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Abstract

This study will address the motivations and incentives involved in the attempted cessation of drug abusing behaviors from the perspective of the user. The study used qualitative interviewing techniques based on 2005-2006 data to examine urban current drug users, who had been diagnostically identified as ‘in need’ of treatment, and who had recently renounced the use of drugs by expressing their desire to quit through the use of language. It was this language (vocabulary) that was examined for similarities and differences in their use of justification techniques in order to establish a typology based on their vocabulary of quitting.

1. Introduction

The objective of this study was to explore the motivations for quitting drug use from the user’s perspective. The study of addiction is complex, and focused the scope for the current research effort – the motivations and incentives involved in the attempted cessation of drug abusing behaviors. To identify and understand the thought processes of drug users, the current study gathered qualitative data utilizing open-ended structured interviews with 32 self-reported current drug users (crack-cocaine or methamphetamine). These drug users had been identified as ‘in-need’ of substance-abuse treatment, and had expressed a verbal desire to quit. Subsequent to collecting all field interview data for this project, researchers conducted content/discourse analyses of respondent neutralizations and rationalizations (i.e., justifications for their attempted cessation of drug use) to arrive at a typology of users based on respondents’ *vocabulary of quitting*. In many ways the current research effort seeks to replicate similar research in that it identifies categories and/or stages of drug use cessation. However, what makes this research effort unique is the development of an empirically testable typology using inductive analysis of primary data from the perspective of the users themselves, rather than deductive treatment-based theory models. Findings from this research may present considerable insights into *how* users understand and express their individual motivations, and perhaps offer a more in-depth understanding of related rationales utilized by on-going drug users expressing a verbal desire to

quit. It is argued that this subject area is significant for inquiry in order to develop a more comprehensive understanding of the individual and social phenomena surrounding drug abuse.

2. Research on Neutralizations, Rationalizations, Motives and Intentions

The current study is grounded in Sykes and Matza's (1957) examination of individual motivations and rationales associated with committing deviant and/or criminal behaviors. Sykes and Matza (1957) developed Neutralization Theory in an effort to explain juvenile delinquency; stating that criminals drift into criminality by justifying their actions. The authors identified a typology of justifications which included: 1) Denial of Responsibility; 2) Denial of Injury; 3) Denial of the Victim; 4) Condemnation of Condemners, and; 5) Appeal to Higher Loyalties (Sykes and Matza 1957). 'Denial of Responsibility' was held to be the simplest form of neutralization and occurred when juveniles stated that they 'didn't do it' or that the crime was an 'accident.' 'Denial of Injury' was another justification; 'since no one was hurt, it was not that bad.' The 'Denial of the Victim' was a different justification and blamed the victim for part or all of the crime. 'Condemnation of the Condemners' was found to be another justification where criminals accused their accusers of hypocrisy, racism, or being criminals themselves. The final neutralization technique identified was the 'Appeal to Higher Loyalties'. Criminals using this technique might claim to have committed the crime as an initiation ceremony to enter a gang, to protect themselves from other criminals, or actually in service of a 'superior' consideration (Sykes and Matza 1957).

Sykes and Matza's research findings were enhanced by Scully and Marolla (1984) when they conducted a qualitative inspection of neutralization and rationalization techniques employed by adult convicted rapists with respect to the acknowledged level of responsibility for their crime. Here, the investigators examined the *vocabulary of rapists* through the use of qualitative, face-to-face interviews with 114 male perpetrators. The data analysis identified that the rapists' motives were manifested through their verbal communication, and could be separated into two distinct categories – Deniers and Admitters. The first category, 'Deniers', justified rape by denying that their actions constituted rape. Within this category, subjects expressed neutralizations and rationalizations, which provided justifications for why the behavior was not rape. The second category identified within the *vocabulary of rapists* (Scully and Marolla 1984; Scully 1991) constituted the utilization of excuses – 'Admitters.' Although, these rapists admitted to their criminal behaviors, they used excuses and blamed forces beyond their control.

3. Research on the Discontinuation of Drug Use

Several themes directly related to the current research effort may be identified. The first of these themes consisted of identifying different motivations for suspending substance-abusing behaviors. The most frequently reported motivations for quitting among all users were: health

concerns, self-control motives (i.e., wanting to quit because of a perceived loss of self-control), and intra-psychic changes (including personal decisions, cognitive evaluations of behavior, a loss of interest in drug use, and personal growth) (McBride et al. 1994; Curry, Grothaus, and McBride 1997; Cunningham, Koski-James, and Toneatto 1999).

A second theme pertaining to motivations for the discontinuation of drugs evidenced in the literature was the use of a cost-benefit analysis of drug using behavior by those who had successfully stopped their drug use. A study examining the cessation of cocaine use found that a conscious and calculated evaluation of drug using behavior (i.e., weighing the disadvantages of using and benefits of stopping) was the most frequently reported reason for initial discontinuation of drug use and continued cessation when urges to use later ensued (Toneatto et al. 1999).

A final theme relating to motivations and drug use held that cognitions played a significant role in the successful discontinuation of drug use. Here, the literature identified that the motives of cessation indicated relationships to success; however, most of these drug users reported more internal rather than external motivations for quitting (McBride et al. 1994; Downey et al. 2001). Such findings were replicated in a study where drug users reported intra-psychic changes and health concerns as major motivations for the cessation of drug using behavior (Cunningham et al. 1999). Toneatto et al. (1999), reported not only that cognitions were significant in the initial motivation to quit, but were also a part of the coping mechanisms required to fight the urge to start using again. This was especially true within the first year following initial discontinuation of a drug. The subjects in this study 'naturally recovered' from drug abuse without formal treatment. Therefore, researchers suggested using cognitive strategies in the treatment of substance abuse (Toneatto et al. 1999).

4. Cognitive Factors associated with Successful Cessation

Hansen and McNeal (2001) examined the cognitive factors involved in the successful cessation of drug use. Among alcohol users, an increased perception that drinking did not fit into their new lifestyle was reported to be the most often cited cognitive factor. Marijuana users who successfully quit, evidenced an increased perception of alternatives to drug use, increased self-esteem, and improved stress management skills, which did not occur among users who were unsuccessful at quitting. Studies by Stotts et al. (2004) and Conrod et al. (2000) examined the effect of motivation as it was matched to intervention and treatment. Stotts et al. (2004) also found that matching motivation to treatment increased the perceived costs of smoking, decreased the perceived benefits of smoking, and was associated with the successful cessation of drug use.

A particular factor that was positively associated with the successful cessation of drug use was self-efficacy, or the confidence in one's ability to control his or her own behavior. Sklar and Turner (1999) affirmed the validity of a measure for 'coping self-efficacy' and its relationship to the successful cessation of drug use. Moreover, Wong et al. (2004) found a unidirectional relationship

between abstinence and self-efficacy. This study clearly identified that periods of prior abstinence predicted future abstinence and self-efficacy.

5. Gaps in the Knowledge

Two significant limitations regarding the cessation of drug use are evident. First, while research has used a variety of perspectives to examine motivations for engaging in, and the cessation of, various drug use, an examination of *how* the users themselves defined and understood their motivations, and the perceived motivations of other drug users, in relation to the cessation of drug use has been limited. Previous research has developed treatment-based perspectives generated by research professionals rather than from the drug users themselves. Second, past research has not actively explored the use of a typology based on the *vocabulary of quitting* to include concerns correlated with such a typology. Therefore, the current research attempts to identify and organize the self-described motivations developed and utilized by current drug users who aspired to quit via a typology. It is anticipated that such a typology would, then, be available for empirical testing and comparative examination with existing models.

6. Research Statement

This study had three primary objectives. The first objective was to identify the motivations for the discontinuation of drug use as defined by users themselves. The second objective was to identify concepts and similarities across cases regarding the motivations for quitting. The final objective was to inductively develop a typology of quitters, reflective of the *vocabulary of quitting*, grouping how quitters understood and thought about quitting and how it related to themselves and others.

7. Qualitative Methodology

In order to achieve the three objectives of this study, a series of methodological steps were developed and utilized. First, it was necessary to identify individuals who self-reported current use of an illicit substance, either crack-cocaine or methamphetamine, as their primary drug of choice. For the purposes of this study, 'current use' was defined as drug use within the past 30 days. Potential research respondents for this study were individuals who openly expressed an unsolicited, verbal desire to discontinue their use of drugs. The recruitment of individuals who had self-initiated their commitment to quit was necessary in order to promote a non-biased response group. These statements allowed researchers to examine the drug user's motivation for their commitment to quit using illicit substances.

In order to restrict the scope of this study to the examination of motivations of individuals involved in the problematic use of drugs, it was necessary to go beyond the criterion of individuals who were self-reporting drug use and renouncing their primary drug of choice. Respondents also had to meet the criteria of high probability of 'need for treatment' based on symptoms

recognized by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (American Psychiatric Association 2000). Therefore, all individuals identified as potential respondents were initially consented and ‘screened’ by means of multiple diagnostic instruments (the Simple Screening Instrument – SSI, and the Substance Abuse Subtle Screening Instrument – SASSI-3) grounded in the criteria for substance abuse and dependence as identified by the DSM-IV. Individuals identified by both screening instruments as in ‘high probability of need for treatment’ were recruited to participate in a qualitative in-depth interview regarding: 1) their understanding and reflections of their past drug use; 2) perceptions of other drug users; and 3) reasons and plans with respect to their stated termination of drug use.

Traditional methods for sampling sub-groups such as that required herein, a clearly hidden population (i.e., illicit drug users), have often proven unsuitable (MacKellar et al. 1996). Therefore, as a means to accessing this research population, the investigators utilized a parameter-based, respondent-driven sampling methodology (RDS) (Heckathorn 1997; 2002). Researchers identified seven original respondents (termed ‘seeds’ by Heckathorn 2002) available to the principal investigator (PI) via three primary venues: 1) a community corrections population participating in alternatives to incarceration activities; 2) a group of local residents participating in drug and alcohol outpatient treatment programming; and 3) contacts of the PI working in white-collar business environments. All respondents in this study were volunteers and minimal incentives were utilized (food provided during the interviews) to encourage participation. The PI employed a RDS strategy in an effort to establish contacts with other potential research participants in this hidden population. Initial respondents that did and did not screen into the research population were provided contact information for the PI along with some basic research population qualifications (e.g. ‘current users of crack or meth that recently *said* they were quitting’). Individuals were encouraged to pass this information onto friends, family and acquaintances that met these parameters, thereby serving as the researcher’s proxy by prompting their participation. A total of 43 individuals contacted the PI, each of whom self-reported having ‘recently’ (within the past 30 days) used crack-cocaine or methamphetamine as their primary drug of choice but, who had also ‘recently’ (also, within the past 30 days) verbally declared a desire to stop using. Of this number, 95.3 percent (n = 41) consented and agreed to participate in this research. From this population 78.0 percent (n = 32) were identified by both diagnostic instruments as ‘high probability of need for treatment’, therefore meeting the full criteria for inclusion in the current study. While this sample population was meager for many quantitative analyses, it was nevertheless sufficient to conduct qualitative grounded theory analysis (Glaser and Strauss 1967; Rennie et al. 1988; Henwood and Pidgeon 1996).

Following the identification, consenting, and screening of research participants, face-to-face in-depth interviews were conducted utilizing qualitative open-ended, structured questions. Research interviews ranged in time from 45 minutes to more than 2 hours, with an average interview lasting 1 hour and 15 minutes. Researchers recorded verbal neutralizations and rationalizations with respect to respondents’ self-reported drug using behaviors. The interviewees’ thoughts about using and ceasing their own drug

use, and the behaviors of other drug users known to the respondent were noted. As part of the interview process, participants were asked to self-report various personal attributes for later analysis, to include their race, age, completed education, marital status, gender, number of children, socio-economic-status, criminal history, etc. (see table in appendix 1).

The respondents were all residents of the same large Midwestern city, to remain unnamed (population approximately 200,000 – US Census Bureau, 2000), at the time of data collections – 2005. Prior to participation, each respondent was provided a guarantee of confidentiality approved by a university institutional review board. All interviews were conducted in public venues with collected information recorded by means of research field notes.

Subsequent to the collection of all qualitative interviews, data were examined by means of grounded theory analysis in order to identify emerging concepts of interest and compelling similarities in respondent information (Glaser and Strauss 1967; Rennie, et al. 1988; Charmaz 1995; Henwood and Pidgeon 1996). Neutralizations and rationalizations expressed by respondents were grouped and developed into categories for evaluation. Research participants were classified by category and an aggregated comparative examination between groupings was conducted based on the research variables previously collected.

8. Description of Respondent Population

Respondents for the current study were initially drawn from three primary environments, and thereafter, referrals drove respondent recruitment. Respondent information and relationship data was documented across multiple respondent generations by means of a sociogram in order to understand and assess levels of social convergence between and among interviewees (see figure in appendix 2). As part of this sociogram, diagnostic screening instrument scores were also recorded in order to evaluate any compelling patterns that may have emerged. Individual scores derived from the SSI were displayed for each respondent. SSI instrument scores ranged from 0 to 11, with a score of 4 or above indicating a ‘high-probability of need for treatment.’ Researchers noted that diagnostic screening scores were unique to the respondents’ venue of origin. For example, the screen scores for the Outpatient Treatment Program group ranged from 4 to 11, with a mean of 8.00. Similarly, the White-Collar group evidenced a range of 4 to 6 with an average score of 4.86. Finally, the Community Corrections interviewees produced a diagnostic screen scoring range of 4 to 8 with a mean of 5.71.

9. Findings and Discussion

Data analysis identified a typology that consisted of three primary categories (i.e., the *vocabulary of quitting*): 1) Road Blockers; 2) 12 Steppers; and 3) Tragic Users. The researchers developed the category names, ‘Road Blockers’ and ‘Tragic Users,’ through an inductive analysis of the interview data, whereas the category ‘12-Steppers’ was actually a name utilized by the respondents themselves, not the researchers. The respondents’ use of

language in relation to their own drug use, and the drug use of others, provided insight into the motivations for cessation and the dynamics that facilitate the 'quitting' process. In the following discussion, each of the aforementioned categories are presented.

9.1 Quitting Typology

'Road Blockers'

Several of the respondents stated that they began using drugs as a recreational activity. However, a significant subset of the interviewees presented compelling language, which supported the current category labeled, 'Road Blockers' (n=14, 43.8%). Users grouped into this category repeatedly expressed a desire to quit, but almost exclusively followed this utterance with a myriad of 'external' reasons as to why they did not believe they would be able to reach their stated goal – setting up and reinforcing roadblocks to success. They understood their desire to quit as being unjustly blocked by peripheral forces, often expressing frustration at such perceived forces.

As described by one respondent, a 32-year old college graduate and former stock trader, it is not a lack of desire but rather a sufficient opportunity prohibiting him from being able to stop using:

I want to quit the rock, but I can't. Over the last couple of years, my life has just become more and more complex. First I lost my job, then my house, then my family. I just need a window of time to take a breath and make a plan, but I just don't seem to catch a break from the outside world...its really beyond my control here.

Another respondent, recently released from a 12 month jail term, held that the desire to quit is not enough to yield positive results, and that social conditions must also be conducive to abstinence:

I want to quit, but...its not just enough to want it, you gotta get past all the other stuff. I mean I want to quit, but I can't because the pull from the outside isn't really enough. I mean what is there out there for me to go to...it's not like I'm going to get my life back like it was. If my family don't want me and my friends don't know me anymore...where am I supposed to get the help? That's why I keep ended up back at the needle.

A similar motivation was expressed by a 46-year old black female, who reported that after 'dropping out of the world' for a couple years, and although wanting to stop using drugs, was unable to currently quit because of circumstances beyond her control:

There's nothing I wouldn't do to stop using this very minute, but I just can't... at least I don't think I can. I need some money to make all the right things happen...some good amount of cash would really set me free from all this stuff...but the government isn't going to give it up without some good reasons, and you know they ain't hiring sniffers [methamphetamine] at the local yard. I think I might be able to really make it happen if someone would just throw me

a rope...but it's like they see me cumin and shut the door in my face or something.

Beyond expressing a desire to quit, and an immediate follow-up justification for why it was not likely to come to fruition, individuals classified as 'Road Blockers' also demonstrated instances of tautological thinking.¹ Such a statement was given by a 35-year old white female respondent who had recently graduated from university with a science degree and was currently working in a white-collar business environment:

I'd love to stop using, and I plan to, but right now meth has a pretty good hold on me and that's why I can't just jump out of the life. I mean I'm caught in the middle here, I use because the stuff just captures me, and that hold is why I just can't stop overnight...but I do plan on stopping. I mean no-one is addicted that can't stop using, you know.

After stating their intentions to stop using drugs, 'Road Blockers' inevitably provided a series of reasons 'beyond their control' as to why this would be an improbable outcome. This language was typically found to be condemning of issues 'external' to the interviewee. Surprisingly however, 'Road Blockers' regularly held other drug users to a higher standard of accountability, by not allowing for the same justifications stated for themselves. For example, one male respondent, who reported recently going through a divorce and career change, stated:

I plan on stopping this meth train as soon as possible, but my life is such right now that I'm just juggling too much. I've seen other users who are under almost zero stress...I mean they aren't going through any problems, just getting their stuff and shooting it up, so I think they ought to be able to get it together much easier. I know that when my stuff straightens up I'll be puttin a stop to all this garbage.

Another 32-year old male respondent, employed as a diesel mechanic, rationalized that the route of drug administration was a distinguishing factor, a road block, between those who 'should be able' to quit and those that 'can't':

I haven't been using long, but I'm already at the needle stage...not like some of these other guys who have been sniffing or smoking for some time. I mean I got issues with chasing the vein, but if you haven't gotten this far then you really got nothing to complain about...I know that you can make it happen, I mean shut the drug down before you get to the needle stage...that's why I really got no sympathy for lower stage users who say they can't shut it down...they don't know what real addiction is yet...but if they don't stop they gonna learn.

As suggested in the quotes above, plans for quitting were unique to 'Road Blockers', as this group tended to suggest a plan of action while simultaneously implying that it was not currently available for execution. Their plan to stop using drugs was something that they were working toward implementing, but was always just around the corner.

When reviewing the case level variables considered across all interviews, 'Road Blockers' proved to be significantly different in only one area when compared to the other two 'quitting categories' in this study. 'Road Blockers' were more likely to have earned a university degree with 50 percent of these

respondents having earned an associates or bachelors degree, and 7.5 percent having earned a masters degree.

Considering the information gathered on this category of drug users, this research supports previous literature which suggests cognitions are significant factors in the initial motivation to quit (Toneatto et al. 1999). 'Road Blockers' tended to employ neutralization techniques similar to those employing 'Denial of Responsibility' and 'Condemnation of Condemners' as identified by Sykes and Matza (1957), as they reinforced the external causes of their drug using behaviors – 'it's out of my control.' As in Scully and Marolla's work with convicted rapists, this group was similar to the deniers in that they admitted to engaging in immoral behavior, but claimed that outside forces drove them to it (Scully and Marolla 1984).

Unlike some previous literature regarding the cessation of drug use, respondents in the current study did not support the notions that a cost-benefit analysis is helpful in the successful commitment to the cessation of drug use. The lack of differences in motivation based on drug of choice may be due to the fact that most of the users identified as 'Road Blockers' used crack-cocaine (71.4%). Likewise, while the age of respondents within the study sample spanned 29 years (23 thru 52 years of age) the sample consisted entirely of adults. Therefore, the researchers could not readily compare juveniles to adults to address the variable of age in any of the three categories identified in the quitting typology. Finally, the users identified as 'Road Blockers' did not show any evidence of conducting a cost-benefit analysis of their drug using behavior. The current literature would suggest that the exclusion of this decisional factor might impact the success of 'Road Blockers' with respect to their ability to cease their drug using behaviors.

'12 Steppers'

In addition to *quitting language*, which expressed Road Blocking reasoning, other respondents provided statements suggestive of a therapeutically oriented line of thinking. Although individuals in this group also articulated a desire to cease their drug use, their *vocabulary of quitting* evidenced an 'internal' struggle to attain and preserve a manner of living in which rigorous honesty is the 'key' to sobriety. These individuals also employed a great deal of terminology seemingly derived from therapeutic or treatment oriented venues. This may stem from the fact that these respondents demonstrated a significantly higher prevalence of prior lifetime treatment experiences. To reflect this inclination toward the use of a 'self-help' vocabulary, the current category adopted the label drug users themselves utilized to identify this group – '12 Steppers' (n=8, 25.0%). As part of the discourse rooted in this category, it was apparent that respondents understood the onus of a sustained sobriety to rest with the concepts pertaining to individual self-responsibility and peer and/or program-oriented support.

A statement reflective of this mentality was produced by one respondent, a 37-year old white male, self-reported to be a crack-cocaine user of more than 7 years:

My family and friends can't be responsible for my behaviors...only I can make myself stop, but it's going to take a lot of internal fortitude and willpower to maintain myself and stay the course...its up to me to regain a sense of my lost self.

A related intention was articulated by a 41-year old Asian female, who stated:

It was following what seemed like a long string of crimes committed just for the sake of chasing paper [obtaining money for a drug purchase] and being told by a doctor that my health was quickly deteriorating...that I'd likely be dead in a year if I kept going on the drugs...that I woke up from something like a dream state...to realize that I was the only one that could make it stop...getting it under control was all on my shoulders to make happen...and I had to follow my program one step at a time.

Another respondent, a 39-year old male university graduate working in a white-collar environment, shared what he phrased as a 'plan of action' that must be valued and adhered to in order to achieve and sustain his sobriety. He stated:

I have to continually take my own inventory...working my program...I just have to work my program and stay focused...I realize my addiction will never be over so I have to appreciate the method more so than the means...I have to stick to the program.

Not only did the language of '12 Steppers' demonstrate an understanding that their current drug using behavior was driven by 'internal' forces, but their verbal communications also regularly involved an unsolicited plan as to how such forces might be kept in check as part of their response. This sentiment was expressed by a 41-year old Black male who reported having experienced a multitude of treatment programs to this point in his life:

I'm the only one that is responsible for me. I mean I've learned that I'm the only one that can raise the white flag for myself and surrender to the fact that I'm an addict. Only from there, at that point in my own mentality, will I be able to put some new plan into action...my own personal program to preserve my health and stay alive...I know the plan...meetings, talking it out, getting counsel from my sponsor...sharing my plan and listening to others in my situation is my plan.

Yet another respondent, a 32-year old white female and mother of two young children who held that she had been using drugs for less than a year, openly said that part of her plans included an incentive beyond herself.

I know that I'm my own worst enemy...I know this. I realized it one day when I came off of a rock-high, woke up in a hospital after a twelve-day coma and suddenly remembered my parents had died [in the same car wreck that caused the coma]...I got to relive it all over again...it crushed me, but as soon as I got released I right away went out again and used again. Nowadays I know that I'll have to use my kids to stay sober. I mean I might not be able to do it for myself, so my plans are to do it for my kids...I really don't see it as a choice anymore...they're depending on me and I'm afraid they'll be naked in the world without me...I can't ever let that happen.

In discussions with ‘12 Steppers’ regarding their perceptions of other drug users, the reasoning in their language remained consistent. ‘12 Steppers’ demonstrated an understanding that all drug users ‘own’ their behavior. For example, one 32-year old Black male who very proudly reported that he had never graduated from high-school, yet had regularly earned approximately \$30,000 a year in legal income, recited the following from the Alcoholics Anonymous Big Book [preamble to Chapter 5]:

Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates. They are not at fault; they seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands rigorous honesty. Their chances are less than average.

Another 52-year old white male, married and a father of three, upheld this philosophical understanding of drug use as he stated:

Many individuals in this condition [drug users] talk about having made some fresh start...some behavioral change to reorient their environment, their minds...even their souls...to support their quitting goal...this is what they have to do for themselves, cause no one else can do it for'em.

Beyond the unique characteristics of ‘12 Steppers’ discovered by means of content analysis of interview data, cross-case analysis of respondent variables also evidenced significant differences when compared to other ‘quitting categories.’ Predominantly, the demographics and life experiences of this group were more noticeable. For example, ‘12 Steppers’ from within the current study were more likely to be male and to have children. Furthermore, category members were more likely to self-report having experienced drug-treatment and having engaged in prior illegal drug seeking behaviors. In addition, individuals classified within this category were less likely to have earned a university degree or currently work in a white-collar environment.

In review of data collected on ‘12 Steppers,’ the current study once again supports previous literature that held that cognitions are important factors in the initial motivation to quit (McBride et al. 1994; Downey et al. 2001). Unlike ‘Road Blockers,’ ‘12 Steppers’ tended to engage in a cost-benefit analysis of their drug using behavior, which previous literature associates with successful cessation (Toneatto et al. 1999; Herzog et al. 1999).

Additionally, ‘12 Steppers’ tended to evidence cognitive processes reflective of two neutralization techniques, an ‘Appeal to Higher Loyalties’ and ‘Denial of the Victim.’ However, the use of these vocabularies were employed as a means of supporting their desire to discontinue their drug use, rather than a mechanism to justify a continued use of drugs. By accepting responsibility for their addiction and expressing the fact that cessation rests on their shoulders, no one else's, they often made an ‘Appeal to a Higher Loyalty’ by framing their desire to quit as being something greater than themselves. The neutralization technique, ‘Denial of the Victim,’ was also used by ‘12 Steppers’ to support their *Quitting Vocabulary* as they would not allow other current users to attribute their drug using behavior to external forces.

Unlike a number of previous studies, (McBride et al. 1994; Curry et al. 1997; Cunningham et al. 1999; Downey et al. 2001) respondents in this research effort once again did not support that motivations vary by drug. As with the aforementioned category, 'Road Blockers,' '12 Steppers' were also predominantly crack-cocaine users (87.5%) and therefore, it was unlikely that motivational differences across drugs would have been readily identifiable. '12 Steppers' were more likely than other respondents to report having engaged in previous illegal drug seeking behaviors. The current literature would suggest that because '12 Steppers' are veterans of treatment, they may be the most likely to succeed in the cessation of their drug using behavior.

'Tragic Users'

While blaming issues 'external' to the self and attempting to self-therapize were the two prevailing themes that emerged from the content analysis of the *vocabulary of quitting*, there was one additional category which presented itself through a compelling pattern in respondents' language – the 'Tragic User' (n=10, 31.3%). Like other interviewees, 'Tragic Users' were current abusers of crack-cocaine and/or methamphetamine. However, these individuals reported significantly greater amounts, and higher frequencies of prior substance use with no effort to quit using within at least the past year. Until their recently verbalized decree to stop using, individuals from this group rarely, if ever 'thought about or expected to quit' abusing drugs. Moreover, they systematically expressed their newly developed desire to stop their drug abusing behavior as having been the result of some tragic experience.

As described by a 26-year old Black male with a self-reported extensive criminal record, it was not until he had 'everything taken' from him that he came to appreciate sobriety as being the only remaining rational choice.

Cocaine has caused me so much suffering already, I don't want anymore. I mean I've been through more than a few overdose scares...suicide attempts...losing my family and friends...getting locked up and losing years of my life...I had never really thought I was in a place where I even needed to quit...was out of control...I am, so I am going to quit.

A similar statement reflective of this state of mind was also provided by a 27-year old female who declared that drug abuse had caused her to fail in a series of relationships:

This drug thing has taken just about everything from me. I lost two marriages to the habit and this last time just brought me up from below, made me wake up and realize...I never thought this could happen to me...it's all slipping away, just because of this pattern that I've fallen into for such a long time now...I can't believe it took all of this to make me see how big the problem really is.

Another self-report of tragedy that brought about a declaration of abstinence came from a 26-year old white male who worked as a truck driver by day and part-time bartender by night:

I want to quit...I've finally got it...it took a while, but when I saw my health at risk and started thinking about my wife and kids...I wrecked a car and almost killed my kids in the process because I was wasted...I knew I had to either end it all or stop it all...that's why I've got to open this new door in my life, not because I want to walk through, but because I have no other real choice...I can't keep up my old habits

When interview subject matter provided insight into how 'Tragic Users' perceived other drug users akin to themselves, individuals expressed empathy for the predicament of others, but at the same time, seemed detached and unable or unwilling to appreciate their persistent behavior and continued state of mind. When commenting on other crack-cocaine users one 42-year old Black female respondent said:

I sympathize with how the rock pulls at you, its overwhelming, but how can they still not see the problem? I mean I knew what I was doing so I'm sure they do too. I see people suffer real consequences because of the rock...I just don't know why some people just don't wake up...maybe I was lucky.

Another respondent, who reported having been a long time user of crack-cocaine, stated that users like him ('Tragic Users') are different from other users in that they are typically much more immersed in the drug world itself.

Its not like being just a casual user...once you go hard-core you have no choice but to surrender to the life. I mean, you have to figure out how it all works and then make it work for you...need to understand the who, what, when, where and why of it all in order to keep scoring product.

Unlike the previous categories, each demonstrating some semblance of a plan to establish and maintain sobriety, 'Tragic Users' did not typically seem to have prepared such plans, nor did they seem to fully value such a need. In fact, when pressed to discuss a plan to achieve and sustain their stated goal of sobriety, the topic tended to be quickly converted by the interviewee back to the initial motivation for sobriety – the Tragedy.

In comparing the three categories presented in this study using cross-case analysis, 'Tragic Users,' like the previous two categories, also presented unique attributes worth noting. Primarily, 'Tragic Users' were more likely to be female, single or never married, of lower socio-economic-status, with methamphetamine as their primary drug of choice. In addition, users in this group were not likely to have an education beyond that of high school. Finally, 'Tragic Users' were usually at least 26 years old and they had typically been using 'hard-core' for several years.

Considering the 'Tragic User' in the light of the research literature, this study supports prior findings which held that cognitions, as well as, a cost-benefit analysis is helpful in providing the initial motivation to quit using drugs. 'Tragic Users' tended to evidence initial stages of thought about their drug use, realizing it as a problem and wanting to quit (Toneatto et al. 1999). Unlike the other two categories, 'Tragic Users' tended to specifically measure the benefits of regaining self-control, against the cons of potential health problems. This finding supports previous literature stating that these two factors are important in the initial motivation to quit using, and maintain sobriety

(Stephens et al. 1993; Herzog et al. 1999). Only one neutralization technique, 'Denial of the Victim,' was associated with 'Tragic Users'. This technique was evidenced by their lack of previous consideration with respect to their drug using behaviors, with the majority of individuals only recently beginning to contemplate their own behaviors. This group sympathized with other users recognizing the power of drug addiction, but detached themselves and wondered how people could 'still not see the problem.'

In contrast to earlier research findings, (Sklar and Turner 1999; Wong et al. 2004) individuals here demonstrated low levels self-efficacy (i.e., the confidence in one's ability to control his or her own behavior). This was evidenced in the 'Tragic User' vocabulary when respondents discussed how the drug made them 'out of control', 'took just about everything', and how they had 'no choice but to surrender.' 'Tragic Users' tended to state that a benefit of quitting would be the recovery of this perceived loss of control. Previous research found that motivation to quit and successful cessation of drug use were positively associated with high levels of self-efficacy, rather than low (Sklar and Turner 1999; Wong et al. 2004). The literature suggests that low self-efficacy might negatively impact the success of 'Tragic Users' in ceasing their drug use.

10. Summary

The current analysis of drug users has demonstrated that the process of quitting is often initiated by different understandings, reasoning, perceptions, and strategies. The respondents in this study were each established users of crack-cocaine or methamphetamine, and had each verbalized a desire to cease their drug abusing behaviors. In addition, each respondent had met the diagnostic criteria of 'need for treatment.' This research suggests a typology consisting of three distinct categories for considering this process of quitting from the perspective of the drug users themselves. While this typology demonstrates an ability to provide new insights for consideration with respect to the cessation of drug using behaviors, it draws from and supports much of the previous literature discussing the relationship between cognition (via language) and behavior. Moreover, this newly developed typology provides additional comparative insights to existing models that allows empirical categorization and examination of individuals based on their presented *vocabulary of quitting*.

The first of these categories, the 'Road Blocker,' was characterized by a prevailing use of 'external' reasons for continued drug abuse. In addition, 'Road Blockers' often expressed tautological reasoning and held other drug users to different standards than themselves. Their plans to achieve sobriety were continually in the near future, rather than available for immediate implementation. The second category discussed, the '12 Stepper,' acknowledged 'internal' challenges to be overcome in order to achieve drug abstinence, and consistently discussed plans of action reflective of such internal changes. '12 Steppers' also articulated an understanding of other users that was consistent with their understanding of their own drug abuse. 'Tragic Users,' were set apart in that users self-reported significantly more concentrated drug use over a longer period of time, and had not typically

made any prior attempts to stop using. Users within this category demonstrated empathy for, without understanding of, continued drug use by others. Furthermore, 'Tragic Users' rarely expressed any cogent plans for attaining sobriety, but were more preoccupied with the tragedy that had brought about their desire to stop using.

Research analysis of interview data not only provided insights into how drug users in the process of quitting might be grouped based on similarities, but also examined variables that proved to be indistinguishable across categories. Specifically, the age of the users across the three categories proved to be insignificant, however, the number of years individuals had been using drugs was somewhat predictive. Not surprisingly, the extent of a respondent's self-reported lifetime criminal record was an important difference across categories, especially as it related to drug charges.

11. Limitations and Areas for further Research

Due to the qualitative methodology utilized in the current study, various primary limitations to this research were foreseeable. First, the possible issues associated with under-reporting were important to consider – respondents who may have lied or embellished their answers as a kind of interviewee reactivity, as a byproduct of social desirability, or to conceal illegal behaviors. In addition, because the researchers were aware that a large portion of the respondent population had likely experienced a habitual consumption of multiple substances over a significant period of time, it was understood that issues of problematic memory recall might have been present. However, because the central focus of this research did not depend on data derived from long-term memory, it was also anticipated that significant confounding of the relevant data was unlikely. Next, while the primary intention of this study was to simply develop and advance baseline data on the subject matter, it was understood that the generalizability of research findings should be considered with caution due to the limited sample size and scope employed as well as possible biases resulting from volunteerism on the part of respondents (Erickson 1979). Finally, since limited means (e.g. triangulation of interview questions) were used to assess the truthfulness of subject responses, issues of validity and reliability should be taken into consideration. This study was exploratory in nature, and therefore, did not address these possible limitations. Further research should be done to examine other possible vocabularies of quitting, typologies of quitters, and typologies of motivations for the cessation of drug use. In addition, it is imperative that the typology generated in the current study be empirically validated by means of longitudinal data collections and comparison of findings (e.g., successful cessation) to models seeking to explain similar dynamics.

12. Implications

Because a significant percentage of criminal activity is associated with drug use (Arrestee Drug Abuse Monitoring Program 2002; Peters et al. 1998; Baumer 1998), it is imperative that the American criminal justice system

continue to work toward the implementation of effective treatment programs within its populations. History has demonstrated that incarceration alone will not deter future drug use among addicts; rather treatment is also essential. Insights into issues surrounding the selection of effective treatment modalities, cognitive therapies, and mechanisms to encourage and support sobriety may benefit from the information examined herein, and future studies regarding how users describe their experiences in drug use cessation. In addition, results may be employed by justice professionals in order to arrive at more informed drug oriented policies. When drug treatment modalities are properly coordinated with individuals as part of the criminal justice process, the probability of relapse and related recidivistic behavior will also likely be reduced.

This study presented first-hand information from the perspective of the drug user by means of a qualitative paradigm. A comprehensive understanding of drug use, legal and illegal, for both criminal justice and treatment professionals is imperative to most effectively address issues of substance misuse. Treatment professionals regularly address issues of substance abuse and dependence in their client populations. The current study has demonstrated that individuals who are motivated to quit their drug using behavior may be categorized into a typology – the *vocabulary of quitting*. The typology described the vocabularies of motivation and the justifications employed by drug users who have expressed a desire to quit. While this study has accomplished the task of identifying a promising typology of quitters, this classification system has yet to be fully examined, and subsequent research examining success rates across the categories within the typology is currently underway by the authors.

Future research may provide more information about each of the categories identified herein, as well as their usefulness in conjunction with current treatment modalities and justice venues. Other areas of future study include the success rate of each category with respect to the cessation of drug use, changes in user motives, generalizability of research findings to other drugs, and which, if any, treatment plans are most successful in conjunction with specific categories.

Notes

¹ The typical understanding of tautologies is that they are semantically vacuous. A tautology is a statement that is true in virtue of the meaning of the logical connectives present in the statement – circular thinking.

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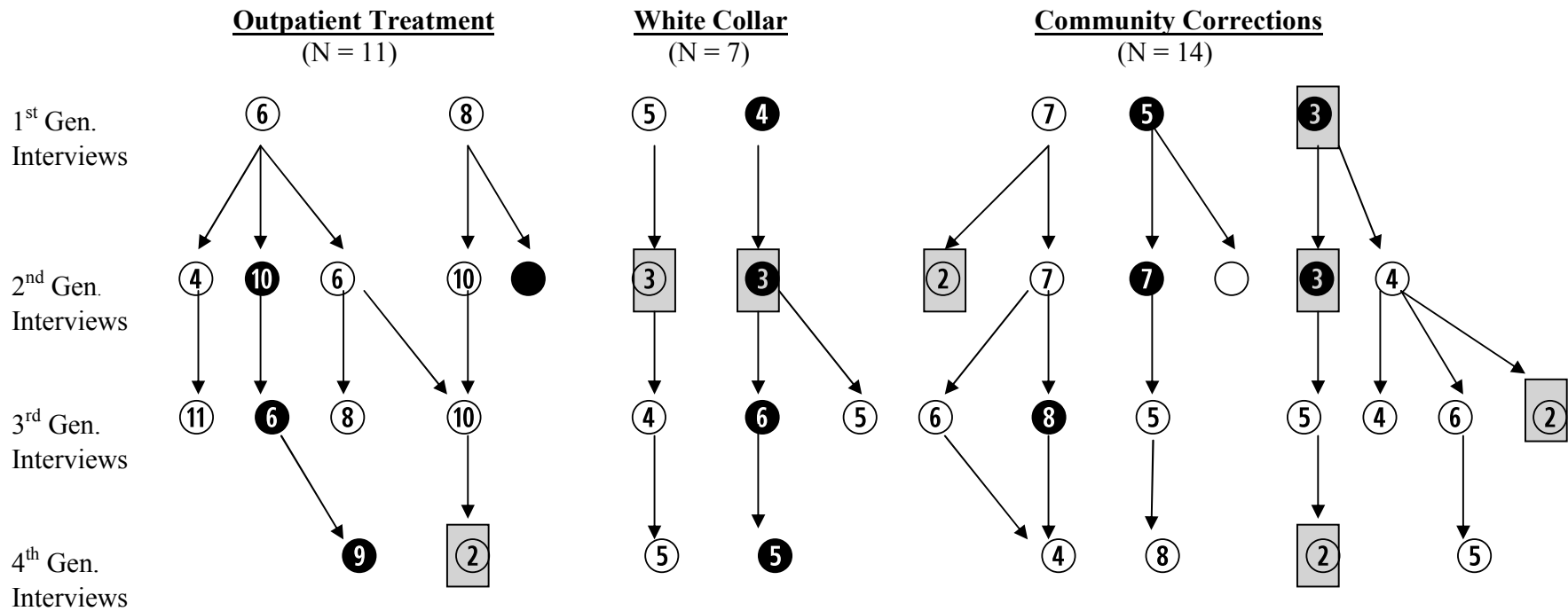
Appendix 1

Table 1. Vocabulary of quitters: Typology by venue of origin, demographic and self-report information

Venue of Origin	<u>Roadblockers</u>	<u>12-Steppers</u>	<u>Tragic Users</u>	
Outpatient Treatment Facility	28.6% (n = 4)	50.0% (n = 4)	30.0% (n = 3)	
White-collar Environment	28.6% (n = 4)	12.5% (n = 1)	20.0% (n = 2)	
Community Corrections	42.9% (n = 6)	37.5% (n = 3)	50.0% (n = 5)	
<i>TOTAL</i>	<i>43.8% (n = 14)</i>	<i>25.0% (n = 8)</i>	<i>31.3% (n = 10)</i>	
RACE				
Caucasian	57.1% (n = 8)	25.0% (n = 2)	80.0% (n = 8)	
African American	35.7% (n = 5)	62.5% (n = 5)	20.0% (n = 2)	
Asian American	7.1% (n = 1)	12.5% (n = 1)	0.0% (n = 0)	
<i>TOTAL</i>	<i>56.3% (n = 18)</i>	<i>37.5% (n = 12)</i>	<i>6.3% (n = 2)</i>	
GENDER				
	M = 71.4% (n = 10)	M = 87.5% (n = 7)	M = 60.0% (n = 6)	
	F = 28.6% (n = 4)	F = 12.5% (n = 1)	F = 40.0% (n = 4)	
<i>TOTAL</i>	<i>M = 71.8% (n = 23)</i>	<i>F = 28.1% (n = 9)</i>		
AGE				
<i>Ave. Age</i>	35.3 (n = 14)	33.4 (n = 8)	36.3 (n = 10)	
<i>Range</i>	23 – 52	24 – 46	26 – 52	
EDUCATION				
			<i>TOTAL</i>	
Less than High School	7.1% (n = 1)	37.5% (n = 3)	40.0% (n = 4)	<i>25.0% (n = 8)</i>
High School Diploma/GED	35.7% (n = 5)	50.0% (n = 4)	30.0% (n = 3)	<i>37.5% (n = 12)</i>
Vocational / University	50.0% (n = 7)	12.5% (n = 1)	30.0% (n = 3)	<i>34.4% (n = 11)</i>
Undergraduate Degree				
Masters Degree	7.1% (n = 1)	0.0% (n = 0)	0.0% (n = 0)	<i>3.1% (n = 1)</i>
SOCIO-ECONOMIC STATUS				
				<i>TOTAL</i>
\$15,000 or less	0.0% (n = 0)	0.0% (n = 0)	20.0% (n = 2)	<i>6.2% (n = 2)</i>
\$15,001 - \$30,000	71.4% (n = 10)	75.0% (n = 6)	70.0% (n = 7)	<i>71.8% (n = 23)</i>
Over \$30,000	28.6% (n = 4)	25.0% (n = 2)	10.0% (n = 1)	<i>21.9% (n = 7)</i>
FAMILY				
				<i>TOTAL</i>
Married / Living w/partner	42.9% (n = 6)	37.5% (n = 3)	20.0% (n = 2)	<i>34.4% (n = 11)</i>
Has Children	50.0% (n = 7)	87.5% (n = 7)	50.0% (n = 5)	<i>59.4% (n = 19)</i>
Divorced / Never Married	57.1% (n = 8)	62.5% (n = 5)	80.0% (n = 8)	<i>65.6% (n = 21)</i>
DRUG OF CHOICE				
				<i>TOTAL</i>
Crack-cocaine	71.4% (n = 10)	87.5% (n = 7)	40.0% (n = 4)	<i>65.6% (n = 21)</i>
Methamphetamine	28.6% (n = 4)	12.5% (n = 1)	60.0% (n = 6)	<i>34.4% (n = 11)</i>
PREVIOUS CRIME CHARGE				
				<i>TOTAL</i>
Any criminal charges	71.4% (n = 10)	75% (n = 6)	70.0% (n = 7)	<i>71.8% (n = 23)</i>
Drug specific charges	28.6% (n = 4)	25% (n = 2)	30.0% (n = 3)	<i>28.1% (n = 9)</i>

Appendix 2

Figure 1. Sociogram for vocabulary of quitting



KEY

○ = Male

● = Female

◻ = Respondent did not 'screen' into research population

No Number = Respondent declined to participate

① - ⑫ = SSI Score (4+ = 'need for treatment')

← = Reference Relationship

STUDY SAMPLE 42 individuals were approached to participate in the current study
 40 individuals consented to provide interview information
 32 respondents met the screen score criteria for inclusion in this research sample