GROUNDED THEORY REVIEW
An international journal

Forging a Path for Abstinence from Heroin: A grounded theory of detoxificaiton-seeking

Anne McDonnell, BA, HDip. And Marie Claire VanHout, BSc., MSc., PhD.

March/June 2011

Grounded Theory Review, Vol 10 (Issue #1), 17-39

The online version of this article can be found at:

https://groundedtheoryreview.org

Originally published by Sociology Press

https://sociologypress.com/

Archived by the Institute for Research and Theory Methodologies

https://www.mentoringresearchers.org/

The Grounded Theory Review (2011) vol. 10 no.1

Forging[1] a Path for Abstinence from Heroin: A grounded theory of detoxification-seeking

Anne McDonnell, BA, HDip. and Marie Claire Van Hout, BSc., MSc., PhD.

Abstract

Through a classic grounded theory approach, this study conceptualises that the main concern of heroin users who are seeking detoxification is giving up heroin use; 'getting clean.' Forging a path for abstinence explains how people respond to their concern of getting clean from heroin. Three sub-processes make up this response which are; resolution (resolving to stop); navigation (deciding how to stop), and initiation (stopping use). These sub-processes are carried out by heroin users within a context of subjective levels of four significant personal resources; dependence knowledge; treatment awareness; treatment access, and alliance. The nature of the resource context greatly determines whether a heroin user seeks detoxification, or not, is response to getting clean. The substantive theory demonstrates that valuable insights are gained from studying heroin users out of treatment experiences of trying to become drug-free.

Keywords: heroin, detoxification, self-detoxification, help-seeking, classic grounded theory

Introduction

In recent years, the overall number of people using heroin in Ireland has increased, and the geography of heroin use in Ireland has changed. Problem opiate use, mostly heroin, accounts for 63% of those entering drug treatment in Ireland. This compares with a European average of 47% (EMCDDA, 2009, Kelly et al., 2009). In addition, treatment statistics

[1] forge *verb;* to make or produce, especially with some difficulty

continue to reflect frequent treatment 're entry' together with increased 'new treatment' cases (Carew et al., 2009). During the 1980s, heroin use was located primarily within the inner city of the country's capital, Dublin (Dean et al., 1983). Now, heroin use is regarded as prevalent and increasing in rural areas throughout the country (Lyons et al., 2008, NACD, 2008, Carew et al., 2009, Kelly et al., 2009). Widespread increase of detoxification services is necessary in order to meet the needs of heroin users (Department of Community Rural and Gaeltacht Affairs, 2007, Corrigan & O'Gorman, 2009, Doyle, 2010). This study aimed to develop a greater understanding of heroin users' experiences of detoxification-seeking by exploring what is the main concern of heroin users when they are seeking detoxification, and how do they respond?

Data Collection and Analysis

The study analysed data from; one to one interviews with heroin users and service providers; gatekeeper discussions, and field notes. The study interviewed twelve people who had experienced heroin dependence, and nine drug service provider representatives who engage directly with heroin users. A continuum of heroin careers and trajectories in terms of long term dependencies, and more *'novice'* type users was represented. Service providers provided insight into the aspects of detoxification-seeking which they are part of on a day to day professional basis. Data collection involved one field researcher collecting and analysing data at the same time, from entry into the field, in order to further explore, validate and build emerging categories and theory. This process of constant comparison and theoretical sampling began with a number of discussions with a small group of local drug service providers (gatekeepers), followed by one to one interviews. As concerns of the participants were identified in the data, the indicators were coded. Through coding and memoing, constant comparison and further theoretical sampling, theoretical categories were developed and confirmed, or otherwise, on an on-going basis. Hypotheses were developed based on the relationship between categories, and to the core category. The researcher recruited heroin

users and service provider representatives who could potentially provide information to confirm, or disconfirm the emerging hypotheses. The substantive theory encompasses the core category and hypotheses which were validated, and saturated.

Access to heroin users was facilitated both by service providers and snowball sampling. The field researcher also spent time within a local drug treatment service to recruit and interview heroin users. In conducting the interviews, the researcher went to locations arranged either directly with the participant by telephone, or previously by a gatekeeper, based on ensuring confidentiality and safety for both researcher and participant. When commencing the study, the researchers were conscious of ethical issues such as, *'what are the consequences of the study for the participants?', 'and for the wider community?', 'how can informed consent of participants be ensured?.'* Heroin users may be vulnerable due to the nature of addiction, and the potential for intoxication and experiencing withdrawal during the research process. The researchers were mindful of the potential impact which these contexts may have on informed consent, voluntariness and decision-making capacity of research participants. In addition, at all the time the confidentiality of participant's personal information was paramount (Kleber, 1989, Sugarman, 1994, Anderson & Dubois, 2000). The study originally received ethical approval at Waterford Institute of Technology (WIT) in July 2007, and data collection and analysis was conducted on an ongoing basis throughout April 2008 to April 2009. Subsequently the substantive theory was written up as a Master's thesis over a lengthy period of time, being finalised in 2010.

Getting Clean

The main concern of heroin users who are seeking detoxification is giving up heroin use. For heroin dependent people life involves the on-going experience of extreme mental, emotional, social and physical difficulties inherent in living with heroin dependence. Such difficulties include, not definitively, one or more of the following; social exclusion; being labelled (*"junkie", "scumbag")*; the heavy financial

burden of the cost of heroin; a negative effect on, or loss of, family and personal relationships; inability to get or keep a job; lack of life opportunities; involvement in crime and/or the judicial system; risk of overdose; physical ill health; loss of control; paranoia and fear. Living with the on-going impact of heroin dependence prompts heroin users to want to get clean. Getting clean is an ongoing concern for heroin users throughout active drug use and involves cycles of abstinence and relapse over time. Heroin users respond to the concern of getting clean by forging a path for abstinence. This is; resolving to stop using heroin, deciding how to stop and stopping (for any length of time). Due to relapse, it is a process which is often repeated, and sometimes different than before.

Forging a Path for Abstinence

The path which heroin users shape towards abstinence is defined by the resources available to them. Forging a path for abstinence can involve both weaving away from, and towards, the formal drug treatment sector. It is within this process that detoxification is sometimes, but not always, sought.

> I started taking heroin after parties to come down and after 5 or 6 years it got to be a regular thing. I'd been taking it like on a daily basis since then. I've tried to stop with varying degrees of success. I'd be off it for a couple of weeks. I think the longest was 5 or 6 months. Once I was in a treatment centre for 3 months. I got a couple of charges so I decided I really had to get better. It was run so badly, and it didn't have any funding. Because the choice is so limited I would have gone to where ever I was told to go. It got me off the streets and it got some clarity back into my life. Treatment wise it didn't do me much good but it gave me clean time. The motivation was the threat of prison that was keeping me clean, I was clean for a while. Then I relapsed and was using for two years. Two steps forward and two steps back. I don't think it's easy to access any of the services, I don't know if

> that's a policy they have for addicts. It's madness, there's no treatment centre in Ireland that does a detox and treatment. You have to be clean first….I couldn't get clean, which I thought was a complete kind of a trap. They want you to be clean, but that's why I wanted to go to them, to get clean. I started on the methadone, and I was using methadone and heroin for maybe two weeks, so since then I've been clean from 'street' drugs. And I don't want to be on methadone maintenance, I want to be on a methadone detox.

Resolution

Resolution is the first step in the process of forging a path for abstinence from heroin. This happens when an individual reaches a point during active drug use where they make up their mind up to stop using heroin. What influences resolution to stop using the drug varies from person to person. Resolution to stop using heroin is often grounded in a person's prioritisation of their life goals over heroin use, such as; starting a family; being able to care and provide for children; or gaining or maintaining employment. Equally, a crisis or risk situation can be a significant prompt for resolution to stop using heroin. Having children taken into state care, progression to intravenous heroin use from inhalation, being charged with a criminal offence relating to personal drug use, hospitalisation for ill-health (mental or physical), and experiencing overdose are crisis/risk situations which influence an individual heroin user to resolve to stop using heroin. Short term abstinence goals, such as having breathing space to recuperate physical and mental health can also underpin resolution to stop using heroin.

> Everyday it's (heroin) on my mind. I'm either doing it, or I'm thinking about where I'm going to get the money to do it. It just takes hold, it controls. You don't walk with your head up, you're always looking down. People look at you differently, they know you're on drugs, they stand back from you as if you're going to rob them. It wasn't that I wanted to take it every day, I had

> to or else I wasn't able to look after the children, with stomach cramps, a really awful state. Just to be able to go to sleep at night and not have to worry what am I gonna do for tomorrow, who am I gonna borrow off. I'm not part of my family, because of the drugs. I've really had enough, for a long time now. You reach a certain point and you've just had it. I've hit the point where I've had enough, I'm on it a good few years now and I've just reached the point where I want to be normal. I want it now. I'll make it come to me.

Navigation

When a person resolves to stop using heroin, the next step in the process of forging a path for abstinence is navigation. Navigation is the process of deciding *how* they will do so. This may be solitary or collaborative in approach, and may involve help-seeking or not. Solitary navigation refers to when a person decides how they will stop using heroin without referring to either formal, or informal support structures in their environment. It is essentially decision-making on how to stop using heroin, without help-seeking from peers, family or services. This occurs during any and all stages of heroin use, from very early to latter stages. Collaborative navigation happens when a person who is forging a path for abstinence from heroin engages with informal and/or formal support structures available to them. This involves working together with another to decide how they will stop using heroin. Information-seeking and treatment-seeking are frequently carried out by heroin users together with informal and/or formal supports. Heroin users engage in information-seeking from other drug users in order to better understand and cope with the process of withdrawal from heroin, and to acquire information and advice on drug treatment services and options. The process of seeking information from other active heroin users, and individuals who are abstinent from heroin use, is frequent among heroin users who are deciding how they will stop using heroin, due to the ease of access of information from peers, and the willingness of users to share information with each other. Long-term heroin users often have numerous personal

experiences of completing withdrawal and/or participating in drug treatment (eg. in-patient, methadone maintenance, drug counselling, medical and social models). Heroin users also engage with family members during navigation. Family members are often involved in an advocacy role supporting the heroin dependent person, sourcing information on dependence/withdrawal, information on treatment options and seeking access to drug treatment. During navigation heroin users also seek information from formal support structures, mainly community based, such as GP's and drugs counsellours. Information-seeking from general practitioners is focused on finding out how to complete withdrawal from heroin and gain information on available treatment options. Information-seeking from a GP is generally the *first* formal help-seeking step in deciding how to stop using heroin.

> I think I was only on heroin a few months or a year, I went in and I told him that I was a heroin addict and that I wanted help. This was my first time ever asking for help and he wrote out a prescription for tablets and then that was it. At the time I thought that was the only option. I didn't know anything really so then when he said you can do a detox (self) with tablets I thought that was my only option. He didn't say about methadone or anything, so I just took that option. So I just went to the chemist then. I got the prescription and had to figure out how do I do this, or what do I take because I never went through it before. Then my mother in law rang (Centre C) to see could if I get in there, but you have to be detoxed before you go in there, so they gave (drugs counsellour's) number. We rang him and we had to tell him everything and we got an appointment. So then we found out about the methadone clinic. It's (ceasing heroin use) not going to be anytime soon anyhow. First we (user and counsellour) have to try find out if doing methadone is going to be the way for me, it may be for some people and it wouldn't be for others, or else do a detox with my doctor. So we don't know which one to do yet, which one will suit me better.

Initiation

Initiation is the latter step in the process of forging a path for abstinence from heroin, which results in abstinence, and/or relapse. Initiation describes the process by which a person who is heroin dependent stops heroin use. A person ceases heroin use, and as such inevitably begins withdrawal from heroin, by self-management or by participating in drug treatment. Self-management of withdrawal from heroin happens within all stages of heroin use, and is unsafe. Self-management of withdrawal from heroin is when a person manages their withdrawal symptoms themselves, without medical supervision, by *'cold turkey'* or with the use of other drugs (including alcohol, illegal methadone, prescription drugs). Frequently, heroin users self-manage their withdrawal using prescription medication from a GP which has been prescribed to ease withdrawal symptoms during self-detoxification. Family members also provide remedial support to the heroin dependent user who is going through withdrawal within the family home, such as being someone to talk to, providing medication and/or food. Withdrawal is a very difficult process to endure. Self-managing withdrawal often results in relapse to heroin use during, or immediately after, withdrawal. As such, self-detoxification attempts often contribute to a more informed experience of resolution and navigation based on an improved understanding of withdrawal, tolerance and relapse. Ceasing use of heroin and managing withdrawal within formal drug treatment consists of accessing one of the following; methadone maintenance, in-patient detoxification or residential rehabilitation which includes a detoxification phase.

> I don't agree with methadone, it's another heroin to me. I was on the methadone and I gave it up. I could have done detox on valium and sleepers but that's not right either, you're getting strung out on other things then, and valium is harder to come off than heroin. I just think that cold turkey is the best thing, it wakes you up to what you're doing to yourself. It just hit me, it hit me 6.30 of a Sunday morning, I just didn't know what hit me in the bed, I started screaming and my father ran in. He hadn't a clue and I just told him I

> was going through withdrawals. He just started giving me sleeping tablets. It was rough. It's very dangerous, a lot of people still do it, I know a lot of people doing it. And I still went back at it (using heroin).

The Resource Context of Forging a Path for Abstinence

The sub-processes of forging a path for abstinence happen over a lengthy period of time or otherwise, depending on the goals of the heroin dependent person. Resolution, navigating and initiating are influenced by the availability, or lack, four significant personal resources to the individual heroin user. These resources are; dependence knowledge; treatment awareness; treatment access; and alliance. For heroin users, these supports exist on a spectrum of 'poor' to 'rich'. Outlined below is a concise description of each of these supports.

Dependence Knowledge

Dependence knowledge is subjective knowledge of the specific aspects of drug dependence including; tolerance; withdrawal, and the risk of relapse. Heroin users have varying subjective levels of dependence knowledge when they are responding to their concern of getting clean. Very early (in heroin using career) experiences of being concerned with getting clean are characterised by poor dependence knowledge and the harsh subjective realisation of the challenge of being 'strung out' on heroin. Being dependence knowledge rich entails the heroin user having a strong insight into drug dependence. Heroin users become rich in dependence knowledge over time, largely from extended personal experience of using heroin, withdrawal and relapse.

Dependence Knowledge – 'Poor'

> When I first had the sickness (withdrawal symptoms) I thought it was the flu, I didn't understand what was wrong with me. I didn't know I was sick from I wanted more heroin. I didn't even know that you could get them (withdrawal symptoms), because I was only on it

a short time, I didn't even know anything about it or I didn't even know there was a sickness, at the start.

Treatment Awareness

Rich treatment awareness entails the heroin user knowing the treatment options available, and having an effective understanding of the differences within the treatment options available, such as; entry criteria, target groups and models (medical/social). Similar to dependence knowledge, poor treatment awareness is common within early experiences of forging a path for abstinence, and is strengthened by information-seeking, treatment-seeking and participating in drug treatment.

Treatment Awareness – 'Rich'

I was in detox centres, one was Centre A (in-patient), and the other one (Centre B) was a house out in the middle of nowhere that was just pure cold turkey-that place was tough; it was a lot of religious. A lot of these places are religious so they're into praying, music and things like that. Centre A was they bring you in and put you on your methadone and detox you off it. But they don't give you nothing to help you sleep, which would be a good thing. You lose a lot of sleep for the first few weeks. Centre A was 2 weeks detox and 5 months doing aftercare but then there was aftercare after that as well. And Centre B was from a day to whatever length of time you want.

Treatment Access

Access to treatment is affected both by treatment availability, the relationship of suitability to treatment entry and programme criteria, and perception of treatment services. Localities with compromised drug treatment services for heroin users directly negate poor treatment access. In addition certain target groups such as women, and parents experience poor treatment access. Residential treatment programmes are frequently inaccessible for heroin users who are not in a position to avail of residential treatment due to; commitment to subjective employment; potential job loss for

extended leave; lack of care for dependent children or a lack of money for the cost (in the case of non-subsidised residential treatment provision). For heroin users who are still using the drug (or other drugs) while trying to decide how to stop using, treatment access is low where treatment programmes require abstinence upon entry. Treatment access is also impeded when navigation is based on previous negative experience of treatment services, such as; experiencing judgmental attitudes; dissatisfaction with level of involvement in treatment plan; and conflict with service provider based on issues such as non-compliance with treatment criteria.

Treatment Access – 'Poor' Availability

It's (seeking -detoxification) a nightmare, it's a major ordeal and I think it's absolutely disgraceful…..there's nowhere to go, there's a waiting list, and while you're waiting in the meantime you still have to keep taking the drugs or do it (withdrawal) yourself, it's a no win situation, it's very frustrating, it's annoying and it makes you very angry.

Treatment Access – 'Poor' Perception

I know I can get it (methadone) in (Centre D) but ye have to go down there and you have to wait 6 months then to get on it and people only stay on it a month or two. I'd sooner stay on the heroin or whatever. People go down there and they give a dirty urine or whatever, fair enough they f****d up, so what, they punish them by taking them off their methadone for a month or six weeks. What if someone missed their prescription for cancer medication or something. Is that a good way to punish them to say I'm not giving you your medication for a month to 6 weeks now. An illness is an illness like. That's what kept me going on it (heroin) for so long like, and far as I knew that was the only place that you could get it if you were from (Town B) like.

Alliance

The alliance context refers to the presence or lack of relationships which heroin users can refer to for support. Relationships which are referred to by heroin users during resolution, navigation and initiation include both informal and formal relationships including peer relationships (other drug users), family, and therapeutic alliances. The adverse effects of heroin use can negatively affect an individual heroin user's well-being (physical, social, spiritual, emotional and/ or mental) to such an extent that a significant level of basic supports, other than drug treatment, are required in order to plan how they will stop using heroin, and in order to stop. A heroin dependent person may or may not be forging a path for abstinence within a context of their psycho-social and medical needs (other than their addiction) being supported through a positive alliance, or not. Holistic supports including medical/ psychiatric, counselling/ listening, advocacy, accommodation, childcare and resources necessary to contact treatment services (phone, money, transport) are aspects which are often catered for by formal or informal relationships present. In a context of being alliance poor, a person who is trying to stop using heroin will begin to build alliance/s for abstinence, when opportunities arise. This practice involves building new relationships, and/or strengthening existing relationships (informal and/or formal). In contexts of low treatment access, advocacy for heroin users to access treatment, and/or the support of simply having someone to talk to, motivates users to remain focused on their abstinence goals. Such support also results in positive feelings of being helped and being cared for, despite low treatment access. The presence of a therapeutic alliance with a community-based, accessible professional (eg. drugs counsellor, or a general practitioner), or indeed with a peer or family member, is a significant support for an individual who is trying to get clean from heroin, as challenges and barriers in navigation can be overcome collaboratively.

Alliance – 'Rich'

My mother wanted me to go and see a drugs counsellour so I went and I was seeing one of them,

supposedly just about the cannabis, but I ended up telling her then everything (heroin use), so that was kind of the start of it then.

My doctor now cares, there's no talking down to ye. She doesn't tell you, I tell her what I want (methadone dosage), what I feel comfortable with like, and that's the way it should be, no one knows how I feel better than me. I know what I need, I know they're the doctors but they only know what you're telling them, they're not there to criticise you. I'm lucky because my mother would know alot about it because she's gone and made it her business to find out alot about it, so I can talk to her about pretty much anything.

Risk Resource Contexts

The difficult physical, psychological and emotional nature of withdrawal, along with the risk of overdose due to lowered tolerance levels after detoxification, negate that a supported model of detoxification is the most appropriate for the safety of the person who is ceasing heroin use. However, deciding how they will stop using heroin (navigation) is directly influenced by the level of resources available to a person who is forging a path for abstinence from heroin. As the four resource contexts are increasingly 'rich', the enablement of seeking detoxification increases. In order to maximise the possibility of choosing to seek detoxification, the context of navigation requires such a highly positive resource context. Risk resource contexts are likely to influence an individual to choose to self-manage their withdrawal from heroin unsafely. There are several recognisable risk resource contexts. Firstly, a risk resource context is one in which the person who is deciding how they will stop using heroin has one or more 'poor' resource contexts, e.g. poor treatment access; poor dependence knowledge; poor treatment awareness; and poor alliance. Significantly self-management of withdrawal is also highly likely when navigation occurs within a context of poor treatment access and rich treatment awareness. This means that when a person is aware that there is a lack of detoxification services available and/or accessible to them,

and they are concerned with getting clean from heroin, they are highly likely to initiate cessation of heroin use by self-management of withdrawal. Self-management of withdrawal is also frequent when navigation is carried out within a context of rich alliance based on family support.

> There's not that many centres that actually you can come off heroin in. You have to do your detox before ye get in. What's the point in that, being clean before ye get in. The whole point of it is you could go in there cos it's too hard to do your detox outside where you're dying sick and it's only a phone call away.

> She just can't get anywhere, and she keeps going to the doctor and the doctor is telling her she will just have to do it cold turkey, and she can't do it, she just can't do it with a child there, it's impossible.

> They (parents) would have rang a doctor and asked what could be expected (during withdrawal), and my mother really got into it. I had to bring my mother over with me (to the general practitioner's surgery) and she had to explain that it (prescription medication) wasn't just to get stoned, that they were for a reason (self-detoxification).

Help-Seeking during Early Stages of Heroin Use

Research shows that help-seeking is more common during stages of drug-use which are a significant length from onset of dependence, and in which a greater number of problems relating to drug use are being experienced by the user (McElrath, 2001, Neale, 2002, Appel et al, 2004, Dennis et al, 2005, Hopkins & Clark, 2005). Equally, this study conceptualises that during stages of heroin use which are not a significant length from onset of dependence, people do seek help. During early stages of heroin use in particular users seek help for the management of withdrawal from heroin, albeit from supports outside of formal drug treatment, namely local general practitioners, family and other heroin users (Hartnoll, 1992, McElrath, 2001, Appel et al., 2004, Hopkins & Clark, 2005, Grella et al., 2009). Such help-seeking

behaviour offers an early opportunity to create a positive experience of help-seeking for individuals who are likely to relapse if indeed abstinence is achieved (Hartnoll, 1992, McElrath, 2001, Hopkins & Clark, 2005). Help-seeking at this stage is located primarily within the community, indicating that for many heroin users a community-based treatment intervention is the preferred option during early help-seeking for abstinence. In addition, positive experiences of help-seeking such as information-seeking and treatment seeking during early stages of heroin use are paramount in strengthening subjective treatment awareness, dependence knowledge, and alliance, which in turn enable further help-seeking including detoxification-seeking.

Enabling Heroin Detoxification-Seeking

It remains that self-managing withdrawal outside of a formal treatment support system is unsafe. This study shows that there are several factors which can influence heroin users to seek detoxification, and thus reduce potential harm from self-detoxification. It is evident from epidemiological research that some heroin users can become abstinent without accessing formal treatment (Ward et al, 1999, Bobrova et al, 2006, Ison et al, 2006, Bobrova et al, 2007). Significant adverse life events prompting concern and need for help, feeling the negative effects of drug dependence and having supportive relationships are key factors which influence drug users to seek help (Glaser and Strauss, 1967, McElrath, K, 2001a, Power et al, 1992). The theory of forging a path for abstinence underpins that when a person is deciding how they will stop using heroin, that detoxification-seeking is facilitated or impeded by the resource context of their decision-making. Detoxification-seeking within formal drug treatment settings is facilitated by rich treatment access and/or rich alliance. This theoretical perspective has significant implication for service development. Low-threshold services such as drop-in centres through which therapeutic alliances between services and heroin users, and therapeutic alliances among heroin users (active and abstinent) can be forged prior to specific help-seeking for abstinence emerge as viable service development. It has been suggested that internal barriers to seeking treatment can be reduced by

engaging constructively with drug users who are going through critical emotional/ psychological changes, harnessing the momentum from pivotal life events, and involving supportive relationships (Hartnoll, 1992, Hopkins & Clark, 2005, Bobrova et al, 2007, Neale et al 2007b). In addition, strengthening treatment access to detoxification on a widespread basis requires the development of services which meet the suitability of the subjective needs of heroin dependent users, including providing for access to community-based detoxification services for those people who are not in a position to access residential services.

Normalisation of Self-Detoxification, and Risk

This study suggests that heroin users are particularly vulnerable to managing their withdrawal from heroin unsafely, outside of the treatment system, through attempting self-detoxification when they wanted to harness the *pivotal* motivation that compels them to cease heroin consumption. Individuals who are responding to the concern of getting clean from heroin frequently choose to self-manage their withdrawal outside of formal treatment, which is an unsafe experience for them. Research suggests that self-detoxification attempts by opiate users are frequent (Noble et al 2002, Dennis et al 2005, Hopkins & Clark, 2005, Ison et al, 2006). Within a context of poor treatment access to detoxification, the normalisation of self-detoxification is a risk, not only among heroin users themselves but among others in their environment; family members, drug service providers, and health professionals. Applying elements of the framework of normalisation as developed in the UK in the 1990s as a way of understanding the increase of illicit drug use, this study suggests that the normalisation of self-detoxification can be located when the following are characteristics of self-detoxification within a geographical area (Parker et al, 1998, Measham et al, 2001, Measham & Shiner, 2009); self-detoxification within the area is socially accepted, prevalent, accommodated, facilitated and mediated by sub-terranean heroin user normative group dynamics; when there is a high level of attitudes among heroin users of the merits of self-detoxification in becoming abstinent from heroin use; high availability of and access to prescribed medication and street methadone, and genuine

disillusionment with current services In such contexts self-detoxification becomes in itself, a normalised path to abstinence from heroin. Studies suggest that pathways to abstinence from heroin, other than specialist treatment, are achievable, due to findings of heroin-free status, and harm reduction behaviours among people who do not access specialist drug treatment for heroin use (Strang et al, 1998, Appel et al, 2004, Hopkins & Clark, 2005). Research also suggests that even if clear access pathways are available, not all heroin dependent users would enter treatment if offered (Zule & Desmond 2000, Noble et al, 2002, Booth et al, 2003). This study echoes the findings of other research studies which show that individualised perceptions regarding potential heroin treatment are paramount as these perceptions facilitate and inhibit treatment entry (Nelson-Zlupko et al, 1996, Shen et al, 2002, Bobrova et al 2006, Bobrova et al, 2007). There is a significant risk inherent in a compromised drug treatment system, as subjective awareness of the compromised drug treatment is raised, consistent treatment-seeking within the system is impeded as awareness gained is applied to navigation towards alternative paths for abstinence, such as self-management of withdrawal. Heroin users gain insight and learning from subjective experiences of abstinence and relapse. Individuals who achieve abstinence (for any length of time) gain knowledge of characteristics of dependence (tolerance, withdrawal, relapse), and an increased awareness of their own treatment needs, and treatment options available. Subsequent efforts to become abstinent from heroin involved applying increased knowledge and awareness to their life situation. This learning is integral within the process of forging a path for abstinence.

Conclusion

The ideology of recovery being not only abstinence but growth, reclaiming self and self-change is evident within the theory of forging a path from abstinence (Laudet, 2007). The concept of the stages of resolution, navigation and initiation recognise that at a basic level simply resolving to stop using heroin use is a process of learning and self-change. In addition cycles of abstinence and relapse offer an opportunity to learn, and carry learning through to further episodes of

deciding how to stop, and stopping. In this context and considering frequency of relapse to heroin use, development of services which provide strategies for long-term management of heroin use, harm reduction, and personal development appear viable and necessary. Low-threshold services based on developing positive relationships among heroin users, and between volunteers/workers and heroin users would improve the alliance context for heroin users, which would provide a solid base for accessing information and support when they are forging a path for abstinence, or otherwise. Seeking-detoxification, and indeed other treatment, would be less difficult with easier access to accurate information on services available, and consequently less of a '*struggle'* to find out the options. Heroin users can remain outside on the drug treatment system on their pathway to abstinence (Gossop et al, 1991, Ward & Mattick, 1999, Guggenbuhl et al, 2000, Bobrova et al, 2006, Bobrova et al, 2007, Peterson et al, 2010). Not all heroin users seek detoxification. Completing self-detoxification is widely accepted as being unsafe, with regard to medical consequences, and the impact on emotional and social health of the individual. As such, there is a clear and viable opportunity for community-based peer education and/or harm reduction programmes for disseminating information on risks and processes of heroin use, self-detoxification and increased information on alternative treatment options. Managed withdrawal is a beneficial treatment process for heroin users, in terms of both harm reduction and abstinence (Gossop et al, 2003, Cox et al, 2007). A primary enabling factor for seeking-detoxification is a collaborative relationship with other drug users and/or family members and/or medical practitioners which are supportive during pivotal motivation to get clean based on negative life experiences and personal crisis situations. The development of, and further support for existing, low threshold services, family support, community based detoxification services, with service user involvement emerge as the way forward to meet the psycho-social and health needs of heroin users who are concerned with getting clean, and as such forging a path for abstinence.

The Grounded Theory Review (2011) vol. 10 no.1

Limitations

A limitation of this study is that although it managed to reach a number of heroin users who had never accessed formal treatment, it did not include drug users who are currently homeless, in prison or members of specific target groups such as members of the Traveller community, and people with disabilities.

Acknowledgements

The research was funded by the South Eastern Regional Drugs Task Force, Ireland. The opinions expressed in this article are of (the researchers) and are not necessarily those of the South Eastern Regional Drugs Task Force.

Authors:

Anne McDonnell, BA, HDip.
Waterford Institute of Technology, Waterford, Ireland
annemcdwex@gmail.com

Marie Claire Van Hout, BSc., MSc., PhD.
Waterford Institute of Technology, Waterford, Ireland

References

Appel, RW, Ellison, A.A., Hadley, KJ. & Oldak, R., (2004). Barriers to enrollment in drug abuse treatment and suggestions for reducing them: stakeholders. *American Journal of Drug and Alcohol Abuse 30*, 129 153.

Bobrova, N., Rhodes, T., Power, R., Alcorn, R., Neifeld, E., & Krasiukov, N. (2006). Barriers to accessing drug treatment in Russia: A qualitative study among injecting drug users in two cities. *Drug and Alcohol Dependence, 82,* S57– S63.

Bobrova, N., Alcorn, R., Rhodes T., Rughnikov, I. Neifeld, E. and Power, R. (2007). Injection drug users' perceptions of drug treatment services and attitudes toward substitution therapy: A qualitative study in three Russian cities. *Journal of Substance Abuse Treatment 33*, 373– 378.

Booth, R. E., Corsi, K. F., & Mikulich, S. K. (2003). Improving entry to methadone maintenance among out-of-treatment injection drug users. *Journal of Substance Abuse Treatment, 24*, 305–311.

Brooke, D.; Fudala, P.J.; and Johnson, R.E. (1992), Weighing up the pros and cons: Help-seeking by drug misusers in Baltimore, USA. *Drug and Alcohol Dependence, 31,*37-43.

Charmaz, K. (2001). Grounded theory. In J. Smith, R. Harre, and L. Van Lagenhove(eds.) *Rethinking Methods in Psychology*. Sage Publications.

Corrigan, D. and O'Gorman, A. (2008) *Report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Users).*

Cox G., Comiskey C. and Kelly P (2007). *ROSIE Findings 2: Summary of 1-year outcomes: detoxification modality.* Dublin: National Advisory Committee on Drugs.

Dennis M., Scott CK., Funk R., and Foss M., (2005), The duration and correlates of addiction and treatment careers, *Journal of Substance Abuse Treatment, 28*, S51 – S62.

Department of Community, Rural and Gaeltacht Affairs (2007), *Report of the Working Group on Drugs Rehabilitation,* Dublin: Government Publication.

Doyle J., Ivanovic J. (2010) *National Drugs Rehabilitation Framework Document*, National Drugs Rehabilitation Implementation Committee. Dublin: Health Services Executive.

Friedman, S. R., Tempalski, B., Perlis, T., Keem, M., Friedman, R., & Flom, P. (2004). Estimating numbers of injecting drugs users in metropolitan areas for structural analyses of community vulnerability and for assessing relative degrees of service provision for injection drug users. *Journal of Urban Health, 81*, 377–400.

Glaser B. and Strauss A., (1967), *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Chicago: Aldine Publishing Company.

Gossop M., Battersby M. and Strang J, (1991). Self-detoxification by opiate addicts. A preliminary investigation, *The British Journal of Psychiatry,* 159, 208-212.

Gossop M, Marsden J, Stewart D, Kidd T (2003) The National Treatment Outcome Research Study (NTORS): 4-5 year follow-up results. *Addiction*, *98*: 291-303.

Grella C.E., Karno M.P., Warda U.S., Moore A.A., Niv N., (2009), Perceptions of need and help received for substance dependence in a national probability survey, *Psychiatric Services, 60*, 1068-1074.

Guggenbuhl, L., Uchtenhagen, A., & Paris, D. (2000). *Adequacy in drug abuse treatment and care in Europe. Part II. Treatment and support needs of drug addicts*. Zurich, Switzerland: Addiction Research Institute, A project of the World Health Organization.

The Grounded Theory Review (2011) vol. 10 no.1

Hartnoll, R. Research and the help-seeking process. (1992), *British Journal of Addiction 87*, 429-437.

Hopkins A. and Clark D., (2005), *Using heroin, trying to stop, and accessing treatment: A qualitative analysis of the experiences and vies of clients on the Peterborough Nene Drug Interventions Programme*, unpublished.

Howerton A., Byng R., Campbell J., Hess D., Owens C., Aitken P., (2007), Understanding help-seeking behavior among male offenders: qualitative interview study, *British Medical Journal,* 334, 303.

Ison J., Day E., Fisher K., Pratt M., Hull M., Copello A., (2006) Self-detoxification from opioid drugs *Journal of Substance Use, 11*(2), 81 – 88.

Laudet, A. (2007), What does recovery mean to you? Lessons from the recovery experience for research and practice, *Journal of Substance Abuse Treatment, 33*, 243 – 256.

McElrath, K. (2001) *Heroin use in Northern Ireland: a qualitative study into heroin users' lifestyles, experiences, and risk behaviours* (1997-1999). Department of Health, Social Services and Public Safety, Belfast.

McElrath, K. (2001a) Risk behaviors among injecting drug users in Northern Ireland. *Substance Use & Misuse, 36* (14). pp. 2137-2157.

Measham, F., Aldridge, J., & Parker, H. (2001). Dancing on drugs: Risk, health. In *Hedonism in the British Club Scene*. London: Free Association Books.

Measham, F. and Michael Shiner (2009), The legacy of 'normalisation': The role of classical and contemporary criminological theory in understanding young people's drug use, *International Journal of Drug Policy 20*, 502–508.

Neale J., (2002), *Drug Users in Society,* UK: Sage Publications.

Neale J., Tompkins C., Sheard L., (2007), *Factors that help injecting drugs users to access and benefit from*

services: A qualitative Study, Substance Abuse Treatment, Prevention and Policy, *2*, 31.

Neale J., Godfrey C., Parrott S., Tompkins C., Sheard L., (2007b), *Barriers to the Effective Treatment of Injecting Drug Users, Final Report*, Department of Health and the London of Hygiene and Tropical Medicine.

Nelson-Zlupko, L., Dore, M. M., Kauffman, E., & Kaltenbach, K. (1996). Women in recovery. Their perceptions of treatment effectiveness. *Journal of Substance Abuse Treatment, 13*, 51–59.

Noble A., Best D., Man L., Gossop M. & Strang J. (2002). Self-detoxification attempts among methadone maintenance patients What methods and what success? *Addictive Behaviors, 27,* 575–584.

Parker, H., Aldridge, J., & Measham, F. (1998). *Illicit leisure: The normalization of adolescent recreational drug use.* London: Routledge.

Peterson, J , Schwartz, R, Mitchell, S, Schacht Reisinger, H, Kelly, S, O'Grady, K, Brown,B, & Agar, M (2010). Why don't out-of-treatment individuals enter methadone treatment programmes? *International Journal of Drug Policy*, *21*, 36–42.

Power R., Hartnoll R., Chalmers C., (1992), The Role of Significant Life Events in Discriminating among Illicit Drug Users, *Substance Use and Misuse*, *27*(9), 1019-1034.

Shen, Q., McLellan, A. T.,&Merrill, J. C. (2002). Client's perceived need for treatment and its impact on outcome. *Substance Abuse*, *21*, 179– 192.

Strang J., Bacchus L., Howes S., Watson P., (1998), Turned away from treatment: Maintenance-seeking opiate addicts at two-year follow up, *Addiction Research and Theory*, *6* (1), 71-81.

Ward J., Hall W., Mattick R. (1999), Role of maintenance treatment in opioid dependence, *Lancet*, *353*, 221-226.