order to allow for potential new insights to emerge coming direct from the data itself (Hsieh & Shannon, 2005).
The analysis started by the author reading all data, in this case the four transcribed interviews, through a few times in order to understand the text as a whole. The text was then reread word for word in order to establish codes by writing words or phrases from the text that appeared to capture key concepts or thoughts in regards to the aim of the study. This process continued in order to pinpoint several different commonalities from the text itself in order to then sort the data into different categories. These categories emerged through the continuing of reading through and comparing the different texts of the four respondents to understand how they were somehow linked or related (Hsieh & Shannon, 2005).

The author did not analyze the empiric data as a whole, but according to the different themes in the interview guide. The two themes that were analyzed were “how did you quit” and “Life in recovery”. The analysis was divided because the empiric data answered questions in regards to two different time frames, one being during the respondents’ “initial decision” to recover, and “today” which was different for every respondent because they all had a different “clean” day, which was the last day that they used heroin before the recovery process started. The first theme answered questions regarding how individuals recovered from heroin addiction in practice and through analyzing the text taken from the section labeled “How you quit” in the interview guide, the author acquired three different categories. The three categories that emerged in the first theme were: changing locations, openness with others and finding a program.

In order to answer the research question in regards to whether or not the same factors were relevant for the respondents’ recovery today as they were when they initially recovered was done by analyzing the text from the section labeled “Life in recovery” in the interview guide. The author acquired two categories through that analysis that have been called: Active in the program by giving back to others, and living a different lifestyle.

3.5 Reliability
Richards & Morse (2007) explains that reliability requires that the same results of a study could be obtained if the study executed by someone else and this brings about problems for qualitative researchers because replicating a qualitative study is at times impossible because the data is in the context of the respondents. So what does a qualitative researcher do in order to ensure that their study is reliable? Creswell (2009) writes that documenting procedures with as many of the steps taken as possible could increase reliability in a qualitative study. In order for the author to increase the reliability of this study, the aim and research questions have been clearly defined, along with the method and sampling. A well-documented description of how the data was collected and analyzed was also done in this study.
3.6 Validity
Richards & Morse (2007) explains validity as requiring that the results of a study correctly reflect the actual phenomenon studied, and Silverman (2006) writes that validity is how well an account of a subject represents the subject that it is referring to. In this study the author kept in mind the need to keep this study inductive under the interview portion, not looking to prove anything but tried to understand and learn from the respondents’ answers as they came forth. The author used open-ended questions that made room for follow up questions as well, and lastly the author asked permission from respondents to take contact with them via telephone if further information was needed.

3.7 Generalizability
In a qualitative research project, Bryman (2011) writes that it is almost impossible to generalize the results because of small amount of respondents, in a small area, without any possibility of random selection. It is possible however, to compare the results of previous research that in turn can bring about new knowledge about a particular phenomenon which otherwise might not have been understood. Understanding the four individuals which were a part of this study could help to understand the behavior, values and opinions (Bryman, 2011 s 372) of former heroin addicts from the context that they lived in, which in turn could help people in the future to better understand how to help people recover from heroin. The results in this study however, as previously stated because of its small nature, would be difficult unfortunately to apply to a whole population of recovered, or recovery heroin addicts.

3.8 Research Ethics
The ethical considerations in a scientific report such as this is of immense importance. The goal of any research is to gain knowledge that is as credible as possible both for the individual but also for the society and its development. Individuals always have a responsibility to see that research is done correctly in order to hold the standard of quality high, which means holding a balance between the benefits of research and protecting individuals life conditions. People can never be exposed to physical or psychological injury, humiliation or insult as a result of research (Patel & Davidsson, 2011). In order to insure that the respondents in this study were safe and that they were shown respect with integrity and professionalism, they were informed of their rights at the outset. Four different ethical rules of the Swedish research council were followed in this study those being information, confidentiality, usage and consent rules of ethics (Patel & Davidsson, 2011).

For this study, a letter was written (see attachment 2) and before each interview the respondents were informed verbally of their rights prior to starting the interview process. They were informed about the information rule that explains what the study was about, why and for what purpose the study was being done as well as their roll as respondents. They were told verbally that if at any time they wanted to discontinue
the interview or even after the interview process was complete, that that was totally their decision. They were also verbally informed about the confidentiality rule that says anything they said would be held in confidentiality and that their personal information would not be used for any reason, and that the information that they gave would be used for this study alone which communicated the usage rule according to Bryman (2008). The author asked for permission to record the interviews and after transcribing the interviews into text, the files were then deleted. The transcribed text was stored in a computer that was locked and unavailable for anyone else to access during the research period, and after the analysis process was complete, the transcribed text was also deleted. Lastly, before starting the interview, as in accordance with the consent rule, the author asked for their consent to be a part of the study and after receiving consent, the interview was completed.

3.9 Method discussion:
In this section, a discussion will be held regarding the authors initial thoughts and processes as to how the subject was chosen, how the choice was made as to choosing the correct method for data collection, as well an account as to the best choice for the data collection itself. A discussion was also held in this section concerning the analysis method as to why it was chosen and divided into different themes, as well as possible challenges that could have happened as a result of using that particular method.

As stated earlier in this thesis, it was also apparent that previous research suggested that although heroin use has been a long-standing concern, studies examining long-term recovery from heroin use from the experience of the recovering individuals themselves, was rarely focused on (Tiburcio, 2008). In order to do a study about how heroin addicts recover, it seemed reasonable to ask personal questions to individuals who have had a heroin addiction about just how they recovered, and how that process looked like for them. Creswell (2009) defines qualitative research as a way to understand a human or social problem, where data is generally collected right where the respondents are and where data analysis is inductively built from basic ideas to themes where the researcher tries to make sense of the data. In contrast to qualitative research, Creswell (2009) writes that a means for testing objective theories deductively, by examining different variables and the relationship between them, is one way to define what quantitative research is. However, since previous research lacked the focus on just the heroin addicts themselves, and since there was no theory that was trying to be proved, quantitative research was not the best alternative for this thesis. Creswell (2009) explains further qualitative research as being more of an inductive style with a focus on individual meaning and the importance of interpreting the complexity of a situation. To be able to understand how individuals recovered from their addiction, as Kvale (1996) states “If you want to know how people understand their world and their life, why not talk to them?”. Therefore, after considering the options for how to conduct this study and since the focus would be
from the perspective of the individuals themselves with an inductive approach, it was apparent that a qualitative approach was the best alternative.

Using semi-structured interviews instead of non-structured interviews, or even a narrative, was also the best alternative in order to ensure that the correct and relevant data was acquired. Although interesting from allowing respondents to talk freely as one would while using an interview form like non-structure, the risk would be that the study would be far too broad and harder to analyze data that would come forth. In order to have the possibility to make the analysis process more effective and relevant but also giving the respondent freedom to say what they like, the semi-structure interview was the best alternative for this study. The interview in itself was also divided into different themes in order to create a structure and to bring forth key ideas in the interviews themselves. According to Kvale (1996), a semi-structured interview has a structure of themes to be covered with different questions, but there needs also to be a willingness to change that structure and the form of questions in order to get the information ones needs for analysis.

Another factor that brought about a better result in this study was that the author was able to do a trial interview on another individual using the interview guide at hand. During this trial run, it gave the author a chance to see how the interview process would work out, and an overall good experience for a better result.

The method in this study did prove to be problematic that could have affected the result in regards to the data collection and the interview portion. One problem that the author found was that two respondents were used to giving their “lead” as they say in an AA context, meaning that they share for others their personal story. As a result, those respondents at the outset of the interview just began talking without any questions being asked. The author listened and tried during the interview to consider whether or not the relevant answers came forth which was a challenge. Fortunately the questions did get answered, and the respondents, however not needed, granted the possibility of being contacted later for more information.

3.10 Analysis discussions:
The advantage of using conventional content analysis was that the author was able to allow the text to speak for itself without having preconceived perspectives. The data came purely from the participants’ own perspectives and was grounded in the actual data acquired from the semi-structured interviews. A possible challenge that could arise as a result of using this type of analysis could be that if one fails to adequately develop a thorough understanding of the context where the result could be that the data is inaccurately represented. The author however established credibility in using this analysis method through consistent observation and engagement as mentioned as a strategy by Hsieh & Shannon (2005), also by using representative quotations direct from the transcribed text that showed exactly what individuals from this study said and thought (Graneheim & Lundman, 2003).
4 Results:
In this section the author will be presenting the four individuals who were a part of this study, the results acquired from the semi-structured interviews as well as the section called “Making the decision”. This section helped the author acquire background information of the respondents in order to help the reader to understand their situations as to why and what motivated them to change their lives so dramatically. Also presented will be the analysis that focused on factors that helped respondents to carry out their recovery and the data analyzed was from the portion of the interview guide called “How did you quit?”. Here the author also presents the analysis that was focused on factors that today help keep the respondents in recovery and the data analyzed was from the portion of the interview guide that was called “Life in recovery”. The author will then discuss the results in order to give a more clear understanding of how the findings coincide with the previous research that was presented in an earlier portion of this thesis.

4.1 Presentation of respondents:
“Amy”: 21 years old:
Amy actively used heroin between ages 16 and 19 and has been a recovered heroin addict for around two years.

“Felix”: 31 years old:
Felix actively used heroin for around 10 years and has been a recovered heroin addict for exactly two years.

“Red”: 43 years old:
Red actively used heroin for more than 15 years and has been a recovered heroin addict for around three years.

“Ingrid”: 49 years old:
Ingrid has actively used heroin on and off for most of her life and has been a recovered heroin addict for around three years.

4.2 Making the decision:
This section will be showing the processes that the respondents were going through prior to their initial recovery and gives the reader an understanding of the problems and feelings an individual may have when dealing with heroin addiction.

4.2.1 Experiences or factors in the decision process:
Individuals who have had an addiction like heroin find themselves in places and situations that otherwise they would have never imagined or thought. It was not uncommon for the individuals in this study at the peak of their addiction to do anything to get money. They told of petty theft from stores, to stealing from their own parents and grandparents, one respondent went so far as to even robbing a bank in order to get money for their addiction. They have lived in abandoned houses, been
homeless, prostituted women out, and even sold their bodies for money. One respondent expressed the addiction by saying,

“It was like that drug just had you by the balls taking you in farther and farther and deeper and deeper in.”

Another respondent tried to express how the addiction was for them by saying:

“It’s a vicious cycle, like you do bad things, like I hurt my family, because I am using, and then I feel guilty because I hurt my family so I have to use more. You know what I mean, it’s like a circle that goes around. I go steal something to get high, and then I feel bad because I stole it so I got to get high, you know what I mean like it, that is what it is. You get caught up in it and all that guilt and shame just adds up and adds up until you feel like there is no way out because then you would have to you now, deal with those feelings and you don’t want to at that point.”

Being so deep in the thick of addiction for many is the very thing that helped them get out. All four respondents told of the so-called “rock bottom” experience, and in fact they all stated that they have experienced several “rock bottom” experiences over the course of their heroin-using career. Since we are considering four different individuals in this study, it is clear that each one has had a different “low”. Regardless, until individuals reach that place of enough is enough, they just carry on with the lifestyle of using. When talking about “rock bottom”, one respondent said:

“It’s great that I can sit next to someone who is sitting next to me that had a rock bottom with something as simple as his wife finding out that he was getting high, or somebody got one DUI (driving under influence), where my rock bottom was like going to prison, prostituting women out, robbing people and stuff like that, and some people may look at me and say damn that was pretty low, but then there is always someone who was lower than I was.”

Although the “rock-bottom” experience normally brings individuals eventually to a place where they are desperate enough to quit, no two people are the same with the same experience or “rock-bottom”.

4.2 Internal factors in the decision process:
For individuals with addiction problems and in this case heroin, it has been found that motivation for a lasting change comes only when the decision to quit comes from within the individual. Internal factors made the difference in the lives of these four respondents in this study.

When asked what happened the day you decided to quit one respondents said it like this:
“They call it being sick and tired of being sick and tired...I was there. You come to the point where the desperation and the surrender come together and that's it, I threw my hands up and said I'm done!”

Another respondent tried to explain how it was for them and put into words their experience and said it like this:

“I was just sick and tired of it...well for one um, I cannot give you an exact answer, I cant tell you exactly why this time was different...I just was tired of doing the things that I had to do. I had to end up to reverting to selling my body at times, and this would be the reason probably why.”

This same respondent went on to say the following:

“I was just tired of being that kind of person. I was just tired. I am getting old.”

Another respondent expressed it this way when she finally made the decision to quit using heroin:

“That I had to do something different. Like when you are using it is hard to possibly picture yourself sober, like I know that even though I really wanted it, at that moment like I am doubtful that could get there, you know what I mean...because I was so caught up in the misery and stuff I was like there is no way that I can be happy, there is no way that I can get out of this you know, but like at that point I was willing to try, whatever I had to do.”

This section explained that motivation behind the decision to recover from heroin addiction, and for the four respondents the same reasons applied. They all expressed that they had a lot of pain, they were miserable and desperate, they felt guilt and shame, and in the end it was up to them personally to make a decision to recover and after making an internal decision to enter into recovery, then it happened.

4.3 Factors for carrying out recovery:
This section will be explaining the results found when asked open-ended questions about what respondents did practically to enter their recovery directly after making the decision to begin their recovery process. These three categories were the result of the analysis from the portion of the interview guide called “How did you quit?”.

4.3.1 Changing Location:
Individuals in the process and beginning stages to recovery need to make wise decisions in this process in order to avoid fooling themselves into going back. The first step for those making this change, and what all four respondents confirmed, is
the need to physically move into a new, safe and sober environment. This helps individuals to make a fresh start but more importantly, staying away from other users and different triggers, can make a recovery process much more possible. Three of four respondents in this study were able to move into different transitional houses that were established specifically for helping addicts in their recovery in the Toledo area. The fourth respondent made this statement:

“I had already burnt my bridges with my family, and did not know really where I was going to go, thank God my brother is very forgiving.”

In her case going to a stable secure environment meant a family member that in the end could have been a major factor in her recovery today.

4.3.2 Openness with others:
Another factor for individuals in this study to be able to carry out their recovery was in regards to finally being open with others. For one respondent a breakthrough came when she understood that she needed to ask others for help and explained it in the following statement:

“It becomes a moment at a time decision. Believe me, it did not mean that my urges ever stopped, no, it just made me more willing, I was more willing…cause the first time that I ever picked up the phone, when I got an urge, instead of fighting it alone I picked up the phone and said I want to use so frickin bad today, it is killing me…and I had never done that before.”

The need to be humble and ask others for help can be a challenge for people that have been in survival mode for so long as heroin addicts are. This same respondent also explained how it could be for a person in recovery to try to deal with a normal life again:

“So you need help with that, and unless you let someone in to help you with that and you open your mouth and your honest and you say I don’t know what I am doing, and this is just too much for me, then that’s why you go back because you say its just easier to go back to what I know than to try this.”

Sometimes individuals who have been living in an addictive lifestyle for so long feel like doing anything different seems impossible, especially when they feel pressed down by the feelings of shame and guilt from the lifestyle. Finally opening up and allowing other people into their lives makes all the difference. One respondent said this:

“Finding people that you can talk to, like women that can relate to our own stuff. You know just being honest about what I went through was like a huge help, because I was able to get the help that I needed.”
Another of the four respondents made this statement about his feelings about the importance of being open:

“I have my sponsor I can call, there is a support group, if something is bothering me…that’s real important too, is getting stuff off your chest and being honest with other people.”

After years of suffering and being miserable in their addiction these four respondents attributed being open with others as another key to the recovery process.

4.3.3 Finding a Program:
In this study, the most common and important factor for their recovery from heroin addiction for these four respondents was definitely finding a program. All other factors were important, but in asking the question what helped them in the recovery process, a program was hands down the most important.

A program for these respondents meant being involved in the 12-step program and essentially going to Heroin Anonymous (HA) meetings, which is an extension of the original Alcoholics Anonymous (AA) meetings. They have adjusted the AA curriculum to make it work for heroin addicts by simply replacing “alcoholic” with “heroin” and they are fully sponsored and backed by the national offices of Alcoholics Anonymous. Since the epidemic of heroin abuse has escalated in the Toledo, Ohio area (USA), a few of the respondents in my study have actually started HA in the Toledo area, and it is currently growing fast.

When asked about the importance of treatment as opposed to getting into a program one respondent said this:

“For me treatment is not absolutely necessary, but getting a program going is…getting something to replace what you used to do.”

A second respondent said this about the importance of finding a program:

“You most definitely have to have a program. I don’t know how people can just quit, and they go to church. Now, I go to church an awful lot now, I am very active in my church, but that’s not the program. You know, I have to have a program”

She continued by saying the following:

“I have seen people with 20 years go back out, and the first thing they say is that they did not work their program. You know if you are not remembering that you are an alcoholic or addict, it is very easy to forget. It’s that damn disease, and its just crazy, it really is.”
When asked his view about what is important in the process in your recovery from heroin, another respondent made this comment:

“The family, a lot of prayer and meditation, you know the whole fellowship of the program, staying within it, and not just around it. The meetings are a huge part of it.”

The results of this section presented the three categories discovered in the matter of which factors helped respondents to be able to carrying out their recovery. “Finding a program” seemed to be the main factor that has helped all four respondents successfully enter into their recovery from heroin addiction.

4.4 Todays sustained recovery:
This section will be explaining the results found when asking questions about what they did today in order to sustain their recovery. These two categories were a result of the analysis from the portion of the interview guide called “Life in recovery”.

4.4.1 Active in the program by giving back to others:
All respondents in this study are recovered heroin addicts and as a way to understand more about how they maintain their recovery today, the author asked them what they do now in order to stay in recovery. One respondent said this about what he does today to remain in recovery:

“Getting active, there are different committees that I am on, there are young persons committees in AA that we are on and its awesome, and we do sober events, stuff like that. The whole heroin anonymous thing that we are doing, that to me is getting active…we do outreach for it, we go to different places and speak on it, and help new comers.”

Another respondent gave this explanation when asked the same question:

“I am active in the program. In AA and HA, that’s like the best thing ever to do is be able to give back to someone else…every time I would see someone kind of young I would gravitate towards them right away and try to talk to them. That is huge for me and I try to always put it out there you know that there are young people in the program. That’s like the most powerful thing is being able to be there for someone else.”

According to all four of the respondents in this study, one of the keys for them to be able to sustain their recovery today is by being active in their program which essentially means giving back to others. This might mean individuals with a long recovery, one who recently decided to start their recovery, or possibly even individuals who have relapsed but have decided to give it another try. Their giving
back to others by encouraging, talking, or even being a sponsor to someone else helps themselves to ensure their own personal continued heroin recovery.

4.4.2 Living a different lifestyle:
The lifestyle of a person addicted to heroin is a hard life because the drug itself takes over individuals’ lives quite literally. They have only one desire and that is to get more heroin in order to avoid the withdrawals of feeling sick that is according to respondents, like having the worst kind of influenza imaginable. One respondent said this about his life before recovery:

“When I was using or trying to get something, I was a total other person, I was a straight animal. No morals, no regards to anybody, anybody’s feelings physically or emotionally or anything like that. My main objective was to get what I needed to get high.”

Another respondent made this comment as to how it was to be a heroin addict:

“The guilt that you would think would keep you sober was actually the guilt that made me use, because I did not know what to do with that guilt. That just added to the pile of things that made me think that I was worthless. That’s all that did.”

Upon recovery however, the change that happens within addicts is extravagant. Their outlook on life gets transformed because their focus no longer needs to be about finding money for more heroin, but on what one would consider normal life. One respondent said this about their outlook on life now in recovery:

“I have so much gratitude for everything and like choosing to look at the world as something to be grateful for is you know, a way that keeps me sober.”

The same respondent also made this statement:

“You know now when I pray I could complain about all the stuff going on or I could say thank you for this, even when its not the best day, I am like, thank you for letting me be sober”

This new outlook on life and new identity as a recovered addict also gives individuals the confidence to start to trust people again and allow others into their lives which before was not possible.

This section showed that respondents’ way of keeping their sustained recovery is something that over time becomes a more natural process of life. After personal growth and getting adjusted to their new way of living life as a recovered addict, the
new way of life and outlook on the small things gives them hope to be able to carry on in their own recovery on a daily basis.

5 Result discussion:
The results in this study show that recovery from heroin is possible, and that finding coincides with those of Tiburcio (2008), however in order for this to happen, the addict must make a personal decision, otherwise it will never work. For the respondents in this study, “hitting rock bottom” (Biernacki, 1986) as previous research states, is what it took for recovery to begin and every individual has a different level as shown in the results. The decision is a small but important factor that respondents deemed never to be forgotten, but the fact of the matter is, after that point, then the real work begins.

Ultimately the results in this study can be interpreted and considered to be about change. The answer to the question as to how heroin addicts recover is answered in saying that they make a change. However, the depth of these changes are not minimal, in fact they are quite literally considered to be a total transformation of an individual, only then can heroin addicts establish long term recovery. This transformation includes every aspect of life, e.g. geographical, social and even personal aspects need to change in order for heroin addicts to recover. The way that they live, the way that they think, the way that they behave, everything that they do needs to change. Their identity also needs to change from heroin addict to recovered heroin addict or non-addict because otherwise the chances are greater that they will return to their addiction (Koski-Jännes, 2002). These changes are difficult, and they require courage and vulnerability in order to follow through, but the respondents in this study proved that it could be done.

The results produced interesting findings in this study and one finding worth discussing is the category that was called “finding a program”. This category came about as a result of analyzing different codes, some of which were e.g. working the 12-steps, meetings, sponsors, higher power, prayer, and growth. Hser (2007) discovered that individuals who have strong social resources and support and who are able to develop skills for coping with stressful life situations are prone to reach and maintain recovery. The different aspects of the “finding a program” category could be classified as social resources or support, which coincides with the research done by Hser (2007), and in turn, gives relevant understanding from both previous research and this particular study as to how individuals recover from heroin addiction. One could also ask what this might mean to have social resources and support and why are they so important for the respondents in their recovery process. One possible interpretation could be that the life of an addict from what was discovered in this study is about survival and it gets to the point where they feel like they are no longer in control of their own lives, it is the drug that controls them. Drug addiction that controls individuals is not easy for addicts to deal with as many respondents made clear in this study and until they ask for help they stay in survival mode. This might
be where the prayer comes in, asking someone or something else (higher power) for help and admitting that they cannot do it themselves might be the first step to recovery. From that point on, they are not alone, they are in a fellowship and as earlier mentioned in this study, recovery does happen in isolation (Best & Lubman, 2012). Defining what finding a program means, asking for help, going to meetings, getting a sponsor and continually praying for help shows that a key for recovery is humbling yourself, realizing that this is not done alone, and staying in the fellowship. Previous research has shown that social supportive networks for individuals in recovery proved to be one protective factor to sustained recovery (Hser, 2007), and this was one of the main reasons that individuals in this study were able to recover.

Considering individuals need to find a program is interesting and understandable as well because it is in the fellowship that they find their security, and being accountable keeps them out of isolation. Understanding what it means to be open with others, which is another category that emerged from the data might also help one to understand how individuals recover. Starting by finding a program is as respondents mentioned the most important activity they can do in order to achieve recovery, however entering that program is not enough. Individuals also need to begin to talk about life with other people, because otherwise they are around the program but not within it, and according to one respondent, this does not work. This makes sense in practice because just going to a meeting does not ensure cessation from drug use. One could quite easily go to a meeting and after the meeting immediately go out and get high and who would know or care? However, if an individual in early recovery would ask someone else who was already within the program for help, a bond of trust is built, and it is then that the potential to begin recovery is present. This requires open communication, otherwise it has no meaning at all. With this in mind, what it means to have “openness with others” is an important finding in this study and it might be another key to understanding how individuals recover from heroin addiction.

The need to change from having the identity of being a heroin addict to a recovered heroin addict or non-addict, is not an easy transition. Terry (2003) referred to this phenomenon as “identity transformation” and states that individuals that enter recovery also in fact are transforming his/her identity. This new identity has with it the need to learn to respect oneself as being a person of value. Other studies have discovered that the idea of building a new identity is a very important factor in recovery. In order for individuals to be able to construct their new, non-addict identity requires a reinterpretation of the belief that their life revolves around heroin use, as well as restoring the self-image of the individual (McIntosh & McKeganey, 2001). Respondents in this study after recovering and receiving help from the program and counseling over time, acquired a new confidence that meant their identity was no longer in being a heroin addict, but a recovered heroin addict and today they carry that identity with pride.
There are several reasons to why the results of this study are important. The results and implications of this study could help addicts themselves to get a new understanding of the process but also so for the social workers who may be working with this problem in the future. These results are important because they show that recovery is possible which brings hope, they give keys to how individuals can successfully recover, and they also give understanding and insight into what addiction actually is like and what individuals caught in addiction might need in order to recover. Although this study only scratches the surface of this problem, the findings can contribute in a small way to the previous research and help bring more understanding as to why this problem is relevant and important to do something about.

The results of this study have been able to add to the previous research of heroin addiction and factors as to how long-term recovery may be carried out. Previous research has shown that recovery is possible (Best, Groshkova, Loaring, Ghurfan, Day & Taylor (2010); Tiburcio, (2008); Best & Lubman (2012), which also has been shown in this study. Findings in this study have also brought about the idea of the need for support from others in terms of sponsorship, accountability and being available in order for addicts to recover which was consistent with Groshkova, Best, & White (2011) and Hser, (2007).

5.1 Comparing initial and sustained recovery:
In relation to the third research question in this study, it was found that the factors that were of importance for the respondents in this study initially and those that in fact help them in sustaining their recovery today are according to Best & Groshkova (2010) an important consideration because they are in fact two separate entities. The findings in this study show that the factors do not appear to be the same, but they are not all together different either, they are what the author calls a progression. When one initially comes out of an addiction from heroin first there is the withdrawals, but when that stage ends, then sets in the need for an addict to make a decision to do something else, or go back to what they knew. That’s why in the initial stages, physically moving is important because they need to be somewhere that they are not familiar with in order to not return to old patterns, and this was one of the categories that emerged from the analysis called “changing location”. They also need to begin to tell others how they are doing and replace the routines of life with something else, that for them being the meetings and program. When these stages are complete and they have a routine in their “new” life, then in order for them to not go back they need to continue with the program and be “open with others”, which was another category coming from the analysis in this study. However, at this point the individual needs to have found relationships that have become deeper and more meaningful. This is where helping others and living another lifestyle is important. At this point they don’t need to find a program but they need to proceed with it, as well as continually grow as individuals in a positive way
To summarize, the factors that motivate heroin addicts to recover are not the same factors that helped them in their sustained recovery as was also the findings of McIntosh & McKeeganey, (2000). Nevertheless, as individuals grow and get more knowledge, they change and grow stronger as individuals. This is what also came forth from the analysis and what the author called “Living a different lifestyle”. However, everything they have learned was built on the foundations from their initial recovery period from the time when they first said, “enough is enough”.

6 Conclusion:
The findings in this study have revealed that by making a decision to recover from heroin addiction means change for the individual. This change means a total transformation from heroin addict to recovered heroin addict or non-addict, and that encompasses all aspects of life. Although there is probably no other activity that they will do in their lives that will be as difficult, they are making a decision to live and not die. They are saying that now they will work on their problems, face their fears, acknowledge that they need help and dare to try to do something else entirely. This takes a lot of courage. The factors that were found in this study about how heroin addicts recovered reveal that this process is not done alone. In finding support, for example in a program or more clearly expressed, starting a journey with other individuals who also have experience with recovering from heroin, were key factors for cessation of heroin addiction. This recovery process and new way of life of confiding in someone else or trusting someone other than themselves, is definitely another key to cessation of heroin addiction. Individuals that work with recovering addicts in their social work practices, in better understanding these processes that addicts go through, would be a well-needed support for individuals to achieve recovery. Resources that heroin addicts need to recover are available and this is how the social work profession needs to get involved. It was found in this study that recovery is possible and with help from social workers who care, their impact could make the addicts recovery even more possible.

This study has also several limitations that need to be mentioned. The size of this study says nothing to the question of how larger and more diverse populations of heroin addicts have been able to recover from addiction and are in fact unknown. Due to the fact that all data was collected by way of self-report, Carr (2008) states that when inquiring about a sensitive subject like drug use, respondents can have trouble recounting information because of stigma, emotion and memory constraints which could have affected the result. Lastly, findings in regards to how using a program helped individuals to recover from heroin addiction was unfortunately not more thoroughly investigated which in turn could have brought about an even better result in understanding the recovery process.

7 Possible future research:
With that in mind, a possible subject for future research could be to investigate more about the implications of how programs help individuals in their recovery, or are there
other alternatives? The possible alternatives to the 12-step program and meetings would be interesting to investigate to provide another alternative for individuals that might need something else.

References:


Attachment 1:

Interview Guide:

BACKGROUND:
When did you start?
When did you quit?
How long were you addicted to heroin?

QUITTING:
Background info:

WHY DID YOU QUIT?
Tell me about what happened when you began thinking about quitting:
- Spontaneous or a long process?
Why did you decide to quit?
- Was there a specific event or incident?
- What factors helped?
Internal
  What was happening with you?
  What were you thinking/feeling?
External
  Were they pressures from an outside source that influenced you?
  Family, society, were you in trouble, etc.

HOW DID YOU QUIT?
Tell me about what happened practically when you made the decision to quit:
- Did you go to treatment/rehab?
What other factors helped you practically in this process?
Besides your own decision and will power to quit, was there something else that helped you in the process?
Did you experience anything under that time that discouraged you from following through?

What was the hardest part about deciding to quit?
What was the easiest part about deciding to quit?

LIFE IN RECOVERY:
Tell me in your own words what you do today to stay sober.
What internal factors motivate you to stay sober today?
What external factors motivate you to stay sober today?
  Have they changed compared to when you first quit using?
What has helped you the most to not go back?
Attachment 2:

Hey!

Thanks for being a part of this research project that I am working on. I am currently studying in Sweden for a degree in social work, where I hope to be able to use this education to work with people in the future.

My aim in this study is to discover how individuals with previous heroin addiction recovered. In order to get answers to these questions, I need to ask people who first hand might know the answers, and that is where you can help me to better understand. I will be interviewing a few people and analyzing/comparing the information I collect in order to understand if there are any connections or likenesses in the information that I discover.

It's important for you to know from the outset that first, I appreciate you being a part of this research because the results of this study can and will help make a difference in the lives of other people, after all knowledge is power, so thank you. Also important to note is that everything you say to me will be handled professionally and with respect. I do not in any way want to cause harm to you or anyone else. In order to ensure this, I will be keeping your identity anonymous and changing your name and all private information in the final report so that no one will know who was in the study.

I want to make it clear to you also that all the information that comes forth for this study will be used for this study only and not for any other reason. After I am finished with all the data I acquire, I will completely delete and get rid of it in its entirety. I appreciate that you are willing to be a part of this study, but if for some reason you feel like you no longer want to be a part of this study for any reason, you can at any time tell me and that will be fine. This is to insure that you know that you are always safe and can feel secure in your part in this study.

Thanks again that you want to help with this study and I hope you know that your story can make a difference in the lives of other people all over the world!

Sincerely,

Jon Clark