SUBSTANCE USE AND DRUG DISTRIBUTION AT THE INDIVIDUAL LEVEL:

A GROUNDED THEORY APPROACH

A Thesis

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Abstract

Substance use regularly occurs among individuals that distribute drugs and there is a limited amount of research that has examined both use and distribution. A grounded theory approach was used to develop a framework for analyzing relationships between use and distribution behaviors. 15 participants (five female, 10 male) that had experience selling drugs and using drugs were recruited from a residential substance abuse treatment center. Each participant was interviewed for one hour with an interview protocol aligning with the stage of analysis. A model was developed to explain Involvement and Integration in a Drug World with the codes Sub stance Use, Lifestyle, Distribution, Decision-Making, and Social Relations. Themes identified include Multifaceted Integration, Failure by Use, Separation from Convention, Strategic Use, Degraded Character, and Accumulation of Non-support. Results inform the treatment of addiction, criminal and delinquent drug-related behaviors, and demonstrate potential for researching the co-occurrence of distribution and use in the field of psychology.
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Chapter One: Introduction

The science of addiction includes developing an understanding of biological and genetic mechanisms, psychological drives, and environmental forces involved with substance use and other behaviors of addiction. Social relationships are an aspect of the environmental forces contributing to addiction and the impact of social relationships has been identified in the initiation of substance use as well as the cessation of substance use (Inaba & Cohen, 2007). Specifically, peer, family, and community substance use involvement and attitudes towards substance use are related to becoming involved with substance use while goals of recovery focus on maintaining drug free life interactions. Social factors can also influence the duration of substance use. Addiction offers social rewards in addition to the psychological and biological rewards of engaging in behaviors (Shaffer, Villalba, Corliss, & Allison, 2008). Engaging in drug related behaviors other than substance use can also offer social rewards. Drugs can be used as an economic resource for people, often in African-American communities (Inaba & Cohen, 2007), and drug distribution can provide social and material capital for individuals who use substances (Fairlie, 2002). Distribution is a social behavior by definition; each transaction requires some form of interaction between two individuals. Individuals using illegal drugs will most likely be involved in the black market. Problematic use can include spending more time doing things related to using substances and less time in other areas, described with symptoms of the DSM-V diagnosis for substance use disorder.
Addiction to illegal drugs can encourage development of social bonds which connect and involve individuals with a drug distribution network. There are cultures and subcultures surrounding the social experiences involving use and distribution (Adler, 1993; Paoli, 2001). The social nature of use is intertwined with the presence of distribution markets within the cultures and subcultures surrounding use.

**Purpose of the Study**

This study examined drug distribution and substance use in individuals. The study provided an examination of specific sets of behaviors (drug distribution and substance use) and their interrelationships. Theory was developed through examination of these behaviors and has provided a framework for analyzing use and distribution at the individual level. The framework for analysis was intended to add to current theory by providing an understanding to a previously unexplained process. Prior research involving distribution and use has not provided an understanding of the processes individuals experience relating to these behaviors. Contributions are made to the field by providing a framework for analyzing drug distribution and substance use at the individual level.

**Researcher’s Disclosure**

In the spirit of qualitative research this section provides a disclosure of potential sources of biases through the connection of the researcher’s experiences to the researcher’s theoretical orientation. This form of bracketing is intended to make the worldviews of the researcher transparent to readers but will also address the potential for the researcher’s biases to become a part of the research. The section was written in the
first person due to the direct connection with the researcher and to ease the process of reading and writing.

**Researcher’s stance.** My experiences contributed to my understanding of drug distribution and substance use. Some of these experiences led to my view that substance use is a social experience. I was a counselor for individuals being treated for substance use related issues. My counseling approach integrated cognitive behavioral therapy and motivational interviewing. From these experiences, I came to appreciate the unique nature of each person’s story and how individuals draw meaning from different components of their experiences. The experiences I have were with individuals going through treatment and involved with 12-Step organizations. This may have led me to view the experiences of individuals in a particular way. I may have viewed the solution for issues relating to distribution and use as stopping these behaviors. My goal for work relating to addiction, substance use, and drug distribution is to guide individuals towards defining their experiences and make meaning from the experiences, rather than to contribute to a master understanding that defines these experiences for people.

My professional experiences contribute to a worldview that addiction relates to an identity status rather than other factors. The worldviews I have may have caused issues in exploring what addiction and related experiences actually meant to participants. The view I have that individuals make meaning from their experiences in a unique way may have had a distinct impact. This view may have left me focusing only on observable phenomena rather than making effort in exploring the making of meaning out of believing each story would be different.
My background studying various disciplines contributed to the research process. The counseling psychology perspective has been used in response to the views presented in the field of sociology and criminology (Glaser, Calhoun, Bates, & Bradshaw, 2003; Mann & Glaser, 2014). The experiences I have with both fields allowed me to analyze research completed on the topic but provide me with a unique stance to prior researchers. I may have drawn conceptual understandings from both fields during analyses. The views I have from counseling psychology may be derived from a cognitive behavioral theory worldview. My background in sociology may have contributed to viewing distribution, use, or other behaviors as deviant behaviors.

The counseling psychology perspective seeks social justice and there is potential for this stance to fit with research relating to distribution and substance use. Distribution and use research is commonly studied among disadvantaged populations and the study potentially responds to the marginalization these individuals experience. I may have viewed the experiences of participants with experiences resembling marginalization as more valuable. This could have had an impact on the interviewing and analyses. This stance may also have led me to devalue experiences of participants that did not seem to experience marginalization.

Similarly to seeking social justice, the counseling psychology field has called for incorporating qualitative research into the methodological approaches – such as being able to directly hear the experiences of individuals (Morrow, 2007; Morrow & Smith, 2000). This stance encourages the integration of science and practice because of the proximity of the participants’ stories to the data analysis. These views may have led me
to focus on how individuals’ experiences relate to treatment of issues related to
distribution and use.

**Theoretical orientation.** My understanding of distribution and use most closely
relates to an evolutionary constructivist perspective (Burrell & Jaffe, 1999). The
evolutionary constructivist perspective is rooted in constructivism and includes
components from personal construct theory and social constructivism. Social
constructivism attests that individuals develop meanings from their experiences and seek
understanding of the world (Creswell, 2013) while work with addiction and personal
construct theory adds that individuals make meaning of themselves in the world (Klion &
Pfenninger, 1997). Evolutionary constructivist perspective adds that these personal
meanings change over time and are adaptations to experiences (Burrell & Jaffe, 1999).
This section outlines a few propositions by Burrell and Jaffe and relates these
propositions to my perspective.

Burrell and Jaffe proposed that “subjective experiences with and relationships to
particular substances depend largely on the meanings that we apply to those substances”
(p. 48; 1999). Klion and Pfenninger (1997) focused on the physiological effects in
relation to the subjective experience of substance use while Burrell and Jaffe added that
expectations of drug experiences can be developed socially (1999). The meaning of
substance use is derived from the individual’s constructed physiological experience of
substance use (Klion & Pfenninger, 1997) and the socially defined expectations and
implications of the use (Burrell & Jaffe, 1999). This meaning also applies to drug-related
behaviors such as distribution. An individual’s relationship to a substance includes
distribution behaviors along with other criminal and non-criminal behaviors closely linked to using substances.

Burrell and Jaffe also proposed that self-organization, or defining identity, is correlated to use behaviors. This identity contributes towards engagement in behaviors and social interactions that perpetuate use (Burrell & Jaffe, 1999; Klion & Pfenninger, 1997). There are experiences that provide meaning to the individuals which occur outside of substance use but contribute to an individual’s relationship with a substance. These experiences include drug distribution and individuals organize their self (constructing an identity) around this relationship with a substance, rather than just with the use of the substance. Self-organization (constructing an identity) does not consist solely of drawing meaning from use behaviors but includes the entire relationship with the substance with components that may relate to use, distribution, or other criminal behaviors.

My evolutionary constructivist perspective may have caused me to have a specific lens while analyzing data. I may have drawn conclusions about individuals developing identity surrounding various components of their story. I also may have prompted participants in ways that reflected the idea that identity is constructed from multiple sources. The evolutionary constructivist perspective may have interacted with recruitment of participants from a treatment center. The participants and I may have viewed their current worldviews as more adaptive than worldviews during time of engaging in use and distribution behaviors. This may have been connected to results depicting non-use and non-distribution as solutions or as the way individuals should be.
**Interpretive framework.** A postpositivistic interpretive framework was used in completing this study. A postpositivistic framework fits with the grounded theory approach and accepts that human behavior is both predictable and unpredictable (Creswell, 2013). The empirical nature of postpositivism allows evidence to provide a scientific belief about human behavior, but leaves room for these scientific beliefs can be challenged or disputed (Phillips & Burbules, 2000). The scientific beliefs of the researcher have been made explicit by acknowledging that an evolutionary constructivist theoretical perspective was taken. It is possible that the researcher will tend to seek data to substantiate these scientific beliefs. However, effort was made for the study to be guided by the interpretive framework and methodological approach rather than the theoretical lens. The researcher attempted to strictly adhere to the grounded theory methodology and utilized peer debriefing in nearly every step of the research to make these efforts.

**Statement of the Problem**

Drug distribution is both a social and individual problem. The drug distribution market consists of many roles (Heed, 2005; Knowles, 1999) and can cause a negative impact on the surrounding environment (Haracopos & Hough, 2005). Individuals may be pressured to distribute drugs for financial support (Fleetwood, 2011) or to stay in distribution networks because of addiction and inabilities to develop other means of financial support (Knowles, 1999). Reoccurring social issues can contribute to a diagnosis of substance use disorder (APA, 2013) and can be related to the effects of distribution behaviors. Distributing drugs is not a consistent component of substance use,
nor is substance use a consistent component of distributing drugs, but it is likely that those involved in illicit substance use have been involved in distribution networks by purchasing of drugs. This study focused on individuals who had experience with distribution and use. There is a limited understanding of how distribution behaviors contribute to substance use disorder symptomology, how substance use disorder symptomology leads individuals to participate in the drug trade, and how distribution and use relates to issues within the individual.

**Justification for the Study**

There is not a clear understanding of how engagement in drug distribution relates to an individual’s substance use. Drug markets are research foci for sociologists and criminologists while distribution is in the periphery of research related to use – if examined at all. There is evidence that drug distribution and substance use are connected in a unique manner but there is limited research exploring this connection. The research that has been completed on drug distribution discusses a need for understanding how substance use or addiction is related to drug trafficking. This section discusses research that highlights the need for examining drug distribution in relation to substance use.

Heed (2005) completed a study analyzing crime patterns of 600 individuals charged with distributing drugs. The findings showed that of individuals who were charged with drug distribution, nearly half had ten or more subsequent property crime and possession charges. Heed’s findings demonstrated the impairing nature of criminal behaviors then asks in the conclusion of the study, “whether drug traffickers are drug addicts who must sell drugs to support their habit” (pg. 124; 2005). The present study
examined how drug distribution relates to substance use and contributes to understanding how individuals rely on drug distribution to support their habit, and other factors contributing to this process.

Wu, Stanton, Li, Galbraith, and Cole (2005) provided evidence supporting protection motivation theory in explaining adolescents’ engagement in drug distribution. Protection motivation theory is valuable in health psychology to provide explanations for decision-making in health behaviors. With the application of protection motivation theory the analysis used a model predicting distribution behaviors from risk factors such as environmental exposure to distribution (e.g., family or peer) and loss of income. The researchers elaborated that motivations for an individual engaging in drug distribution are still not fully understood but drug distribution has some predictability. The present study helps determine how various factors contribute to the individual’s participation in drug distribution and helps determine how addiction influences engagement in distribution.

There has been a variety of ethnographies performed on the topic of distribution and nearly all include information about use behaviors of individuals that distribute or smuggle. These ethnographies are discussed in detail as a component of the literature review but some include a push for an understanding of use and distribution (Jacques, 2010; Knowles, 1999). These cultural examinations have shown observations of use and distribution behaviors, that these behaviors have some relationship, and how these behaviors can be enmeshed into peoples’ lives. The ethnographic approach has the benefit of understanding the drug world as a whole but may not be the best for understanding individual processes.
The known research in the field does not fully explain relationships between drug distribution and substance use. An individual-level analysis will demonstrate the processes known to occur that are related to use and distribution behaviors. Research has shown a connection between substance use and drug distribution and this study provided an examination of the connection between these behaviors.

**Definition of Terms**

In accordance with a grounded theory approach the significance of terms will be derived from the data (Corbin & Strauss, 2007; Creswell, 2013). Definitions are provided in order to provide common conceptual understandings that are present in literature and may relate to participants’ understandings of their world.

The classification of substances presented is based on a combination of factors that provide a balance of perspectives from the fields contributing to the present understanding of distribution and use. Shaffer et al. (2008) stated that the psychopharmacology of substances and factors pertaining to the individual are related to development of addiction. Payne and Gainey (2005) discussed historical trends in substance use that relate to the substance (i.e., crack being popular in inner cities) and provide means to classify based on legality in society. The mentioned rationales were applied in defining categories of substances. The following categorization of substances is provided to set a basic understanding of drugs:

**Alcohol:** Beverages that contain ethanol; beer, wine, liquor, or products containing alcohol not intended to have effects of intoxication (e.g., mouthwash)
Marijuana: The cannabis plant, processed forms of the cannabis plant (hash, oil, or other concentrates), or food products created with cannabis as a psychoactive ingredient

Pharmaceuticals: Substances legally available by prescription

Cocaine: Powder substance derived from coca plant, with or without substances “cut” into it (i.e., adding an inactive substance to have more weight but a less potent product), or in freebase form

Crack: Cocaine processed with baking soda then crystallized, with or without substances “cut” into it

Opiates: Substances derived from the opium plant, including heroin but excluding pharmaceuticals

Methamphetamine: Chemically processed alterations of over-the-counter drugs containing pseudoephedrine or ephedrine like products, or having chemical resemblance to these products

Hallucinogens: Psilocybin, lysergic-acid diethylamide (LSD), phencyclidine (PCP), mescaline, and ecstasy (and other designer drugs with similar effects or mechanisms of action)

Most classifications were based on the physiological effects and derivations of the drug but the legality of pharmaceuticals placed them in a unified group. These categories were not intended to include every drug used and traded on the black market but were intended to capture drugs commonly related to substance use disorders (APA, 2013).
Research completed in the field began to define a set of roles people engage in as a part of the network comprising drug markets. Li, Stanton, Fiegelman, Black, and Romer defined drug trafficking as the selling and delivering of drugs (1994.). This definition begins to provide an encompassing definition, but these identified behaviors do not represent all behaviors performed within the drug market. Adler (1992) defined the role of smuggler as someone who transports drugs from one country to another; this behavior might be an overlooked part of the distribution process. The manufacturing and/or production processes involved with certain substances may be difficult to examine with the scope of the present study (i.e., cocaine and heroin) but other drug production (e.g., growing marijuana, producing methamphetamine) may be more common and was considered in the analysis. It is also important to note that pharmaceuticals can be diverted from legal drug markets to enter the black market. Heed (2005) and Knowles (1999) defined supportive roles in trafficking as individuals not directly handling the transaction, such as providing a distributor with a customer. The following definitions are general terms explaining concepts or behaviors:

Drug trafficking: A transaction that involves exchanging illicit substances for money, credit, or other commodities, or a behavior that leads to or aids in transactions

Drug distribution: Providing an individual or multiple individuals with illicit substances in exchange for money, credit, other commodities, or as a gift

Facilitating distribution: Performing behaviors that result in assisting in the exchange of substances and money between other individuals; or the helping others to perform the act of drug distribution
Drug market: The network of people responsible for the distribution of illicit substances

Introducing drugs: Manufacturing drugs, growing drugs, or diverting legal drugs into the black market

Altering drugs: Changing the form of the drug (e.g., converting cocaine to crack) by adding substances and/or processing or changing the quality of the drug by adding substances and/or processing

Drug smuggling: The process of carrying drugs from place to another in varying degrees; intercity, interstate, or international

These terms are not intended to define the roles people adopt in the drug market but to define the specific behaviors performed in relation to drug distribution.

Shaffer et al. (2008) discussed substance misuse, substance abuse, and substance dependence as types of use. Substance misuse is defined as accidental or intentional inappropriate use of drugs. Substance abuse and substance dependence have been redefined as substance use disorders and includes symptoms of impaired control, social impairment, risky use, and pharmacological symptoms (APA, 2013). Multiple perspectives are taken on defining the term addiction. Addiction is described according to the Narcotics Anonymous World Services (NAWS); identifying as an addict is the indicator for having an addiction (1988). The American Society of Addiction Medicine (ASAM) also provides a definition of addiction that may fit with individuals views (2011).

Addiction: The identification of being an addict (NAWS, 1988)
Addiction: A brain disease manifested in multiple domains reflected by pathological substance use or other behaviors, characterized by loss of control, and relapse and remission (ASAM, 2011).

Substance use: Any use of substances defined earlier in this paper or other drugs being used because of psychoactive properties

Substance use disorder: Having multiple symptoms that include impaired control, social impairment, risky use, or psychopharmacological experiences, fitting the definition from DSM-V (APA, 2013).

As with other conceptualizations presented these definitions provide viewpoints participants may potentially have. The data was examined based on the individuals understanding. Diagnoses were not made for participants. There are limitations in retrospectively diagnosing individuals and accepting the worldview of the participant allowed for theory to be generated from the data rather than fitting with preconceived understandings.

**Research Questions**

The study is intended to address the following questions:

1. What are the individual level processes involved with substance use and drug distribution?
   a. How does involvement in drug distribution contribute to substance use behaviors?
   b. How does an individual’s substance use influence engagement in distribution?

2. How do these processes contribute to individuals’ experiences relating to addiction?
Chapter Two: Review of the Literature

The research completed on drug distribution crosses a variety of disciplines and uses different scopes to understand the phenomenon. Ethnographic research has been completed from a variety of stances and portrays an in-depth understanding of various drug world cultures. A general background about the drug markets is discussed to provide an understanding of the social structure involved in drug distribution. Common elements of the current research are also discussed to highlight the connection between substance use and drug distribution. These connections are described in detail with support from research and theories on addiction and drug distribution.

Ethnographic Research

Research has been performed on drug distribution using ethnographic design (Adler, 1993; Fleetwood, 2011; Jacques, 2010) or studies with a design resembling ethnography (Adler, 1992; Knowles, 1999; Paoli, 2001). Ethnographic research has been used to examine cultures at specific levels of drug trafficking (upper-level, Adler, 1992 and Adler, 1993, vs. street-level, Knowles, 1999), in different environments (Latin America, Fleetwood, 2011, vs. Russia, Paoli, 2001), or different drugs (cocaine, Fleetwood, 2011 and Knowles, 1999, marijuana, Adler, 1993; Jacques, 2010, etc.). Ethnographic research has made contributions to the topic of substance use and distribution behaviors among addicts.
Adler’s follow-up study (1992) to her original ethnographic study (Adler, 1993) shows the processes, career aspects of the culture, and presence of drugs within this lifestyle. The study described in this paper (Adler, 1992) examined upper-level drug traffickers and smugglers ten years after an ethnographic study was completed. The author defined stages of a trafficking career in a beginning, ascension, peak, decline, and exit. The drug trafficking career was conceptualized as engaging a culture with normative social interactions/transactions and the author proposes this cultural engagement impacts psychological functioning (paranoia, continued drug use). Adler’s ethnographic study (1993) provides elaborate details on the lives of distributors and smugglers by discussing hedonistic culture and fast-paced lifestyles, the roles in the trade being performed, and causes of success and failure. Adler discussed substance use as a cultural norm. She proposed that substance use causes difficulty in exiting a distribution or smuggling career and that having drugs is a reward for engaging in a trafficking career.

This insight contributes to understanding use and distribution as separate but intertwined behaviors within this culture. Adler’s work demonstrates normative experiences in a culture that can be analyzed at the individual level with a framework focusing on how these behaviors occur.

The ethnography by Jacques (2010) examined the cultures of lower-level drug trafficking networks in both middle-class/suburban areas and lower-class/inner city areas. The focus of this dissertation was on violence in drug trafficking behaviors but discussed substance use as a behavior connected to drug transactions. Other cultural phenomena reported from the study included nonviolence as normative in suburban drug trafficking
(as opposed to normative violence in inner city trafficking), and victimization (being assaulted, robbed, or both) in drug trafficking interactions as a normal time for people to exit drug trafficking markets. This information defined the culture in multiple drug trafficking environments but does not explain the processes involved with an individual’s substance use patterns.

Fleetwood (2011) and Paoli (2001) completed studies of smuggling and distribution that included the viewpoints of users, smugglers, and law enforcement. Fleetwood’s study (2011) examined the smuggling culture by showing differences between drug mules (starting because of economic need and coercion) and professional smugglers (smuggling for part-time income and with less quantity than mules). Paoli showed that involvement in drug trade varies between cultures present in Russia (2001). This was demonstrated in gypsy women being lower-level drug traffickers, while men were not, and how distribution supports use as a normative part of specific populations (Tajik nationals). Knowles’ study (1999) examined crack-cocaine traffickers assisting with transactions at the street-level to support their own crack-cocaine habit. The examination of this culture showed there are norms of substance use varying between the street-level traffickers and the individuals managing these transactions (i.e., managers do not use the crack-cocaine they sell but rather use other drugs).

The collections of ethnographic work have demonstrated that there is a drug world culture. Subcultures of this world have been identified that present varying normative behaviors. At times the drug may have an impact on the norms in the subculture while other times environmental factors contribute to normative behaviors.
Individuals become immersed in these subcultures and experience individualized processes along with this immersion. The process of being socialized into the drug world is likely to vary based on the subculture. The present study focused on the individual level components of this process. The individualized focus contributed to understanding socialization into the drug world cultures and subcultures and provided additional means for comparing these subcultures.

**Drug Distribution Research**

**Drug markets.** Studies on drug markets from the field of criminology and sociology provide an understanding of the social structure and the process of distribution in relation to law enforcement. Paoli’s research on law enforcement officials, drug distributors, and crime rates (2001) focused on markets relating to law enforcement but also showed variations between markets. The author suggested that the markets are typically composed of individuals or groups who perform specific roles rather than being operated and monopolized by a single crime syndicate. The interview data showed that groups of people operated stable markets (i.e., performed roles in a consistent manner over repeated transactions) as a means to support their family. Other cultures were shown to have smuggling operations that are more transient (i.e., disbanding and changing connections or altering distribution patterns). The finding that markets vary in stability was consistent with the work of Adler in addition to markets that were comprised of individuals or groups (rather than organizations; 1993).

Distribution patterns in drug markets have been a focus of research to inform law enforcement efforts and to demonstrate the norms of a culture. Individuals perform the
actions that become the norms or distribution patterns. An individual level analysis provides insight into the processes that contribute to behaviors observed in the patterns. The processes occurring within the individual can be an alternative route of intervention to targeting normative distribution behaviors or patterns of drug markets.

Variation in drug markets can be determined by differences in drugs, the openness of the market, and environmental factors such as availability of drug treatment and the presence of police (Harocopoulos & Hough, 2005). Jacques (2010) showed that markets also present different business strategies and norms of violence based on cultural factors of the members in the market. Variations in drug markets determine if the nature of the market and can disguise relationships between use and distribution. The market can also contribute to relationships between use and distribution. An individual level analysis shows how behaviors aggregate in ways to define the nature of the market and to show how individuals respond to these variations in the nature of the market.

Roles in the production and distribution chain, previously defined as the drug market, have been studied at various levels and evidence suggests that there are varying phenotypes of motivations and power dynamics based on these roles. Although current research has defined roles of drug mules (Fleetwood, 2011), professional smugglers (Adler, 1992; Fleetwood, 2011), steerers or promoters (Heed, 2005; Knowles, 1999), runners or drug deliverers (Knowles, 1999; Li et al., 1994), and subtypes of dealers (Heed, 2005), it would be exhausting to define every possible function that aids the processes of and between the production and consumption of drugs. Basic behaviors
people engage in while performing these roles could range from producing, importing or exporting, smuggling, purchasing, distributing, aiding in transactions, and lastly using.

Examining individuals by roles in the drug market may assume that the individuals have experienced specific phenomena associated with each role. This study compromised the complexity in defining each possible role in the market by looking at behaviors to understand how individual’s use relates to distribution. Differences have been found between these roles in motivations to distribute and power in the market (Adler, 1992; Fleetwood, 2011; Knowles, 1999; Paoli, 2001). Explanations of motivations and power dynamics are discussed in more detail in subsequent sections. The present study identifies how use patterns have an impact on distribution-related behaviors and how these behaviors impact use.

**Economic motivation.** Two factors prevalent throughout the research involving drug distribution are individuals experiencing addiction and facing economic disadvantages (Anglin & Speckart, 1986; Fleetwood, 2011; Haracopos & Hough, 2005; Heed, 2005; Li, Stanton, Black, & Fiegelman, 1996; Paoli, 2001; Ricardo, 1994; Wu et al., 2005). Wu et al. (2005) showed that economic troubles can contribute to an engagement in distribution in African-American adolescent populations. This finding may be generalizable to other populations or to people involved with distribution in general. Jacques (2010) suggests people from inner-city lower socioeconomic backgrounds are involved in drug transactions with people outside of their reference group while people from middle-class backgrounds are not. Little research has been completed comparing the socioeconomic background of people involved with drug
distribution but it is likely the motivations of people involved in drug distribution are different between people with and without pre-existing financial resources. Fairlie discussed other economic advantages of distributing drugs such as increased access to drugs, cheaper costs, and better quality drugs (2002). These advantages can be considered economical in terms of substance use but are not a direct means of financial gain for the drug distributor. Being involved in a drug market is likely to be based on a multitude of factors and it seems likely that the involvement has an economic influence on substance use patterns. These factors contribute to the individual level motivation of engaging in distribution behaviors and need to be studied further.

There is a dynamic cycle of economic factors, distributing, and using evidenced by findings in research and by theory in the literature. Limited financial resources have been suggested as a pathway for entrance into a career in drug distribution and financial support from parents has been suggested as a buffer against drug distribution (Ricardo, 1994). In addition to financial difficulties leading to drug distribution, it is likely that economic difficulties contribute to use. The motivations to use and distribute might reflect more of an escape when economic difficulties lead to use, while motivations might reflect a thrill-seeking attitude for people with financial resources. Including a state of economic well-being in a model of drug distribution helps to explain why middle or upper-class individuals participate in drug distribution. Research finds that drug distribution does exist in middle-class and upper-class populations (Adler, 1992; Jacques, 2010). Limited financial resources can be related to distribution however it does not solely explain the behavior.
Earning money through drug distribution is likely has a reinforcing role in an individual’s likelihood of distributing drugs. The victimization-termination link Jacques (2010) applied to drug distribution captures potential financial losses; people have potential to be robbed as they engage in distribution. The victimization-termination link suggests that if the individual’s experience of the victimization is more costly than the rewards of engaging in the crime then the individual will cease the criminal behavior. This applies to losing drugs, losing money, or experiencing violence. This link exemplifies how external factors become involved in the dynamic cycle. In the absence of victimization individuals appear to be reinforced by their behavior patterns.

**Addiction.** Addiction is a factor independent of economic motivation contributing towards an engagement in distribution behaviors. With addiction, money becomes a means to an end and the reinforcement from money means less than the reinforcement from substance use. Li et al. (1994) showed that distribution and use behaviors among African-American youth are equally likely to occur independently of one another (although these behaviors were still interrelated). When referring to a different way to conceptualize ideas relating to addiction, through a diagnoses of substance use disorders, an individual may spend more time obtaining a substance – possibly until daily life revolves around the substance and other aspects of life are minimized (APA, 2013). These symptoms seem likely to occur if an individual regularly engages in drug distribution in order to support a habit.

In Cross, Johnson, Davis, and Liberty’s examination of income generating activities among those using heroin, powder cocaine, crack, and multiple drugs there
were specific subtypes of activities were shown to be associated with frequent users (2001). Frequent multidrug users and frequent crack users had lower likelihoods of engaging in distribution behaviors, conventional work, and increased rates of panhandling and prostitution (matching gender expectations). Cross et al.’s findings demonstrate marginalization of specific users within and outside the drug world. The findings provide future directions for research that include the need to examine how use and addiction contribute to the income generating activity patterns of individuals.

Additional researchers also found that criminal careers may be supporting individuals’ addictions (Anglin & Speckart, 1986; Heed, 2005). Heed’s study examining individuals charged with distribution showed property crime and possession charges were the most common subsequent charges of drug distribution (2005). Heed’s findings suggest that individuals continue distributing or engage in stealing goods in order to support a habit. In contrast Anglin and Speckart’s study on addict careers analyzed individuals going through treatment in a methadone clinic and provided evidence showing people specialize in either theft and burglary or distribution (1986).

With a sample of incarcerated individuals, Senjo (2005) showed that most individuals began distribution to support a habit or to make money. The observed behaviors suggested women distribute in order to support a habit because women generated less income and had fewer customers. The gender differences were consistent with prior research showing that men are more likely to be profit-generating in distribution (Hser, Anglin, & Booth, 1987). These differences may be due to motivations and intentions. Gender differences may be due to marginalization within the drug world
and resemble experiences of those using crack or multiple drugs found by Cross et al. (2001).

Abusive consumption patterns are common among those charged with distribution and treatment seeking among these individuals was not associated with less time distributing (Senjo, 2005). The author suggested that treatment seeking was associated with more severe use behaviors. This suggestion supports that severe use behaviors can include distribution and may have difficulty being resolved through treatment. Research has shown that individuals who distribute drugs are more likely to engage in substance use than those who do not distribute drugs (Fairlie, 2002; Li et al., 1994). With a sample of those receiving treatment interventions, Semple, Strathdee, Volkmann, Zians, and Paterson (2011) showed that predictors for methamphetamine distribution included higher quantity of use, higher frequency of use, intravenous use, and hostility. Hostility was conceptualized by negative attitudes, beliefs, and appraisals regarding others. The researchers suggested that hostility contributed to difficulty in treatment. Semple et al. directed future researchers to examine how individuals’ motivations, particularly in the direction of treatment seeking, related to intensity of use and types of drugs being sold.

Summary. Connecting addiction and economic motivation to involvement with distributing raises many questions and can be related to prior research. Fairlie’s study showed that people engaged in distributing as youths are more likely to be self-employed in later years (2002). These results suggested individuals that distribute drugs may be different or that drug distribution contributes to change among individuals. The genetics,
developmental and environmental influences, and personalities that contribute to addiction (Shaffer, 2008) may explain these differences. Adler’s study (1993) supported this conclusion by showing that a thrill seeking mentality occurs during distribution and continues after a distribution career. The nature of the study cannot identify if the thrill seeking nature was caused by engaging in distribution or a preexisting part of the individual’s personality.

Adler’s work also suggested that drug distributors that cut ties from conventional society (i.e., do not work conventional job) may have more difficulty in leaving a career of drug distribution than distributors who maintain these ties to conventional society (1992). Becoming enmeshed in a deviant culture represents a flexible change; people can change their social situation to be more or less enmeshed in a culture (though this process may still be difficult for individuals as Adler shows).

Enmeshment in the drug world culture is also demonstrated by adopting norms as a form of specializing in distribution techniques, an occurrence documented in other research (Fleetwood, 2011; Harocopos & Hough, 2005; Jacques, 2010; Knowles, 1999). These specializations may cause permanent changes, such as becoming more violent or businesslike, or may lose presence after disengaging from a distribution career.

Addiction can exist with a distribution component and specific phenomena occur alongside these involvements. Disentangling whether the differences are due to predispositions, from experiencing addiction, or through an enmeshment in distribution markets will heighten our understanding of use and distribution.
Chapter Three: Methods

The inclusion criteria for participating in the study was prior engagement in both drug distributing and substance use behaviors, over 30 days of time without using substances, over age 18, and voluntary participation. Participants were recruited from a spiritually based Western residential treatment center. There were 15 individuals that participated in the study but limited demographic information was collected during interviews (see Appendix B, Table 1). There were ten men and five women in the sample. Of the participants, 13 were White, one identified as Multiracial/Latino, and another identified as Persian. The participants’ ages ranged from 21 to 50 (M = 31.4). Participants retrospectively reported the time periods of their distribution and the ages of distribution were approximated based on these reports. Adolescence was assigned to individuals who reported distributing as a teenager, early adulthood was used for approximately 18 to 25 years, and adulthood was used for individuals that distributed after age 25. Family information that participants reported as having significance was also included in the demographic matrix.

The present study utilized a grounded theory approach (Corbin & Strauss, 2007; Creswell, 2013). Grounded theory research is intended to generate and develop theories or explanations (Johnson & Christensen, 2008). The approach was used to develop explanations of the co-occurrence of drug distribution and substance use. The data collection process evolved throughout the research process and used completed analyses.
to guide subsequent data collection (Corbin & Strauss, 2007). Purposive sampling (Creswell, 2013) was used by recruiting from a treatment center for issues related to substance use, by having criteria for participating, and by describing expectations of participants in recruitment announcements. Reaching a point of saturation in data is needed for analysis (Creswell, 2013) and 15 participants were interviewed to reach saturation. After the 15th interview no new explanations for relationships between concepts seemed to emerge from the data.

**Procedure.** All recruitment and interviewing took place in the residential treatment center. The lead researcher made recruitment announcements prior to a psychoeducation class that included a description of the inclusion criteria, procedures, the research’s statement of purpose, and logistical information for participating. After the announcement was made the researcher passed around a clipboard with sign-up sheets and a large manila envelope attached to the back in which participants could place their sign-up sheets.

There were 18 people that signed up to participate in the study after the first announcement, 13 people that signed up to participate after the second announcement, and five people that signed up to participate after the last announcement. During the first two recruitment announcements, a request was made for participants with any degree of experience with drug distribution and substance use (excluding no experiences with engaging these behaviors). In the last recruitment announcement it was requested that potential participants either identified as a drug dealer or drug distributor, or that another person would have identified the potential participant as such. Participants were selected
to participate based on the match of availability between the lead researcher and participant. There was a deliberate attempt to have both genders represented. Five people were selected to participate from each recruitment pool and all people selected to participate were participants in the study.

Participants were selected and given an appointment slip by the researcher through the mail system utilized at the treatment center. The lead researcher met with the participants in rooms typically used for counseling at the treatment center. The participants had a degree of familiarity with this setting. These rooms were utilized to establish comfort and facilitate the interviewing process and were a convenient location for the research process. Prior to the interview, the researcher provided participants with a consent form and verbally discussed the content of the form with the participants. Each interview lasted approximately one hour. The interviewer used a protocol during the interviews (see Appendix A) that included prompts and questions for the interviewer to ask participants. In each interview the interviewer provided a brief description of the purpose of the study, definitions of the concepts “drug distribution” and “substance use,” and set expectations for the role of the participant. All participants were asked about their general background and asked questions 1 and 24 (24 was asked at the end of each interview). Other questions in the interview protocol were implemented based upon the stage of analysis. All interviews were recorded with a handheld audio recording device and transcribed verbatim.

**Analysis.** A research team was used throughout the data analysis process. The research team consisted of the author of the thesis (lead researcher) and three master’s
level students in a counseling psychology program (research assistants). Research assistants were trained by the lead researcher. The research assistants read excerpts about the grounded theory methodology from a qualitative research textbook (chapters 4 and 8; Creswell, 2013) and read literature from studies utilizing a grounded theory approach (Davey, Wiles, Ashburn, & Murphy, 2006; Harley et al., 2009). Literature relating to health psychology was selected to help prevent the research team from being influenced by analyses relating to other addictions issues. Meetings were held with the research team to provide verbal instructions to research assistants about their role. The research assistants were also provided with written instructions of their role. Specific roles the researchers performed are defined in the subsections of the methods. Peer debriefing was used in each stage of coding and consisted of written feedback on analyses, verbal feedback (group meetings and individual meetings), and verbally processing prior written feedback.

Additional analytical methods were used throughout the data analysis process. Lists were created to identify phenomena occurring that participants experienced and to record relational statements the lead researcher made relating to the process. Note-taking was used by writing brief ideas directly in transcripts, lists, memos, and diagrams. Memoing was used through a written log that included dates, brief descriptions of the memo, and consisted of more lengthy ideas. The memos were used to record ideas relating to bracketing, methodology, transcript content, phenomena, relational statements, diagrams, and other thoughts. The lead researcher consulted with doctoral level faculty
members experienced in grounded theory, including the supervisor of the study, for verification of research process.

**Open Coding**

Open coding was completed in accordance with the approach defined by Corbin & Strauss (2007). The researcher viewed the coding process as defining a language for the process as an addition to Corbin and Strauss’ outlined strategy. Corbin and Strauss describe open coding as identifying and defining categories from the data. The researcher identified various conversation topics from small units of information present in the data. The topics of conversation, or categories, were created to contain all of the smallest units of information. Corbin and Strauss state that concepts vary by properties and dimensions (2007). Concepts were identified when multiple units of information resembled one another and properties and dimensions developed from the variation among concepts. Understanding the open coding process as a defined language created the expectation that all participants speak the same language and that theory is developed by using this deciphered language as a means to tell the participants’ stories.

**Procedure.** The initial interviews sought to accomplish two directives. The first approach was for participants to provide background on their experiences related to drug distribution and substance use. During the interview the researcher defined the role of the participant as being the expert on the research topic in these interviews. Grounded theory uses raw data as the starting point of analysis rather than a priori knowledge (Corbin & Strauss 2007; Creswell 2013). Asking participants to describe their experiences in general (see questions 1-3 in Appendix A) encouraged the participants to
lead the interview (i.e., not being directed by prompts from the interviewer). The second approach in the interview was to introduce prominent topics found in the literature. After discussion about experiences was facilitated, the interviewer asked questions related to addiction and financial status (see questions 5 and 6). The questions based on prior research provided participants with an opportunity to connect their stories with the scientific community’s perspectives on drug distribution and substance use. Addressing these topics at the end of the interview allowed for the raw, unguided, interview data to occur in the beginning and potential to build on prior research later in the interview.

**Analysis.** The open coding process started with the first five interviews. The open coding process contained distinct stages of development and validation. A team approach to initial code development was utilized. Each member of the research team analyzed the first transcript by note-taking and memoing. Each member of the research team then analyzed their own memos and notes to independently create a codebook. Each of the members used the codebook they created to code the transcript. Transcripts were coded in a Microsoft Word document using various colors defined in each codebook. The lead researcher analyzed the codebooks, notes, and memos from each member of the research team. The lead researcher predicted how codes from the research assistants’ codebooks related to codes from the lead researcher’s codebook. A coding system was developed by compiling concepts from all codebooks. Peer debriefing was used by having the research team meet and discuss relationships between the research assistants’ codebooks and the lead researcher’s codebook. The lead researcher presented results of the predicted code relationships and the compiled codebook and the research
team discussed the effectiveness of this process. Efforts were made to continue developing codes in succeeding analyses through note-taking and memoing regarding coding. These notes and memos were analyzed by determining if identified data did not fit with existing codes.

Validation of the coding system was completed using intercoder agreement. It was assumed that a coding system could be determined effective and analysis could move past open coding when there is intercoder agreement. The recommended rate of 80% agreement, code agreement divided by the sum of agreement and disagreement (Miles & Huberman, 1994), was set as a goal for the study. The research team used line-by-line, or statement-by-statement, coding (Babbie, 2007; Corbin & Strauss 2007; Creswell, 2013) by coding for categories to code every statement made by the participant that seemed to contain information. The lead researcher coded a full transcript and the research assistants read the full transcript and each was assigned to code a third of the transcript. The result of the research assistants’ efforts was a fully coded transcript for comparison to the lead researcher’s fully coded transcript. The rates of coding were compared for each transcript that was coded in this manner. The use of the research team in this process was intended to increase the validity of the analysis.

Peer debriefing was used to check the coding process after the open coding system was accepted. The lead researcher continued coding transcripts while research assistants reviewed the coding completed with these transcripts. Each transcript was reviewed by one or two research assistants. The research assistants used note-taking to identify inconsistencies in coding and potential coding issues. The lead researcher
responded to these notes by using note-taking in order to propose revisions to coding definitions, explain coding logic, and accept inconsistent coding. This process continued until all inconsistencies in coding were resolved.

**Axial Coding**

Axial coding was completed by utilizing Corbin and Strauss’ (2007) approach and by viewing the coding as a language. Corbin and Strauss define components of axial coding as phenomena and the relationships between them. Phenomena were the experiences of the participants and provided a depiction of observable experiences of participants. The units of information found in open coding were strung together to capture the experiences described by participants. This moved the language from understanding units or words to deciphering collections of information that had unique meanings; making observations through the lens of the concepts. Phenomena were further built by beginning to identify relational patterns. These relationships began the introduction of the researcher into speaking the language; moving past seeing and observing – towards explanations.

**Procedure.** The second wave of interviews used a similar interviewing structure to the first set, with two directives attempted in each interview. The first directive was the same as the first set of interviews; for the interviewees to discuss their experiences with little direction from the researcher. The interview protocol included question 1 to accomplish this directive. This approach was continued into the second stage of coding due to the richness of data found during the first wave of interviews. This approach also allowed the interviewer to have knowledge about the participant in a way that facilitated
discussion in the second directive. The second directive was to understand the interrelationships and relationships of codes developed from the open coding process. Questions 7-13 were used to elicit information about the set of codes defined at the time interviews were completed (Lifestyle, Individual Characteristics, Social Relations, Substance Use, Distribution, Drugs, and Context).

**Analysis.** Research assistants continued reviewing the open coding being performed by the lead researcher during this phase of research. Memoing, note-taking, reviewing data, and reviewing reflections continued to occur in relation and independently to open coding. These analyses contributed to the development of phenomena and relational statements. As axial coding progressed the conceptualizations of codes defined for the purposes of open coding were revised.

The lead researcher articulated the phenomena participants experienced. The lead researcher created initial conceptualizations of phenomena before performing open coding on the interviews that utilized the axial coding procedure. These conceptualizations were based on data collected from interviews utilizing the open coding procedure. The phenomena were listed and grouped on basic relations between phenomena. Research assistants reviewed the list to make additions, notes, and memos relating to these phenomena as a form of peer debriefing. Open coding progressed into interviews that utilized the axial coding procedure. The lead researcher used note-taking and memoing to note potential additions and revisions for phenomena while performing open coding on the second set of interviews. Revisions were made in conceptualizations of phenomena and each transcript was re-reviewed by the lead researcher to check fit and
further revise phenomena. Research assistants reviewed these final conceptualizations of phenomena. Phenomena were defined and nested within each other or separated from each other depending upon basic relationships between experiences.

Relational statements were developed in order to arrive at the final hypotheses but were developed with a similar method of developing phenomena. Initial relational statements were developed and recorded after the first phase of coding was completed. Research assistants reviewed these statements by note-taking, memoing, and proposing additional statements as a form of peer debriefing. The lead researcher continued the open coding process with the second set of interview data and used note-taking and memoing which related to the statements. Quotations from participants were identified to demonstrate relational statements. Statements continued to be constructed and amended as transcripts were re-reviewed for building phenomena. Notes, memos, phenomena, and other research materials were reviewed to create the final hypotheses.

**Selective Coding**

Selective coding is defined as integrating and refining the theory (Corbin & Strauss, 2007). The selective coding began as axial coding and open coding progressed. Central phenomena were identified that represented all other phenomena and data. This selection represented the purpose of the communication in the language being deciphered; units of information, experiences, and relationships could all be linked to these central phenomena. A set of codes was identified as essential in explaining the central phenomenon and coding was performed with these codes. A model was
developed to contribute to the explanation of the central phenomena and themes were identified that demonstrated the model.

Analysis. The lead researcher identified central phenomena then eliminated coding concepts that were not essential in explaining the central phenomena. The essential codes were revised in ways that accommodated these eliminations and to re-conceptualize codes in a way that best demonstrated the central phenomena. The central phenomena were identified by the lead researcher’s intuition that the phenomena were ever-present in the data and analyses.

Themes were also identified in the analysis by identifying commonly experienced phenomena deemed significant during analysis. Prominent phenomena were selected to be analyzed further. The consensual qualitative research technique of cross-analysis (Hill et al., 2005) was adapted to identify themes that were generally experienced. Themes were identified as generally experienced if nearly all participants experienced phenomena. Since purposive sampling was used for recruitment it was not expected that the frequency of themes occurring were representative of the population. Themes were only included if nearly all participants experienced them although a few were included due to their significance. Transcripts were re-examined to identify the experiences participants had with themes. Quotations were identified that represented thematic experiences.

The lead researcher used diagraming as an analytical tool throughout the research process. Properties and dimensions of codes evolved to form the network that became diagrams demonstrating various relational statements. As relational statements became
more well-defined the diagrams were revised. The final hypotheses were components of the theory developed that has been illustrated by diagramming.

**Verification of Analyses**

The study was designed to anticipate limitations in having one contact with the participants. Due to the subject matter of the study, it was decided that anonymity and security of the participants took precedent over ensuring direct verification of results. Additional data was collected from different participants to verify the conceptual framework of analyses completed in the selective coding stage of research.

**Procedure.** The last set of interviews was used to accomplish triangulation for the analyses. During the recruitment for these interviews the recruitment procedures changed, as noted earlier, in an attempt for participants to be more heavily involved with the experiences related to the research topic. This purposive sampling was completed because participants theoretically have more knowledge and experience along with more involvement. The researcher defined the role of the participant as an analytical check, explaining that the interviewer will check to see how the participant’s experiences fit with ideas found in analysis. Questions were developed from final hypotheses and identified themes were asked to the interviewees (14-24 in Appendix A).

An external audit was completed in order to verify analyses. A doctoral level counseling psychology faculty member with prior experience conducting grounded theory research completed the audit. This faculty member was also supervising the research project. Auditing materials contained the storylines that were completed in selective coding. Raw data was presented with the storylines along with the model
developed through selective coding. Resulting themes were also included in the audit. These themes included definitions for each classification, classifications for each participant, and raw data as evidence for each classification. The auditor provided written feedback and feedback was discussed during a meeting between the lead researcher and the auditor.

**Analysis.** The verification of analyses was completed to contribute to the final hypotheses and illustration of diagramming. Each transcript was coded and reviewed. The responses of participants were expected to demonstrate hypotheses and themes. The interview questions allowed data from these participants to be collected that resembled earlier interviews and allowed for selected analyses to be demonstrated. The lead researcher completed analyses from the last set of interviews to demonstrate the model developed during selective coding. A research assistant completed this analysis on one transcript as an additional form of triangulation.
Chapter Four: Results

Open Coding

Codes. There were seven codes developed through the code development process. The codes developed were Drugs, Substance Use, Individual Characteristics, Context, Social Relations, Distribution, and Lifestyle. These codes are presented prior to results from code development to provide meaning that may be valuable for interpreting code development. The codes represent categories and have concepts and subconcepts nested within them. Nearly all data from interviews were able to be coded within these categories. The content that was not coded consisted of nonsensical mannerisms or transitional utterances. These codes are defined and specific concepts from each coded category are demonstrated.

The Drugs code was used for descriptors related to the substances being used, bought, sold, or observed by the participant. This code included the concepts Properties and Effects. Properties were demonstrated when a description of the drug has significant meaning. An example was Char speaking about quantity and how drugs can be used, “the 30 milligram Roxicet or Roxicodone or whatever, which was the highest you could get, you could crush ‘em and smoke ‘em and snort ‘em,” and Crystal speaking about how corrosive a methamphetamine product was when she said, “bathtub crank, that is just so nasty, and is just, you can smell it a mile away in somebody’s pocket, it like just eats a hole in your pocket.” Effects of drugs represented a generalized understanding the
expected drug experience should be like. This concept is not to be confused with the participant speaking about being under the influence of drugs and is more generalized. The concept of Effects can be demonstrated when Char talked about another person’s use,

when my grandpa got cancer he was giving [my mom] those Percocets because it would like kinda cure her hangovers, opiates kinda, I don’t know if opiates kinda cure your hangover, it’s like when you feel like crap your body’s in pain take a couple of those pills and you feel fine.

Participants seemed to make meaning from the drugs defined in the introduction of this paper but each participant loosely grouped substances in different ways. Drugs identified by participants that had meaning included alcohol, marijuana, hallucinogens (ecstasy, mushrooms, acid), cocaine (crack identified in a unique way), heroin, methamphetamine, pharmaceuticals (stimulants, sedatives, and narcotics), and over-the-counter drugs used to induce a high.

Data relating to ingesting drugs were coded in the category Substance Use and this included concepts of Behaviors, Effects, and Addiction Status. Behaviors related to substance use included the use of substances, the deliberate abstention of use, and a subconcept of Management. Behaviors were generalized descriptions of engaging in use. An example of Behaviors is captured when the Medicine Man said he tried using drugs, “I tried a little bit of everything, um, cocaine, psychedelics, ecstasy.” Management included strategic implementation of behaviors or the failure of this strategic implementation. Socrates described both an unsuccessful Management strategy of
limiting cocaine use and a more successful Management strategy of controlling his high when he said, “I would eat through what I got for free, starting to bite off of what I am supposed to sell, on top of what I was spending on booze, trying to cancel out how high I was.” The Effects concept referred to long-term or short-term results of the substance use. These can be actual physiological responses, “mushrooms I realized that if I ate them every day, they didn’t produce the same effect,” or consequences on other aspects of a person’s life, “because eventually your just going to run out of money, you know what I’m saying, your habit’s going to take over.” Addiction Status varied on the continuums of Identity as an addict and Experiencing addiction. All the participants identified as an addict in some way. Some participants identified addiction to one drug or select drugs while a few identified as an addict in general. Cloud had an addiction Identity based on specific drugs and made statements such as, “cocaine and heroin on the foil mixed together smoking, and that ended up being my shit, like beyond anything else in my whole life, I was so addicted.” Participants that identified as an addict in general discussed addiction in a more transient way. The Medicine Man shows this identification by saying, “it started with marijuana, then I hopped over to pain killers… within a couple of years I am doing heroin… the addictive behavior and mentality translated into those other drugs.” The continuum of Experiencing addiction ranged from not in addiction to in addiction. These experiences were related to amount of use but this was not the only factor contributing to the experience of addiction. Char described periods of non-use, “I would go through periods of abstinence and as long as I wasn’t using, I wasn’t you know, obviously I was like, ‘oh, I’ve got it beat,’ or ‘I’ve got it under control,’” and
subsequently discusses still experiencing addiction, “just because you’re abstinent
doesn’t mean you’re in recovery and just because you’re not using doesn’t mean your
addiction isn’t getting stronger over time.”

Individual Characteristics included the concepts Beliefs, Preferences, Values, and Attributes. Beliefs represented how participants understood themselves and the world. Most beliefs referred to the experience of addiction or behaviors the individual related to addiction. Jessica discussed Beliefs that existed to make sense of her use behaviors, “I was just really depressed because I was so young and I just wanted, you know, to not feel that anymore and to not care anymore, and so I think a big part of me using was so that I didn’t care about a lot of things.” Preferences were related to what an individual liked or disliked in terms of behavior engagement, effects of behaviors, or experiences with others or situations. This preference was demonstrated by Kane, who reported a preference change, “ecstasy was more of a scene like phase type of thing where I’d kinda just got, you know, tired of it.” Values were a set of standards that help to determine what behaviors to engage in and how these should be experienced. An example was shown when Char discussed a specific value, “I feel like I’m the type of guy who needs validation from women to feel good about himself.” Attributes were descriptions participants gave to themselves, for example discussing age, body size, race, or gender.

Participants described meaning that came from Cultures or Subcultures and Geographical Location to form the code of Context. Participants connected meaning to locations in ways that were generalized or personal. Char demonstrated how personal experiences are connected to various Locations to give these locations meaning, “went
away to college for a while when I was 18… things were good my priorities were straight, um, then I went to [a larger public college] and I became an alcoholic… and I decided to move back home.” Cultures or Subcultures consisted of sources of sets of norms, beliefs, values, or behaviors that have a presence in their experiences. Mr. Green refers to both Geographical Location and Cultures or Subcultures when discussing his experience of cocaine. These experiences aligned with historical representations of cocaine in Florida, saying, “back in the early 90’s, yeah, before that even too, that’s where the cocaine and everything came from was southwest Florida… it was what everyone was doing back then, it was readily available and pretty cheap back then at the time, especially down there.”

Data that related to other individuals the participants were involved with fit into the Social Relations code. The concepts included in this code were Interactions, Features, and Characters (with subconcepts Traits and Behaviors). Interactions consisted of contact the participants had with others. These contacts included behaviors the participant engaged in with others, directed towards others, or behaviors others directed toward the participant. Riley described how others acted towards her when she stated, “every time I turned my back, people were going to steal from me.” Features are descriptors participants apply to the nature or quality of the Social Relations. Here, as the Mailman described a relationship by defining a role as a Feature, “my parents were divorced… the male authority figure in my life was my grandfather, who was a World War II colonel.” Characters were the other individuals the participant related to the participant. The previous example also demonstrates the concept of Characters through
identifying the grandfather. Traits were descriptors applied to Characters and Behaviors were actions performed by Characters. Riley discussed Characters’ Behaviors and Traits of gang members she was interacting with, “most of them they didn’t use as far as I know, I would very rarely meet someone that used, most of them were in it for the money and because they grew up in the gang.” She described the Behavior of abstaining and the Trait of being money driven in the characters in which she was involved.

The Distribution code contained concepts that related to drug selling behaviors and were labeled Behaviors, Effects, Skills, and Market. The concepts of Behaviors and Effects in Distribution were similar to the same concepts found in Substance Use. Participants engaged in Distribution Behaviors and experienced Effects related to these behaviors. The Mailman explained what behaviors he engaged in and the result when he said, “we used the U.S. mail like 3 times to mail a quarter pound, or a half pound of pot to me at college and I sold it. Not for a huge profit but just to have my own.” Participants had better or worse Skills in Distribution as well by successfully or unsuccessfully implementing strategies. People with more skills implemented successful strategies, like Socksea saying, “I slowly like built up my market of people, um to start like selling you know anything from like 20, 20 cents to like $100 worth.” Those representing a lower degree of skills, like Kane, had less successful strategies, “I had stopped selling marijuana at that point because I’d just end up losing money from it, like I just wasted all my money so I couldn’t re-up.” Skills were able to fluctuate over time within the participants. The Distribution Markets were an entity that participants referred to and that had distinguishing features. Cloud described two different markets in talking
about his work in an open market compared to a closed market, “you would trade off with different people different times… that’s how the crack worked, weed was a whole different thing, you could just sell that at school to random people.”

The Lifestyle code proved to capture highly individualized messages between each participant that all related to meaning in the participant’s life or the purpose that participants served. The Lifestyle code contained the concepts Activities, Effects, and Identity Status. Activities varied on the continuum of conventional to unconventional and contained the subconcept of Re-experiencing. Lifestyle Activities were the behaviors and experiences that captured a state of being for participants. A common unconventional behavior was the Activity of partying. Mr. Green discussed this Activity, “when I go into clubs and everything it was a whole different world, it was the atmosphere, the music, and the people, you know.” Others discussed more conventional Activities of working jobs, like Crystal, “I got a job working overnight at a [retail store] out there so, you know, stocking shelves.” A subconcept of activities was Re-experiencing events. Participants provided descriptions of events in a way that showed meaning through a story. These stories contained some data that was coded in other ways but generally provided a depiction of a specific meaningful experience. In this description Kane describes an experience that led to subsequent stress and anxiety connected to the event:

I went and dropped that money off at that guys house who gave the weed to me… then about like 3 days after that the [specialized drug enforcement] raided my house… and there was a big loud bang at the
door, a big loud bang at the door, and me and my dad look at each other and they say, “police, police, search warrant! Open the door!” and they tried to bang it one more time I think with a battering ram or whatever and it wouldn’t break so we go to the front of the door and there’s a window to the right, you know, we look out and there’s some people in SWAT gear helmets and that type of stuff pointing guns at our face saying, “open the door, get face down on the ground,” so we immediately open the door, I get face down… they go through my house like military style, like going up… “search warrant, room one, clear,” going down, “search warrant,” kept saying that, and um, in a nut shell they tried to get me to snitch on people I was getting weed from, they tried to say they had a case on me like, you know, like really big.

Effects occurred from Lifestyle Activities participants experienced. These Effects occurred in the same way participants experienced Effects with Substance Use and Distribution. Participants also acquired an Identity Status at times that was a label they applied to themselves or labels others applied to them to reflect components of their life. These identities took various forms, such as Crystal establishing an identity based on relational experiences, “I was kinda like the lonely person growing up.” Here Cloud describes Effects associated with his Identity before describing his Activities that contributed to these Effects, “it was just powerful to me [Effect] to be like a little youngster [Identity], I walk around with my pants below my ass [Activity], you know
what I’m saying, and I go into like wherever I wanted and pull out like knots, just like fat
amounts of money [Activity].”

**Code development.** Codes were developed through the use of a research team. The lead researcher identified seven codes corresponding to the definitions in the previous section, labeled Drugs, Substance Use, Individual Characteristics, Context, Social Relations, Distribution, and Lifestyle. Each research assistants’ codes were compared to the lead researcher’s.

The first research assistant developed six codes that were labeled Accessibility, Importance of Connections, Lifestyle, Progressive, Power/Control, and Escape of Reality. After analyzing the memos created from these codes the lead researcher predicted code overlap. The Accessibility code was expected to overlap with Drugs and Context. Importance of Connections was expected to overlap with Social Relations and Distribution. The assistant’s Lifestyle code was expected to fit with the lead’s Lifestyle code. The Progressive code was expected to fit with Substance Use and Distribution. Power/Control was expected to fit with Distribution and Lifestyle. Lastly, Escape of Reality was expected to fit with Individual Characteristics, Substance Use, and Lifestyle. 43 of the 48 codes identified by the research assistant demonstrated fit based on the lead researcher’s predictions, resulting in a total fit of 89.6% code overlap.

The second research assistant identified five codes, Drug Distribution Lure, Drug Distribution Consequences, Progression, Substance Use Lure, and Substance Use Consequences. Drug Distribution Lure was predicted to fit with Lifestyle and Distribution. Drug Distribution Consequences was expected to fit with Distribution. The
Progression code was predicted to fit with Distribution, Lifestyle, and Social Relations. Substance Use Lure was expected to fit with Substance Use, Drugs, Distribution, and Context. Substance Use Consequences was predicted to fit with Substance Use. None of the second research assistant’s codes were predicted to fit with Individual Characteristics. 111 of the 131 codes identified by the research assistant had overlapped, or a result of 84.7% fit based on predictions.

The last research assistant developed five codes that were labeled Cognitions, Awareness on Behavior, Readily Available, Social Setting, and Socioeconomic Status. Using memos and definitions from the research assistant the lead researcher predicted the Cognitions code would overlap with Individual Characteristics, Substance Use, and Distribution. Awareness on Behavior was predicted to fit with Individual Characteristics and Distribution. The Readily Available code was predicted to fit with Drugs and Context. Social Setting was predicted to fit with Social Relations. Lastly, Socioeconomic Status was predicted to fit with the Lifestyle, Drugs, and Distribution codes. There was overlap in codes 88.6% of the time with 39 of the 44 codes identified by the research assistant matching based on predictions.

The lead researcher predicted that all codes developed by the research assistants would fit with codes developed by the lead researcher. The average fit, with equal weights on each comparison between the research assistant and lead researcher, was 87.7% overlap. Through peer debriefing it was determined that the Progression code could be explained by other codes. Multiple research assistants arrived at this code and the lead researcher did not. The conceptualization of the Progression code related to
identifying process. While process is essential to grounded theory (Corbin & Strauss, 2007) it was decided to examine process within each code rather than to create a code based on the concept of process. Although no entire codes were added to the lead researcher’s conceptualized codes the research assistants analyses contributed concepts, properties, and dimensions that contributed to the final code definitions.

**Verification of open coding.** Three transcripts were completed to analyze rates of agreement for verifying the open coding system. Rates of intercoder agreement generally increased with each transcript. The rates of agreement never reached the goal of 80% agreement for complete transcripts. The first transcript resulted in a total agreement of 44.3%, the second had 66.1% agreement, and the last had 64.9% agreement. Some individual codes reached the goal of 80% agreement in specific transcripts. There was 84.6% agreement for the Social Relations code in second transcript and 80% agreement for Drugs in the third transcript. Individual codes approached the goal in certain transcripts as well. There were rates of agreement at 75.4% for Substance Use in second transcript and 79.3% for Distribution in third transcript.

There was less disagreement in individual codes as the coding progressed. The first transcript had the least agreement in the Context code (12%), the second transcript had the least in the Context code (34.6%), and the third transcript had least agreement with the Lifestyle code (46.7%). Variability in coding seemed related to multiple factors. These factors included the content being coded and the research assistant who performed
the coding. Rates of agreement that correspond to content would indicate validity in the verification system although the causes of agreement cannot be verified.

The last transcript reduced the number of research assistants performing coding from three to two in an attempt to reduce variability. Reducing the amount of research assistants decreased the variability for individual code agreement. The last transcript had a range of 33.3% between the highest and lowest individual code agreement rates. This was compared to a range of 46% in the first transcript and 49.9% in the second transcript. Lower rates of agreement were used to guide the researcher to build on weaker conceptualizations of codes. It was determined that intercoder agreement reached its desired potential given the scope of the study.

**Axial Coding**

**Phenomena.** The experiences of the participants revolved around the central phenomena of involvement and integration with the drug world. Defining experiences of this involvement were identified as phenomena. These phenomena included experiencing predisposing factors, use, distribution, and life surrounding the drug world. There were experiences of internal changes that were identified as phenomena as well. The phenomenon of changing was either short-term or had an enduring impact.

There were specific observations of participants that were connected with these phenomena. These observations can be noted in the Profile Matrix (see Appendix B, Table 2) created based on participants’ reported experiences. Some participants gave no indication of having specific experiences during the interviews. Experiencing substance use can be connected with the observation of having a drug of choice. Participants
reported having a drug of choice, multiple drugs of choice, or having a drug of choice used in conjunction with another drug. Alcohol was most commonly identified as a drug of choice (four identified it as most preferred, six total mentions), there were three that identified for both coke and meth, and two for heroin. The distribution experiences were identified through the drugs being distributed by individuals. The drugs of distribution were listed in the chronological order the substances were distributed. The presentation is limiting because some participants continued selling their first drugs of distribution while selling others, went back to selling other drugs, and some did not seem to remember all of the drugs that they sold. Ten participants reported to sell cocaine, nine reported selling marijuana, and varying numbers reported selling meth, pharmaceuticals, hallucinogens, heroin, and two reported selling “anything.” Having a criminal routine was defined as routinely engaging in illegal behaviors outside of substance use and drug distribution. Gang routine was identified as having social relations and interactions with gang members along with identifying as being involved with a gang. Seven participants reported having criminal or gang routines.

Interacting with law enforcement and experiencing violence were related to phenomena of internal changes. These experiences did not predict what kind of change would be elicited but participants typically experienced a degree of internal change after experiencing events. Encounters with law enforcement occurred when participants interacted with police and felt at risk for receiving criminal charges. Participants also reported specific charges or having charges due to criminal behavior. Violence was defined as an interpersonal act of deliberate physical harm or of potential physical harm.
Violence was measured on multiple levels. Some participants reported the expectation that violence was imminent or was likely to occur. Other participants reported being a victim by being on the receiving end of a violent encounter. Participants also reported being perpetrators of violence and reported engaging in behaviors to facilitate the occurrence of violence.

**Defining experiences of involvement.** Participants reported having predisposing factors that contributed to their involvement in the drug world. Participants made sense of each factor as one of many components leading to their involvement with a drug world. Multiple participants reported having an “addictive personality” as a predisposition. Participants had the experiences of being a certain way and felt that this contributed to involvement in the drug world. Ron Burgundy identified preferences as predispositions parallel to involvement in the drug world in this example:

I grew up, I was always like an athlete and that kinda stuff, somewhat the center of attention, and I guess I liked that, and in the small town… walk into the bar and knew everyone, and everyone was coming up, shaking your hand… like I felt important I guess… As bad as that is, it was my like, “like [I’m] good at this,” like I wasn’t, but my mind is not as good cause it was having a ball.

Social relations also impacted values participants had. An example of this was identified with Riley, who reported her parents as financially supportive and less emotionally interactive. This led her to value receiving cash, a value that was satisfied through distributing. The lifestyles participants led also contributed to these predispositions.
Cloud spoke about growing up in a lifestyle with financial difficulties and the value of financial independence associated with this:

P: I was so tired of worrying about money and always hearing we don’t have enough money for this or that, you know what I mean, so

I: Who were you hearing that from?

P: My parents… I felt like they had enough money to take care of themselves, cause they were taking care of themselves obviously, and me. But I felt if I could take myself out of the equation, so to speak, they didn’t have to provide for me, and on top of that I could get all the clothes that I want, the food, you know what I’m saying everything that I want was it’s a win-win situation is the way I saw it

I: Kinda, took it on yourself to kinda, take a step out from the family

P: Yeah, for the money side of it, and then for the getting into fights and you know, kinda having that family outside of family, there was that you know what I’m saying, so I had a lot of stuff weighing in on it.

The participants viewed these phenomena as contributing factors for involvement in the drug world. As Cloud reported, many occurrences were involved but one specific thing did not force participants to become involved in the drug world.

The phenomena involving substance use are best explained in the sequence they are typically experienced. Using a drug for the first time was typically experienced in a different way than other times of use. One component of the first drug use was the
experience of learning about affinity or dislike in using a drug. Socksea reported an intense attraction after experiencing heroin and intravenous use for the first time,

P: That was my first interaction with IV drug use and I think it’s called a speedball, where he makes cocaine and heroin, and I, I loved it. The first thing I did after it like hit me was I, I puked in the trashcan cause it hit me so hard

I: But you loved it?

P: LOVED it

Socrates described his first encounters with meth and had a different reaction, “a couple of my friends found meth immediately after, and it was way cheaper, I tried it one or two times, and literally I described it as all the bad parts of cocaine stretched out to 10 times the duration.” It was possible for participants to experience changes in how much they preferred using a drug but this was not common. Bob identified as addicted to alcohol and marijuana but described a change in preferences,

Once I did it, you know I ended up being like, you know, one of the worst ones… I drank for the first time when I was 15 and uh, I really didn’t like it, that wasn’t one where people were, you just drink, and you’re boom, hooked right away, I did it once and I was like, “oh that was fun,” and then I came, it was not ‘til I pretty much, I, me graduating high school, my, you know, start drinking more and all that.

Participants experienced routine drug usage by feeling like they regularly used drugs. Jessica explains this progression into routine use, “I just liked using drugs in my spare
time or whatever, then it got back you know to a point where I was doing it all the time.”

Participants’ experiences being in addiction was identified as a phenomenon as well. Participants generally related addiction to experiences with use, problems occurring because of use, and issues of controlling use. Riley described experiences surrounding addiction in this example:

Then that’s when my addiction got way, way way bad, cause I had more drugs than I could even use, I um, at that point, at that point I was, I like was paying my like roommate in drugs, I was paying people to give me rides in drugs, I was paying people to buy me grocery stores, like grocery store stuff in drugs, clothes in drugs, …and so I had more than I could use, so that’s when I got really bad, um, and at that point my roommate kicked me out (laughs), cause at that point I started getting really stingy, I had more than I could use, but at that point… I’d be like, “oh no, I don’t have any today, I ran out.”

Each participant reported quitting use as an experience despite the difficulties in ceasing. This act of stopping was a phenomenon each participant described as an experience although this experience was directly connected to being in treatment and being eligible to participant. Lady described a previous experience surrounding quitting, “my daughter’s father and I were both living in hotels and selling drugs when we found out that I was pregnant. So, we decided that we had to get our lives straight. So, we moved and quit talking to everybody and got sober.” The phenomena surrounding use fluctuated along with involvement with the drug world.
Phenomena of distribution consisted of experiences surrounding the beginning or ending phases of distribution-related behaviors. Participants spoke about initiating distribution related behaviors. Initiating distribution behaviors consisted of a combination of experiencing an opportunity and experiencing a decision. Participants’ first encounters with distribution appeared differently than later encounters. During initiation of distribution behaviors participants experienced the opportunity preceding the decision. This phenomenon is demonstrated with Ron Burgundy’s opportunity leading to the decision to distribute,

[People] had most of it, and were bringing it in I assume, and they were comfortable with me. So yeah, I just went on to having it a lot, and people would bug me and it was, like, you know, “what the hell, I’m just going to start buying ounces and stuff,” instead of just running around town for a couple grams here and there.

Further involvement resembled these experiences at times. A distinguishing presentation was that participants with prior experience decided to find opportunities to distribute. Here, Robin Banks discussed decision-making that preceded distribution opportunities, “With felonies it really didn’t matter. I shouldn’t’ve even went to school. As far as I’m concerned, I’m just paying a bill, I can’t do the, the job. So that was another reason I went back to selling drugs, the felonies.” Having routine distribution behaviors required repeating the same experiences of initiation into distribution behaviors. The initial opportunities remained present and participants repeated behaviors through these opportunities. Participants also changed their involvement by changing quantities
distributed, drugs being distributed, and sources of drugs for distribution. An example of this is shown with Bob that described his transition from selling marijuana, acid, and ecstasy to selling cocaine,

their dad sold coke and they just knew, all they knew was how to hustle, so they pretty much showed me how to do it… they’re like, “if you want to make some real money, you got to sell some coke,” so I did… they taught me how to, you know, get a kilo, cut it, and you could have two, and you could double your profit, and I just did that, and they taught me how to do that, and I did that for a while.

Participants experienced cessation of distribution behaviors in a variety of ways. One of these experiences was to phase out of these behaviors. This is when people decided not to continue distributing despite still having the opportunity. The Medicine Man discussed violence as a factor contributing to his decision, “He ended up just kicking my ass trying to get it from me, it was in my inside coat, and never got it. He just kept wailing on me and asking where it was… but that was definitely something that scared me to stop.” Another reason participants’ behaviors ceased was because of a failure in opportunity. This failure included an inability to generate a profit and others ceasing to distribute to participants. The Mailman described a loss of his connection,

The guy in Florida got tired, oh cause the first time I wrapped up the package, and um hid it from the, the U.S. postal post master general… and then I had the, the dealer wrap it a couple times and he just got tired of it
and was like, “oh bummer… please, I’ll give you more money,” “nah I just don’t want to deal with the hassle.”

Participants were also cut out of distribution opportunities if they were incarcerated. Engaging in distribution behaviors and developing routines of distribution were components of becoming involved and integrated with the drug world.

Participants also experienced phenomena relating to their life surrounding the drug world. Participants experienced decreased involvement of conventional aspects of their lifestyle. This typically looked like reducing or eliminating jobs and responsibilities. Robin Banks described eliminating the responsibility of being a parent in this situation, “I should’ve been raising my son. When I got the half a kilo I couldn’t raise my kid. My sister raised him. I gave her custody of him. So I lost being a parent. It took everything.” Participants also had changes in social relations that reflected lifestyle changes. Socrates described a realization about the quality of the relationships he had with others changed through distributing cocaine, “the delusion there fell away from me very quickly when I didn’t have it and I was like, ‘these people don’t give a shit about me,’ and you know. Not to mention the fact that I don’t give a shit about them, like it’s all very superficial, and not meaningful at all.” Participants experienced increased involvement in individualized sets of unconventional activities. A few participants had similar choices of these activities with examples being partying or clubbing. For the most part each participant had a unique activity involvement. Crystal even created and sold meth paraphernalia.
**Being changed by the drug world.** The phenomena outlined in the previous section were agents of change for participants. Participants were also changed by witnessing phenomena experienced by others. Participants observed others to determine potential effects of engaging in behaviors. These observations were used to guide decision-making related to initiating various behaviors. The observations also guided avoidance of behaviors. Learning through others was a phenomenon of change for individuals.

Internal changes that were experienced through these phenomena were either short-term changes or deeper enduring changes. The experiences of change were noted independently as phenomena. The short-term changes that were experienced were either gratifying or distressing for the participant. Robin Banks explained how an event had an effect with a short-term change in this situation:

P: I have been raped and held out a 3-story window head-first when I right after the kilo of coke. I was downtown selling drugs and I got raped and held out a 3-story window.

I: How do you think that changed you?

P: Scared the hell out of me for a little while but I went right back to selling drugs. Right back to it, you know? I was, I don’t know what.

When the lead researcher gave her a reflection and a prompt she elaborated, showing that phenomena can cause both short-term and enduring effects:

I: Can’t trust anybody

P: I don’t trust anybody. I still don’t trust anybody sober.
I: So is that connected to that type of thing?

P: I’m sure of it.

Lady described similar enduring changes through her experiences with the drug world.

I think it can definitely eat you alive, if you let it, which is probably why my life started to fall apart so much because I got consumed with it. You don’t get a minute to yourself, and why your heart gets so hard because people use you and abuse you. You kind of have to have a hardened heart towards people because they do use you or take advantage of you. It’s just not a pretty world.

Routine experiences with gratification led participants to change in ways to experience phenomena again. Similarly, routine experiences with distress led the participants to change themselves in ways that facilitated avoiding experiencing phenomena. These changes were phenomena contributing to the processes of initiating and stopping drug world behaviors.

**Selective Coding**

The central phenomena of involvement and integration with the drug world were created as a response to the presence of the phenomena in all aspects of the research. The codes developed, phenomena identified, and hypotheses all contributed to explaining the overarching phenomena. Involvement and integration with the drug world had an ever-present nature in raw data, memos, notes, and research team discussions as well. The analytic work completed by the research team was directed towards explaining the phenomena. The central phenomenon involvement with the drug world captured the
smallest steps that initiated the phenomenological voyage of becoming immersed and integrated with the drug world.

Codes were selected and examined further in ways that were directly related to the involvement with the drug world. Social Relations, Lifestyle, Substance Use, and Distribution all remained as codes. Decision-making was a code derived from Individual Characteristics and contained the concepts thought processes, preferences, beliefs, and values. Thought processes were statements participants made that highlighted logic of how decisions were being made. The other concepts of preferences, beliefs, and values fit with previous definitions. Beliefs was re-conceptualized to include identity status and addiction status. The Substance Use code engulfed the Drugs code because the Drugs code meant very little unless it was connected with Substance Use Behaviors or Effects. Lifestyle Effects adopted a subconcept relating to Context that was identified as Conditions. Conditions were identified as experiences with living environment or living status that had an impact on the participant. Social Relations and Distribution did not have changes from the previously defined concepts. The codes identified as Context and Drugs were eliminated but aspects of these codes were connected to the remaining codes while other aspects had limited meaning and were eliminated. Codes were selected due to their essential nature in explaining the central phenomena.

**Involvement and Integration with the Drug World.** Involvement with the drug world is a process of engaging in behaviors and experiencing their effects in a way that is impacted by relations with others (see Appendix C). Involvement in a drug world consists of performing actions in ways that align with the pathways of the involvement
and integration of the drug world. The components of decision-making lead to engaging in substance use behaviors, distribution behaviors, and lifestyle activities. Unconventional lifestyle activities, distribution behaviors, and substance use behaviors are actions linking to involvement in the drug world whereas conventional lifestyle activities are not. Effects of these behaviors and activities impact various components of decision-making. Social relations have an impact on the decision-making and behavioral engagement. Interacting with others facilitates behavioral engagement by providing opportunities and encouragement to engage in specific behaviors. Social relations are interactive with decision-making because others respond to the individuals’ decision-making and the individuals’ decision-making contributes to having social relations. This analysis is related to the individual’s own involvement in the drug world through decision-making processes.

Integration with the drug world represents a deeper level of involvement with the drug world. Behavioral routines occur when individuals engage in behaviors frequently. In addition to regularly occurring, the decision-making processes accommodate that behaviors and effects regularly occur. Integration with the drug world consists of behavioral routines in areas related to the drug world. The social relations that occur with integration with the drug world occur through selection. Individuals select relationships that facilitate the act of engaging in desired behaviors. Individuals that do not facilitate desired behavior engagement are interacted with less. The same processes occur in the others that the individual interacts with. The result is a cessation of relations that do not contribute to drug world involvement and growth of relations facilitating drug world
involvement. Drug world integration consists of the behavioral routines in areas of the drug world, an impact on decision-making, and social relations facilitating drug world involvement.

The actual experiences of participants were not as discrete as the following stories. Actual experiences of participants contain combinations of both stories and have individualized components to the stories. People experience integration into the drug world in order to be high on their supply and for the lifestyle that comes with integration. The experience of integration into the drug world is not limited to individuals distributing drugs or even to those using drugs. These models explain potential motivational forces behind forms of integration. Individuals’ stories involving experiences in the drug world are unique but also shared; motivations can be the same for different behaviors and these same behaviors can have different motivational forces. The following stories demonstrate the proposed model (see Appendix C) of the pathways for involvement and integration with the drug world.

**High on the supply.** The stories of participants that were high on the supply contributed to the experience of failure by use. The purpose of distributing in this story was for individuals to have a constant source of drugs to be used. This story outlines experiences of individuals that became involved in the drug world with a focus on using drugs. Distribution behaviors facilitated use behaviors and this set of circumstances related to engagement in other drug world behaviors and experiences.

Involvement in the drug world started with use behaviors for these participants. The social relations of participants allowed for interactions to lead to use behaviors.

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Participants continued using by following the same steps but developed beliefs that future experiences would resemble past experiences. Making a decision became an invisible and expected process because the participants had beliefs that the use behaviors and effects would occur. At this point substance use is accommodated into the individuals’ behavioral routine. With this routine there is a degree of integration into the drug world.

Participants high on their own supply changed when the opportunity presented itself to start distributing drugs. For some, the opportunity was as simple as the decision to sell a small bag to a friend instead of using it or being introduced by another person into distribution behaviors. Several opportunities could occur in ways that introduced individuals to distributing as well. The participant could have acquired an abundance of cash to get a large quantity of drugs then acted on beliefs that others wanted those drugs. These participants have already learned that distribution can be profit-generating or drug-generating. Participants learned this through their involvement in the drug world by having interactions with others that distribute. Distribution was logical while initiating the behaviors too. Their distribution behaviors provided specific effects. The effect of having a surplus of drugs fit very well with their routine decision-making in using drugs. These participants developed distribution routines through repetitions of their prior opportunities of engaging in distribution behaviors and decision-making accommodated this routine. Having routine use and distribution represented an increased integration with the drug world.

The decision-making for both use and distribution have been streamlined and integrated into routines for the participant. These interdependent behaviors have the
capability to shrink or grow; a person is able to sell more or less and use more or less. Tolerance has been typically experienced by this point and a requirement would be a need to use more drugs in order to achieve the desired level of effects. The developed routines and the development of tolerance can become problematic. The problem of accidentally selling too much drugs can be solved by purchasing more drugs. Using too much drugs is a problem that is more difficult to solve. The effect was typically a reduction in the amount of money available for purchasing drugs. Purchasing less would mean a smaller remainder would be available for use. The effects of tolerances and withdrawals caused problems for those experiencing this. Failure by use was characterized by the substance use effects having an impact on distribution so that participants were unable to perform distribution behaviors. The immediate halt of substance use routines occurred due to these failures and had a drastic impact on the participant.

Some participants profited enough from distribution to eliminate conventional activities from their lives, such as work. These participants increased their integration with the drug world through a separation from conventional routines. The conventional lifestyle routines that comprised the participants’ lives were replaced by routines of integration with the drug world. Participants also experienced separation from convention when opportunities for unconventional, criminal activities were present. The effects of these activities resembled distribution by generating drugs or money. Participants experienced desperation to continue using after the immediate halt of substance use routines and engaged in these behaviors. Routines were developed by
some individuals in these unconventional activities in order to continue use routines or provide means to return to distribution routines. Participants returned to distribution routines believing failure by use could be avoided. In reality, participants experienced the same failures over again. At times these individuals had routines with unconventional activity, distribution, and substance use. These participants experienced a multifaceted integration.

For some participants failure by use was the low point of their integration with the drug world, their rock bottom. These participants sought to stop these routines and disintegrate from the drug world. Some participants knew failure by use would continue to occur over and over but still continued attempting to maintain routines. The realization of failure by use did not make participants quit these routines. It was a multitude of factors that came together to make the effects of ceasing these routines more manageable than effects of maintaining these routines.

For the lifestyle. Individuals distributed drugs that were not their drug of choice. It was clear that this involvement in the drug world was motivated for reasons other than getting high on the supply. It is not that these individuals did not use the drugs that they were selling because these individuals also developed routine substance use patterns with the drugs they were distributing. Only one individual reported not using the drugs that were being distributed and this was only a temporary routine during involvement with a gang. Later this individual changed environments and distributed independently of the gang. During this second involvement he developed routine use patterns of drugs being distributed. The individuals also developed distribution routines in the same ways those
getting high on their own supply developed distribution patterns. These individuals did not experience problems in their distribution routines because of use routines of these drugs. A distinction is that these individuals became integrated into the drug world because it was a venue to have experiences that can only be found in the drug world. This involvement was also a way to support other addictions.

Routine substance use and distribution allowed for participants to engage in activities that were not a part of the conventional routines of participants’ day-to-day lives. These activities motivated some participants into developing routines relating to the drug world. The remainder of drugs for these participants translated into a surplus of cash. The surplus of cash was a risk and liability due to social relations that facilitated distribution routines. The level of liability and risk grew along with the size of the surplus of cash. This money that is generated was not depleted from increasing levels routine use among individuals becoming involved with the drug world for the lifestyle. Individuals became engrossed in protecting this surplus of cash and developed unconventional lifestyle routines in attempts to minimize risks. These most often included purchasing and carrying firearms illegally. Some participants would spend this cash on legitimate responsibilities, such as paying rent. Others feared the implications for doing this and spent money in lavish gluttonous ways. Living in these ways became routines in themselves for some participants. Interactions with others in the drug world can become a core component of integration to the drug world. Participants provided others the means to live life in excess with them. This gave participants a sense of empowerment. Even allowing and facilitating others’ drug use provided this
empowerment for participants. There were various sources of gratification from the lifestyle of integration with the drug world. People developed individualized activity involvements in their integration with the drug world. This individualization was due to the variety of ways gratification could be experienced from the corresponding activities. These effects were the sources of gratification people chased with this integration in the drug world. Having these routine unconventional lifestyle activities were part of the fast-paced, glamorous, indulgent lifestyle associated with integrating into the drug world for the life.

Participants adopted the attitudes of living the previously mentioned partying and indulgent lifestyles and applied those attitudes to their substance use behaviors. This attitude was unique to those high on their supply because at this point the individuals were not experiencing addiction. These participants experienced the source of substances as limitless. The limitless experience made the problematic aspects of use come from the effects of over-use and is contrary to the effect of withdrawal from under-use. This contributed to an experience of control of drug use because the individual always had the option to use or not use. Individuals also experienced control over the use due to having a preference not to be high on the drug. The feeling of control stopped individuals from identifying their experience as addiction.

Although drug markets had unique attributes and participants unique experiences in different markets the principles of drug markets were pretty universal: Buy a lot at a price rate that is lower than the price rate at which you sell smaller quantities. With this principle, some participants indiscriminately distributed drugs, with limitations being the
opportunities that were presented to them. The routine use of these drugs was a sure-fire way to know what the effects of the drugs were supposed to be and to ensure the product being bought provided those effects. Substance use provided effects that informed distribution behaviors. Participants had routines of using and distributing multiple drugs. Polysubstance use was common for a variety of reasons including the indulgent partying activities and attitudes with the routine distribution of multiple drugs. Participants especially used additional substances to negate unwanted effects of other drugs being used. Exposure to a variety of drugs led some participants to develop a drug of choice then the involvement in distributing their drug of choice. In these cases the individual’s story developed into one of supplying their own habit. Participants also experienced co-occurring addiction with integration for the lifestyle. Many identified alcohol addiction and one reported a gambling addiction. In a couple cases individuals identified distribution as a means to support these external addictions. Routine substance use with distribution drugs did not have a direct impact on routine drug distribution for these individuals. This difference made the routines of substance use and distribution more compatible.

It would not be fair to say that individuals in these situations all go on to experience addiction. The study did not capture those individuals that did not experience addiction in some way. It is important to note that people integrated in the drug world for the lifestyle can lead into a subsequent or concurrent addiction. Participants integrated into the drug world for the lifestyle transitioned out of this integration. There was a change in decision-making in these individuals responsible for the disintegration of the
drug world. Since decision-making was an individualized process the motivations for disintegrating are individualized. As mentioned before, some participants took the path of the supplying a habit. The participants also developed addictions that had a global impact and the effects from those addictions led them to leave the drug world in its entirety. The message was that the gratifying effects participants initially experienced lost a presence or that the negative side-effects of being integrated into these routines were more costly than the gratification.

**Disintegration.** The stories participants had of exiting the drug world are as unique as the experiences of becoming integrated into the drug world. Potential motivations have been explained for each type of integration into the drug world. This story outlines the experiences of ceasing involvement with the drug world based on the proposed model. The term disintegration is not used in response to the idea of integration. Disintegration represents the global collapse of processes contributing to involvement and integration with the drug world. The changes observed occur in so many areas that the prior system has disintegrated entirely.

One component with little mention in forms of integration is the social relations participants had. In attempting to leave the drug world participants experienced difficulties due to the social relations that have been built up. The social relations consisted of other members integrated into the drug world. Other individuals contribute to engagement in behaviors associated with the routines of integration into the drug world. It is not that others intend to make it difficult because some actually advised participants to avoid their mistakes. Others intentionally or unintentionally discouraged
participants from making their own mistakes. Since others have behavioral routines, it made it easy for the participants to join. The participants made efforts to disengage from these characters and relations during disintegration. The contrary experiences participants had during integration were to surround themselves with these characters. Establishing or reconnecting relations with individuals outside of the drug world is also a part of the disintegration and these relations can facilitate change in routines that have developed. This component of disintegration was observed through beliefs participants had about relations and through actions they take in response to those beliefs.

Participants sought changes in behaviors that initiated changes in routines. These changes were also opportunities presented by others that initiate routine changes. These changes were introduced just as substance use behaviors, distribution behaviors, and unconventional lifestyle activities are introduced. The changes began to initiate routines of conventional lifestyle activities, routines of non-substance use, and to a lesser extent routines of non-distribution. Participants were left to create entirely new behavioral patterns as the previous patterns disintegrate. Participants also maintained a behavioral routine surrounding substance use by regularly engaging in behaviors surrounding not using (i.e., treatment, 12-Step meetings). These changes in behavioral routines were a component of disintegration from the drug world.

Lastly, participants experienced changes in decision-making that reflect changes in behavioral routines and social relations. During integration to the drug world the decision-making participants had supported the integration. There was a sense of degraded character along with this pro-integrative decision-making. Participants may
have had character degradation alongside their integration into the drug world. Participants also identified the experiences of having a character predisposed to involvement with the drug world. In both cases these individuals sought change with the experience of degraded character as a motivator. Participants felt that they have become someone they did not want to be or that the way they are contributed to their problems.

In sum, the disintegration from the drug world consists of a complete change in social relations, behavioral routines, and pro-integration decision-making. The changes experienced with disintegration are global. The degree of change leads individuals to feel that many things that have long been gone need to be found. It may also leave individuals feeling that things need to be established that were never present.

**Themes.** Themes were identified that captured the central phenomena, areas related to the phenomena, and in areas related to involvement in the drug world that seemed to have significance for treatment. Themes of integration present depictions related to the integration with the drug world. Experiences that occurred alongside of integration were identified as coexisting themes. Other themes were identified to be noteworthy due to potential value in the treatment of issues relating to these experiences. A thematic matrix is presented (see Appendix B, Table 3) to display specific aspects of how the theme is experienced. The stories of integration into the drug world can be interpreted through the presented themes.

**Integration.** Multifaceted Integration occurred when participants simultaneously had behavioral routines in all areas related to involvement in the drug world. This Multifaceted Integration represented a true integration into the drug world. Individuals
that experienced a Multifaceted Integration maintained routines of distribution, substance use, and unconventional lifestyle activities. Routines of substance use and distribution were identified by the drugs being used and distributed. Unconventional lifestyle routines were dependent upon the individual but mostly identified as non-use, non-distributing, criminal behavior. Seven participants discussed engagement in criminal routines such as impromptu robberies to steal drugs or money from others. Riley described her life as revolving around criminal activities through her gang involvement,

I: What else made up this drug world besides that?
P: Besides the gang? That’s about it to be honest, drugs and the gang, drugs and the gang
I: What about the drugs, is it the using the drugs? The selling drugs?
P: The selling the drugs basically, for me, you know, being in the drug world besides the gang, it was just the using, but when I got into the gang I liked the money that came involved in it, I guess you could say, the money went up by like 50%… it was like kinda just like having somebody to help them out, kinda like I guess you could use, say bait, it was basically, “hey we’ll give you this and we’ll give you that, you’re a drug addict and we have drugs, and we’ll give you extra on top of what you just got if you go fish this person out for us so that we’re not involved,” so I would get, I would get people for them, I would get money for them, so that they weren’t directly involved, so yeah, that’s, that’s how they got me involved.
Unconventional routines included engagement in activities that included use but were not engaged in specifically for the use. Partying and clubbing were identified by five participants in these unconventional activities. Bob reported how his experiences revolved around partying,

P: It was more about the money, but I would just keep a lot because like, we’d have you know, women and parties and stuff, and we’d just do lines with them, you know what I mean, at the parties or whatever

I: Right, right

P: So that’s, and we’d just pretty much did it like nothing, “it’s just coke,” it’s not like, just do a bump, and it’s like, “so what?” And they did it like nothing in like in the 70’s and in the 80’s

I: And it’s like, “we have bags of the stuff”

P: And it’s almost like an energy drink, you know, if you like a party you could just keep partying longer, you know

These unconventional lifestyle activities were associated with integrating for the life. The unconventional lifestyle activity routines people developed were more individualized and these two examples represent repeated types of routines.

Failure by Use was identified when individuals’ routines in distribution ceased due to their routine in substance use. These were individuals that were integrated into the drug world to be high on the supply experienced Failure by Use. Seven participants explicitly reported to experience failure by use. Char demonstrates his failure by use in discussing how substance use had an impact on his distribution,
I think it was like I think my use shot up at that point because I had all these like weird people around me and my go to way of coping with anything was to do more drugs, and I had more time to do them, I just had a lot more free time, and then at that point I was putting myself in a position where I couldn’t pick and choose when to buy the drugs, and that was important because the prices were different at different times of the month. So at one point I could buy those pills for twelve dollars a piece. Now because I was such a junkie my habit was so bad I would buy them for twenty dollars a piece so I’d always being trying to play catch up because I couldn’t sell them for 25 a piece on this time of the month.

These participants clearly related cessation or failure in distribution routine to substance use effects. The failures were identified by what was being used and distributed by the participant. Some individuals did not experience Failure by Use and did not fit into the high on the supply story. Crystal was a negative example of this story and relates cessation of use to different reasons,

these high-end dealers trusted me because I think it’s because I didn’t ever jones, and I didn’t ever care if I had it or not, and it was like, I think that was the key really, is that I didn’t get addicted to the point where I would steal your things, I never had to steal, I never had to take out of your bag or whatever to get my hit or whatever, I never had to do that because I didn’t care either… I have also this gift of intuition of knowing when enough is enough, like I thought, “this has been really good, and really
easy, for a long time, I think that maybe the tables are going to turn on me because nothing lasts forever, and I’m just going to leave,” and I gave away all my stuff, I’m like, “you guys can have it, I just don’t want to do it anymore,” and they’re like, “what?!” and I’m like, “all my tools, all of my materials, everything, my scale…” I just got tired of people knocking on my door all the time too, and I was like, I’m just over this, I did my thing and I’m fine.

Some individuals did not experience Failure by Use during their involvements with distribution but this theme was related to being high on the supply.

**Coexisting.** Individuals experienced Separation from Convention when their experiences were related to ceasing conventional lifestyle routines. Only experiences surrounding times of distribution were connected to this because individuals often had extensive experiences with addiction outside these time periods. This separation was measured on a continuum consisting of three levels and the most intense separation is displayed. Individuals that fully separated reported to experience a break in routines related to conventional society so that involvement in the drug world became their life or they lost aspects of their life. Eight participants experienced this degree of separation.

Mr. Green explained a full separation by living life on the road,

I met a real good friend of mine, and we started, this comes onto where I started traveling around selling LSD you know…we ended up just jumping in a vehicle and taking off… had friends that were in college there, so we go into dorms and let him do the work and leave after a
couple days, and hit a different town, which were, which was nice, and you really didn’t have to worry about getting people too close to you.

Six individuals experienced a partial separation from conventional routines. Individuals with these experiences fit their conventional routines around their involvement with the drug world. An example of this was shown by Socrates,

I had set my life up to be, to where I would get away with that, because as long as I could show up to work at 4 in the afternoon, and if you can’t show up to work at 4 in the afternoon, man, that’s when you know you got a problem, so I mean I set my life to where I could go the farthest you could possibly go, off, to the left and not get caught.

The Mailman seemed to experience drug world behaviors without having any feeling that he was separating from the conventional activities. His experience was identified as having side involvement, “it was yeah, recreational, social, kind of say adolescent even though, late adolescent, ah if that… there were little incidents here and… most of my friends were drinking heavily, I didn’t quite stand out too much maybe a teeny bit but everyone was doing it.”

Strategic Use behaviors were reported by ten participants and had varying expressions. Polysubstance use occurred when participants used the effects of one substance to change the active effects of another substance. Six participants reported engaging in polysubstance use. Cloud reported this in his use of multiple drugs, “you get this crazy anxiety it comes before you start rolling, it’s like you know what you did and you know your body’s feeling crazy… that’s what I liked about Xanax, if I over did it on
something, you know what I’m saying, I could cool out.” Using substances to recover from the after-effects of substance use was also included as Strategic Use. Four participants reported this as a strategy. Crystal reported using alcohol as a tool to come down from meth,

I’m not going to do meth or crystal or whatever it is that we’re doing, it was a mixture of whatever, and then drink because that’s like, killing the effect, that’s stupid, and then like I would drink maybe to like come down or something like that, like, “alright I’m done, I need to take a break.”

Two participants also reported using a different drug strategically as a response to an issue in using another drug. Lady reported health issues contributing to heroin use but Kane discussed use of drugs as a response to probation drug testing,

I was just doing [urinalyses] twice a month, I didn’t have to go in for Breathalyzers or anything, well I was still smoking spice cause I knew I couldn’t smoke weed, I was still taking my prescription of Xanax, and at this point I had tried to get on a pain killer prescription because of my wisdom teeth.

Strategic Use behaviors were related to individuals engaging in the use of multiple drugs. These behaviors led them to find combinations of drugs providing preferred effects or to experiencing new effects from drugs that were preferred more.

The experience of Degraded Character in relation to involvement with the drug world had two presentations. One aspect of degraded character that contributed to involvement in the drug world was a predisposing impaired state of character. The mark
of Degraded Character in these participants was identified when the participant reported an aspect of his or her self that contributed to future drug world involvement. Three participants reported some predisposing impairments in character contributing to involvement in the drug world. Socksea reported having the experience of degraded character, saying,

I just remember early, very very early on that I…I wanted, I didn’t feel normal. I didn’t feel like a part of, I didn’t feel like I fit in… I know when I like heard about pot and I heard about alcohol and I heard about mushrooms, I knew that all I wanted to do was try it, like I just wanted to try it and see what it was all about.

14 participants experienced a change in character they attributed to their involvement in the drug world. Jessica discussed degradation in character through her continued use,

Maybe 3 or 4 years of my use I would never smoke with any of my pregnant friends or anybody I knew that was pregnant, I would not give them a sack, I would not do it with them, I didn’t get down like that cause I don’t agree with it, you know cause I um, my brother was born with a lot of mental defects, and I have a lot of friends that you know have issues from their parents using drugs while they were, you know in the womb or whatever, so I just don’t agree with it, and towards the end of my use I didn’t care I was getting sacks for people, like one of my best friends, she was, she she’s like been pregnant almost the entire time I’ve known her.
Participants identified these experiences of having degraded character but generally reported that those experiences do not represent who they are or who they want to be.

Through the participants’ involvements in the drug world there were frequent reports of changing social relations to result in an Accumulation of Non-Support. One aspect of this experience is that those who were supportive of these participants were not interacting with the participants anymore. This experience was reported among eight participants. Ron Burgundy had this experience with friends, “I was losing, my actual good friends you know, they’re all gone, they’re pissed off at me,” and Robin Banks described a similar experience, “what I wanted in life, nobody wanted anything to do with me, if I was on drugs.” Another component of the Accumulation of Non-Support was that participants reported to grow a social network of individuals that “did not care about them.” There were 14 participants that identified this form of non-support. Lady described some of her views on the social relations she had, “A lot of the people, just aren’t good people, and I wouldn’t have associated with 99% of them if I had not been doing and selling drugs.” Participants actively surrounded themselves with people that facilitated their involvement with the drug world and lost relations with others by developing an Accumulation of Non-Support.

Potential clinical significance. Individuals experienced Validation or Empowerment in multiple ways. Some individuals reported the experiences of distributing or engaging in lifestyle activities associated with the drug world as empowering experiences. Socksea reported having a strong sense of Empowerment through experiences,
It felt really good, so it’s like I was in control, I was my own boss, um like I ran the show like I could control, people piss you off, like they would buying drugs and like would screw you around or whatever… you know that you have what they needed and you could like make them wait or make them, “I need you to get me this before you can come over here,” you know like, they were basically like your, your servants. They would pretty much go to any lengths to do like whatever they needed to do to get their fix, and that felt pretty good like almost like you’re a God, and in control of people.

Other individuals reported a need for Validation from others. Expanding on the previous comment Riley made about her family being less emotionally involved, here she says, I have to go back now and look at what my family life, look at you know, friends, growing up I had no friends, kids were rude to me, I was the like black sheep, so when I had those people that relied on me, wanted to always call me all day every day, wanted you know, “oh hey can I come see you,” I liked that in the beginning cause I didn’t have that, people used to not call me, um, I started you know raving cause I loved how friendly people were, you could be the oddest person out in the whole group and you could get guaranteed to get hung out with that night and get told that they loved you.
There were 12 participants that experienced the theme of Validation or Empowerment. Participants typically experienced either a need for Validation or a feeling of Empowerment in ways that related to their involvement in the drug world.

13 participants had No Regard for the Law and this was experienced by feeling like their practices had an impact on law enforcement or that rules will not apply to them. Individuals reported engaging in behaviors that made them above detection from law enforcement, mostly related to distribution. Ron Burgundy reported a presence of social relations that he believed had an impact on his likelihood of getting caught,

P: I was actually dating a woman and she was wealthy… she had loaned out a bunch of money to the cops cause there were, they needed money for something, personal reasons, so, like she had that over their head, and I was like part of that, so it’s like, you know, there’s only like three cops, two of them were

I: Bought off

P: Yeah, pretty much, and I was, and the other one I was friends with.

It is entirely plausible that these strategies reduced their interactions with law enforcement but having these beliefs may warrant clinical attention. Other individuals reported a disregard for law enforcement in that they felt it was appropriate to act outside of the law. Socrates demonstrated this wisdom during his interview in saying,

One of the main problems that’s ended me up here is that I’ve always put my moral compass above that of the law... that’s the thing, is like, you know what, as far as that goes, the fact that these drugs are illegal is not an
issue for me no matter what… Most laws are, are, they’re, it essentially equates to protecting the stupid laws.

Participants also reported to act blatantly against the law by violating probation or not showing up for court, having a particular attitude towards the legal institution. The theme of having No Regard for the Law may have particular clinical significance in treatment involving criminal populations.

Lastly, three participants reported Isolation regarding experiences during the interviews. Participants reported never having talked to anyone about their experiences or reported feelings that they were unable to talk with others about these experiences. Ron Burgundy said, “Haven’t really told no one about all this… it’s nice to just get rid of that, all those memories, like, to actually feel like, yeah, at the time I felt like great and stuff, but looking back at it, I wasn’t.” Jessica had an unexpected reaction that required the lead researcher to intervene and check a second time about continuing to have voluntary participation:

P: Ecstasy, weed… I tried really hard to stay away from meth because I knew it was my downfall the last time, but that didn’t last very long. I also started smoking heroin. I had a friend who was – always had a supply of cocaine and heroin. So, they just kind of

I: Were you distributing heroin too?

P: It’s so embarrassing to say out loud

I: Yeah?
P: I didn’t realize how embarrassing or how bad this would make me feel, talking about it
I: Yeah, I mean, I don’t want to make you feel uncomfortable in participating if it is causing that much distress
P: No, that’s okay
I: Yeah, I don’t want you to feel like I’m interrogating you. I do want you to realize that, again, the reason why we are researching these topics is to know how to respond to these, and…
P: No, it’s just me
I: A lot of people experience a lot, along with what they are doing
P: I guess I don’t really talk about it a lot. So, admitting it to someone who doesn’t really know me. I just don’t want, it’s just me… It just all of a sudden just hit me, that being, gross, it’s just gross.

Most of the participants were very engaged during the interview and provided substantial amounts of information with the opening question, “What are your experiences with distributing drugs and using drugs?” These participants had a story to tell and also processed their experiences, including the Isolation in these experiences, during the interview process.

Verification of Analyses

Data collected from participants contributing to the verification of analyses contributed to prior analyses in addition to the verification. Data was presented from these participants in previous sections of this paper. Several questions from the interview
protocol were identified to contribute to the verification of the proposed model of pathways for involvement and integration with the drug world. Question 20 (see Appendix A) contributed to demonstrating how decision-making contributes to engaging in specific behaviors. Question 22 addressed the impact social relations had on individuals by providing opportunities to engage in behaviors and by interacting with decision-making. Question 23 allowed participants to demonstrate the impact effects had on decision-making. Participants were less responsive to the specific nature of the questions but these participants provided examples to demonstrate how their experiences fit with components of the model.

The first component of the model selected to be demonstrated was that decision-making contributes to engaging in behaviors. The research assistant identified Jessica’s response that demonstrated the influence of decision-making on behavior, “Once I started realizing maybe I have a problem with it, you know, it made me try to cut back a little bit, and it didn’t really matter cause I always wanted to feel that way anyway, so I just kept doing it you know.” The participant demonstrated a belief relating to stopping use behaviors but how preferences in wanting to experience the high led to engaging in use behaviors. Lady identified how thought processes and other decision-making processes led to engaging in substance use behaviors and distribution behaviors,

I thought I had a control over all of them. I made the excuse of, “I’m only doing it because I’m selling it.” It started, when it came to pills by selling OxyContin, but I made the excuse, “Oh, well this lady just really needs them, so I’m going to sell them because I have access to them and she
doesn’t, but she had back surgery and she needs more than the doctor wants to give her. So, since I had access to it I can give it to her and since I have them I’m going to do them anyway.” I just made excuses for myself, even though I really wanted to do it.

The decision-making processes contributed to the act of engaging in substance use behaviors, distribution behaviors, and lifestyle activities.

The second component of the model to be demonstrated was that experiencing effects had an influence on decision-making processes. Bob discussed how experiencing effects related to distribution had an influence on his preferences, saying “when the money came, and you had that feeling of just, making, having that money in your hand for pretty much doing nothing, that feeling is just, you just want more.” Lady briefly discussed how the negative effects of substance use contributed to her beliefs, “I didn’t notice I had a problem until I overdosed on heroin.” The effects of distribution behaviors, substance use behaviors, and lifestyle activities have an impact on the decision-making processes of individuals.

Participants were also able to demonstrate how interactions with others contributed to engaging in behaviors. Robin Banks described how someone facilitated her distribution behaviors, “I started out smoking weed, or selling weed for the guy. And I was real good at that, and then one day he popped up at like 2 o’clock in the morning and dropped off a half a key of coke. I was only 19, and so I became a major drug dealer.” Ron Burgundy described how interactions with others pulled him to distribute and party, saying,
There was a few nights where I would say no to people, and say, “no I’m not going to run across town and get you something,” and I had it with me, even if I didn’t feel like going out or partying that night, I wouldn’t end up staying in all night, so it was pretty much like a seven day weekend, someone always wanted it and wanted to party, so I was like, “alright, I’ll party with you.”

Interactions with others contribute to individuals engagements with substance use behaviors, distribution behaviors, and lifestyle activities.

Lastly, decision-making was shown to be interactive with social relations. The research assistant identified how being around others influenced Jessica’s beliefs about normal behaviors,

It made it a lot easier, and maybe if I had you know some guilt about whatever I was doing at the time, or a decision that I was thinking about making or something like that, you know, it made it a lot easier on me having people around that did the same things I did, I didn’t think it was that crazy the things, necessarily, that I was doing, you know.

Bob also described how he observed one of his peers receive minimal legal trouble and how this had an impact on his decision-making, “he almost pretty much got a slap on the wrist… it was his first time ever being in trouble with the law, so they gave him like two years in a halfway house, so that kinda like, made me want to do it again.” Robin Banks demonstrated how her decision-making contributed to the characters she had relations with, “you don’t want scroungy looking people coming around you, you know what I
mean? You don’t need attention when you’re doing things that are illegal.” These participants demonstrated how social relations have an impact on decision-making processes and are influenced by decision-making processes.
Chapter Five: Discussion

This study contributes to understanding the co-occurrence of drug distribution and substance use by providing a model of involvement with the drug world and by demonstrating individual level experiences of this involvement. The model of the pathways for involvement with the drug world shows the processes of involvement at the individual level. The process of becoming involved with the drug world can be observed through behavioral engagements, decision-making, and social relations. The maintenance contains processes that are observed through the behavioral routines involved with the integration into the drug world and through changes in decision-making and social relations. The process of terminating involvement with the drug world is captured through the disintegration of decision-making, behavioral routines, and social relations. Individual level experiences occurring with involvement and integration with the drug world are shown through themes of integration and coexisting phenomena. The co-occurrence of drug distribution and substance use at the individual level contributes to the process of being involved with the drug world and consists of unique experiences.

Impact of Worldviews and Biases

The training and experiences from my work as a counseling psychology master’s student and from my professional work with the treatment of mental health have contributed to the development of the model. My own worldviews are a reflection of cognitive behavioral theory and this was a lens I utilized for analyzing data. Throughout
the research process the bracketing that occurred reflected my awareness of ideas associated with cognitive behavioral theory. Before beginning the open coding, during the transcribing, I thought, “That is a behavior… that is a consequence.” The post-positivistic framework allows scientific beliefs to be supported with evidence (Phillips & Burbules, 2000). Rather than seeking ways to explain the data in a cognitive behavioral way, I accepted that there was enough evidence to support the scientific beliefs before moving forward; the concepts created in coding reflected the data, that there were observable relationships occurring, and that the model fit with the participants’ experiences. This is not the first cyclical model used for conceptualizing addiction related issues (for one including concepts of values, beliefs, behaviors, and effects see Wanburg & Milkman, 2006; p. 32). Cognitive behavioral theory has contributed to my worldview and had an impact on how the data came together in the final model.

The evolutionary constructivist theory is the theory I associate with the strongest although my worldview is more naturally of cognitive behavioral theory. The views I do have from evolutionary constructivist theory were integrated into the work during the final stages of analyses and during the writing of the project. In my work, I wanted to integrate the idea that individuals develop meaning of themselves through their experiences in adaptive ways (Burrell & Jaffe, 1999). This idea led me to question the experiences of the participants as I was bringing together the model, developing themes, and writing the thesis. I realize that I will not be able to see what reality is for the participants of the study. With each quotation, each message I provided, I asked myself if this was the experience of the participant or participants that shared the information
with me. How would that person respond to the idea I presented or the way it was presented? The experiences I present in this paper are their experiences and the thought I have put in was directed to reflect how the participants of the study drew meaning from these experiences.

My training as a clinician had an impact on my interviewing as a researcher. Morrow (2007) did not discuss the impact that training as a clinician has on the interviewing process. While other texts have stated that interviewing requires the interviewer to constantly remind themselves that it is not a conversation (Babbie, 2007), I felt that I had to keep reminding myself that I was not providing counseling. This distinction may be from other work I have completed within the organization that allowed me to collect data at their site or due to the training I have had as a counselor. The impact from these factors facilitated the interviewing process. Whether I felt myself using reflection techniques of motivational interviewing to probe for information (Miller & Rollnick, 2013) or simply being mindful of rapport, there are counseling skills that are transferrable to qualitative interviewing.

The worldviews of the participants in the study had an impact on the study as well. I am not speaking on behalf of 12-Step organizations nor do I want to say that my participants are speaking on behalf of 12-Step organizations, but these organizations had an impact on the participants’ worldviews. Socrates spoke of beliefs he found from 12-Step organizations that he took on as his own:

P: …when I’m getting an addiction, that was when,

I: Yeah, what did that, what did that look like?
P: Oh man, it was when the party was over, the drugs had turned on me, it’s not that I wanted to use, it’s that I had to use, that’s a very 12-Step understanding of it but it’s, there’s a reason those meetings and those groups are so widespread and so well lit... I would go through periods of abstinence and as long as I wasn’t using, I wasn’t you know, obviously I was like, “oh, I’ve got it beat,” or “I’ve got it under control,” but then, that’s exactly what the 12-Step program is saying, is just because you’re abstinent doesn’t mean you’re in recovery and just because you’re not using doesn’t mean your addiction isn’t getting stronger over time.

Narcotics Anonymous seeks to help individuals live a drug-free life (NAWS, 1992) and individuals have likely adopted this goal during treatment. The spiritually based treatment center utilizes attendance at AA, CA, or NA meetings as a component of the treatment. The goals of participants were likely to abstain from drugs. The study presents very clear binaries (e.g., conventional vs. unconventional) that may draw from these worldviews. It is also implied throughout the research that individuals’ goals relating to the drug world are to terminate involvement in the drug world. This goal aligns with the idea of the drug-free life and all individuals that we encounter may not have these worldviews.

**Contributions to Prior Research**

**Ethnographic research.** The results of this study expand upon the ethnographic research by providing a unique analysis of the drug world. Ethnographers have provided depictions of various cultures and subcultures of the drug world and observed individuals
entering and exiting the drug world. The results of this study have expanded upon this idea by providing an understanding of how and why individuals enter and exit the drug world. Adler presented a depiction of people’s transitions out of drug world lifestyles and suggested people are pushed out of the smuggling and distribution world because of exhaustion from the culture (1992). The results provide an understanding of how people internalize the sum of their experiences in a way that leads to this change. The same model also captures Jacques’ findings of exiting the world of distribution through experiencing violence. Adler proposed that individuals are drawn into the drug world because of the hedonistic lifestyle of smuggling and upper-level distribution (1993). The results of this study show how attraction from the lifestyle and distribution is processed in the decision-making. These ideas are expanded upon to show additional factors contributing to involvement with the drug world.

The results provide a generalized model of involvement with the drug world to help understand the co-occurrence of drug distribution and substance use. Previous work examined only upper-level distribution (Adler, 1993), street level-distribution (Knowles, 1999), or examined these levels as separate areas for analysis (Paoli, 2001). Various levels of distribution and drugs of distribution were included in the development of the model and consisted of meth, cocaine, heroin, marijuana, mushrooms, ecstasy, and pharmaceuticals. Examining specific levels and types of drugs is valuable in understanding specific subcultures within the drug market. Such as how Knowles showed subcultures surrounding meth use and crack use that both reside in a crack distribution culture (1999). The results of this study build upon prior work to show how
the individual’s relationship to the drug contributes to becoming enmeshed in a drug world. Prior ethnographic work has provided an understanding of the drug world cultures and subcultures that result from the aggregation of individuals’ relationships to drugs.

**Drug markets.** The structure of drug markets was observed through the individual level analysis of involvement in the drug world. Participants’ involvements with distribution markets mostly resembled the unstructured systems identified by Paoli (2001) and Adler (1993). Two individuals did have a degree of involvement in more organized systems of gangs. These individuals’ involvements with gangs contributed to the development of the model and resembled the experiences of others. Their experiences followed the transient nature of unstructured systems in that distribution was an opportunity based practice. These participants had opportunities to become involved with gangs by performing specific roles within these groups of individuals – those found in low-structure markets (Adler, 1993; Paoli, 2001). The gang involvement allowed for consistency in social relations. Social interactions also facilitated behavior engagements. These observations found with gang members were seen in other participants and this consistency allowed for the development of routines. Participants’ involvements with gangs were transient with one individual’s opportunity for involvement ceasing and the other stopping her involvement. The overall structure of gangs is likely unique but in the distribution and activities that were observed it appears that organized crimes utilize unstructured systems found in remaining parts of the drug world. The explanations this study provides for distribution behaviors at the individual level are valuable regardless of how organized the systems are in which the individual is involved.
The occurrences at the individual level contribute to the appearance of drug markets. Jacques’ findings of violence being normalized in economically disadvantaged communities and suburban markets lacking this violence (2010) may relate to the behaviors of violence found in the present study. Harocopos and Hough’s suggestion that distribution markets vary based on the drug being distributed (2005) may account for this variation of violence. There was not enough data to make comparisons on violence, drugs being distributed, and socioeconomic background. Different drugs of distribution may have different likelihoods of addiction potential and differences in the economic potential. A valuable direction for research may be in examining the interrelationships between violence, experiencing addiction and desperation, profit generation, types of drugs, and socioeconomic status.

There were individualized responses to the violence and law enforcement that were a part of drug markets. Participants engaged in violence or had set expectations about violence when experiencing desperation during addiction and with the risk of liability during distribution. Violent behaviors and setting expectation of violent behaviors in relation to risk is consistent with findings of violence being a normative strategy (Adler, 1993). Participants were perpetrators of violence and many reported violence or expecting violence to occur as a normative experience. The victimization-termination link (Jacques, 2010) was demonstrated by participants through the relationship between effects of distribution on the decision-making processes. These participants reported changing types of drugs being distributed or a complete cessation of distribution behaviors in relation to the expectation of violence occurring or as a result of
victimization. The theme of ‘no regard for the law’ captured ideas found in prior research about individuals feeling above the law or able to evade detection (Knowles, 1999). The presence of law enforcement did not appear to contribute to distribution behaviors as Harocopos and Hough suggested (2005). Distribution occurring in relationship based markets among participants (not selling openly on the streets) may be responsible for the limited impact from police. As with violent behaviors, the outcomes of individuals’ encounters with law enforcement were dependent upon the decision-making processes. These experiences contributed to the sum of effects being processed through decision-making.

All participants performed the role of distributor in the drug market by selling drugs and few individuals engaged in other behaviors. Assistance in transactions was suggested as a route for individuals to become involved with distribution behaviors (Li et al., 1994). Participants assisted in transactions through opportunities provided by social interactions as a way to initiate distribution behaviors. These assistance behaviors were also found to be related to the desperation found when participants attempted to stay high on their supply. This behavior is similar to Knowles’ work which shows how individuals become trapped in this middling position (1999). On one hand, the distribution behavior can provide enough of a reward to step into integration but on the other hand the same behavior may be the only opportunity to maintain involvement in the drug world and engage in use behaviors. Many participants introduced drugs into the drug markets by diverting prescription drugs, and producing meth or mushrooms, two reported altering the form of drugs, and one reported smuggling. These behaviors made the same appearance...
as distribution behaviors. Consistent with research, the smuggling behaviors were opportunity-based (Adler, 1993; Paoli, 2001). Introducing, smuggling, and altering drugs were behaviors the participant needed to perform that allowed them to distribute the drugs. The effect of the behavior was for the drugs to become available for distribution (except in the case of diverting prescription drugs). Behaviors of introducing and altering drugs did not seem to have a different function or impact than distribution behaviors.

The power of individuals in roles of the distribution market, and in subtypes of roles, can be analyzed through the factors contributing to decision-making of individuals. The experience of coercion or manipulation was found as in prior research (Fleetwood, 2011; Knowles, 1999; Paoli, 2001). Effects of substance use can motivate individuals to succumb to coercion or manipulation. Individuals that are economically disadvantaged arrive in these low-power positions (Fleetwood, 2011; Paoli, 2001) and the limited positive effects from conventional living can explain this connection. The effects of distribution can be superior to the effects of conventional living for economically disadvantaged individuals. The individuals are able to process the options of distribution and conventional activities through decision-making and accept distribution roles. Although no participants represented this situation, it can be explained that negative effects of conventional living have an impact on the decision-making while social relations facilitate behavior engagement.

**Economic motivation.** Economic motivation in distributing to support a habit was clearly demonstrated in the participants. Cross et al.’s conceptualization of income generating activities (2001) was able to be analyzed with more depth due to the
qualitative nature of data collection. Participants were able to report when distribution was connected to financial gains for use, when conventional and unconventional life activities supported use, when distribution was used to support conventional life, and when these were disrupted. Individuals viewed income generating activities and income disposed as separate entities by viewing distribution money and conventional income as having specific purposes (e.g., for use or bills). Heed’s question of “whether drug traffickers are drug addicts who must sell drugs to support their habit,” (2005; p. 124), can be answered with a yes. Individuals experiencing addiction are selling drugs to support their habit. However, individuals experiencing drug addiction have other potential supports for their habit, may supplement their habit with additional conventional or unconventional activities, or may not even be addicted to the drug they distribute. These individuals do not compromise the entire drug market either. Anglin and Speckart’s finding of individuals specializing in careers of distribution or property crime to support addiction (1986) was partially supported. Participants had repertoires of behavior routines or specializations that were used to support their addiction. Most individuals reported distribution as this behavioral routine although others had additional routines of robberies or criminal activity. It is not that individuals have one source of drug supporting income but that individuals develop routines based on decision-making processes and opportunities.

Individuals distributing for the lifestyle were specifically motivated because of the money or because of what came with the money. The appearance of financial well-being that Ricardo noted as a motivator for distribution (e.g., driving nicer cars; 1994) was
demonstrated as a component of lifestyle effects. Participants’ sense of empowerment generally was derived from having money or living in ways permitted by distribution money. Adler’s description of the hedonistic lifestyle among smugglers and distributors (1993) is consistent with the views participants had about their lifestyles. The effects found in these lifestyle activities fed the participants’ values. There was economic motivation from distribution that provided a means for an end to self-indulgence.

There was very little evidence for motivation to participate in drug distribution due to socioeconomic status or being in an economically disadvantaged situation, contrary to expectations (Fleetwood, 2011; Paoli, 2001; Ricardo, 1994; Wu et al., 2005). Only one of the participants reported a desire to stop relying on his parents (because of their financial difficulties) as a partial motivator to engage in distribution. This participant’s story matched prior research of distributing to escape poverty (Ricardo, 1994; Wu et al., 2005) except the participant was White. Individuals entering distribution in attempt to escape their disadvantaged system may be less likely to enter substance use treatment. The harsher legal consequences disenfranchised populations receive from distribution behaviors (Fleetwood, 2011) may also be related to limited representations; individuals may be more likely to be incarcerated and less likely to be found in treatment centers. The impact that open market distribution has on surrounding communities (Harocopos & Hough, 2005) may lead these individuals to experience stigma relating to distribution. Distribution behaviors such as middling are common for financially driven entry-level populations (Wu et al., 2005), but these behaviors may not be identified as distribution. These views may have also contributed to the limited representation of
disenfranchised populations. These individuals may have also have risks for experiencing addictions related to marginalization from distribution markets that Cross et al. identified (2001). The experience of marginalization may contribute to shorter involvements with distribution routines and less identification as a distributor. Potential participants with economic disadvantage may have felt their experiences were invalid or felt stigma surrounding these behaviors. The motivation of individuals seeking to escape their socioeconomic situation can be explained by the limited positive effects of conventional living and perceived benefits of distribution behaviors and unconventional life activities.

**Addiction.** It was supported that individuals engage in distribution behaviors as a means to support substance use behaviors in their experience with addiction (Anglin & Speckart, 1986; Cross et al., 2001; Knowles, 1999; Semple et al., 2011). The tendency for individuals to fail in distribution because of use behaviors suggests that individuals’ substance use patterns change. Although some individuals seemed to view themselves as addicts by nature, the changes in behavior suggest that engaging in distribution and substance use can contribute to the process of becoming an addict. Rather than people being drug addicts and turning to supporting their habit (Heed, 2005) a more complex explanation of becoming an addict fits. The results demonstrated how various components are involved with distribution and use behaviors as predicted by Anglin and Speckart (1986). The predicted components that were demonstrated include an immersion in a drug world culture, availability of drugs, and having a social network of similar individuals. Participants did view themselves as addicts by nature, after first use,
or prior to distribution, so developing the identity of an addict along with distribution behaviors is not every individual’s story.

Although gender differences have been found in drug world involvement (Hser et al., 1987; Senjo, 2005) there did not appear to be any differences in the process of becoming involved in the drug world based on gender; the model was developed and demonstrated using both men and women. Hser et al.’s findings of women being more influenced by significant other relationships in use patterns, as opposed to men, would fit within the model (1987). The results do not provide sufficient data to validate or disconfirm these gender differences. Factors contribute to decision-making and motivation from both hedonistic lifestyle activities (Adler, 1993) and from social relations (Hser et al., 1987) and individuals may weigh each of these differently. One possible explanation may be that women tend to draw motivation more from a value of social relations while men source their motivation and values of hedonism. The possibility of women experiencing marginalization or different levels of opportunity within the drug world still remains a viable explanation as well.

The opportunity for severe use patterns to occur among individuals that distribute (Semple et al., 2011; Senjo, 2005) was well supported. Individuals were able to develop use patterns that were severe enough to cause failure in distribution and in ways that individuals related to the development of their addiction. Having a supply of drugs contributed to the use of those drugs with and without addiction. Semple et al.’s finding of higher degrees of hostility found among methamphetamine distributors (2011) is supported by the degraded character of people involved in the drug world. Semple et
al.’s conceptualization of hostility included factors such as negative views of other individuals. The degraded character was noted by changes in decision-making and characterized by a hardened view or mistrust of others. Semple et al. highlighted potential for hostility to cause issues in addiction treatment (2011) and participants reported degraded character as having an enduring impact. If treatment included character change in addition to changes in substance use behaviors this would increase the clinical attention necessary.

Individuals that become involved with the drug world for the life are susceptible to experiencing addiction. One component of involvement in the drug world is a high degree of drug consumption (Adler, 1993). The results of this study fit with the idea that drug consumption is a behavior associated with involvement with drug world. Prior findings that distribution predicts use, not specifically in addicts (Fairlie, 2002; Li et al., 1994), fit with the observations of participants that were not addicted to their drugs of distribution. These individuals engaged in use through unconventional lifestyles that included use, to inform distribution (i.e., test quality), and out of a “might as well use” attitude. These factors contribute to the use of the drugs being distributed.

A component of addiction and distribution that does not seem present in prior literature is the impact of exposure to various substances. As individuals become involved with the drug world they are exposed to a variety of substances. With distribution behaviors and routines social relations among the drug world expand and bring opportunity for increasing the types of drugs being distributed. Those individuals involved for the lifestyle are more motivated by money and are more open to distribute
different drugs; individuals wanting to supply their high would be less interested in
distributing drugs that do not provide their desired high. With the exposure to various
drugs individuals can come in contact with more preferable drugs. Some drugs are
preferred by individuals enough to experience addiction and lead individuals to attempt to
supply their high. This route to addiction has been demonstrated and seems worthy of
further analysis.

The changes in character, lifestyle activities, and social relations from
involvement in a drug world contribute to the experience and process of addiction.
Individuals were shown to have a set of lifestyle activities through their involvement in
the drug world or in supporting their habit (Adler, 1993; Cross et al., 2004). This
research is consistent with having behavioral routines in the drug world. Individuals
cease these behavioral routines as they exit the drug world in addition to adopting a new
set of behavioral routines relating to unconventional activities, distribution, and use. The
multifaceted integration in the drug world and separation from conventional society
implies that a more global change occurs. There is a higher degree of change required for
these individuals to disintegrate from the drug world and likely a more difficult change.

**Application**

Applying this model to practice provides both generalized addiction treatment
components and direction for clinicians working with individuals engaged with drug
distribution and substance use. One direction would be to understand involvement with
the drug world as a source of issues and work to facilitate exiting the drug world.
Reiterating Robin Banks:
4.0 graduate but with felonies it really didn’t matter. I shouldn’t even went to school. As far as I’m concerned, I’m just paying a bill I can’t do the, the job. So that was another reason I went back to selling drugs. The felonies, the felonies is what most peoples’ problem is going back to drugs.

How can our system work to help reintegrate individuals disintegrate from the drug world and reintegrate into conventional society? This builds on the idea that exiting a drug world is possible (Adler, 1992) and the nearly comical finding of increased likelihoods of legitimate self-employment among individuals that have distributed in the past (Fairlie, 2001). Individuals experiencing any type of addiction to drugs are likely to experience some degree of involvement with the drug world. The changes individuals experience through their involvement in the drug world may exist through distribution or not. These non-distributing individuals may still engage in criminal routines, are likely to have substance use routines, and can develop social relations of similar individuals. Clinicians should appreciate that clients may have been enmeshed in a drug world with its own culture, norms, and ways of being. Clients will have their own understanding of this drug world through their involvement and that understanding will be what guides its meaning. The clients’ worldviews determine the meaning or lack of meaning in having degraded character, an accumulation of non-support, and in disintegration of routines associated with leaving the drug world. If hostility and degraded character are conceptualizations of similar phenomena then these may provide barriers to treatment (Semple et al., 2011). These phenomena may be important to manage during treatment. Introducing ideas of
involvement with the drug world would inform the treatment of certain criminal populations and individuals experiencing addiction with and without distribution histories.

Three foci for a prevention initiative targeted to the individual are proposed based on the results of this model. The first goal is to increase the opportunity for the individual to develop desirable and meaningful conventional behavioral routines. This goal will lessen the need to develop meaning from involvement in the drug world for the life associated with the drug world. A second goal would be to increase the social relations of individuals that promote pro-conventional decision-making and increase conventional opportunities. Social relations can impact decision-making in pro- and anti-involvement ways. Li et al. suggested that correcting perceptions of peer engagement in unconventional life activities can be a target for prevention (1994) and supportive social relations can be the source for this correction (e.g., parents, mentors, structured peer groups). The last goal would be to directly address decision-making processes in ways that acknowledge the multiple components of involvement in the drug world. Individuals involve themselves in the drug world for more reasons than to use substances; people may initially involve themselves for the life they believe exists in the drug world. Acknowledging the motivation people experience will promote discussion contributing to the development of decision-making. Without the availability of meaningful opportunities and social resources to facilitate opportunities the individuals may view involvement with the drug world as the best or only option to take. Pro-involvement
views seem possible even with decision-making based interventions so it would be essential to include resources and opportunities as a part of prevention efforts.

**Coding Techniques**

Innovative techniques were used in the code development by using a research team along with the grounded theory approach. The use of a research team in code development shows potential viability. Open coding is the process of defining the categories that are observed in the data (Corbin & Strauss, 2007) and the research team effectively did this. Members of the research team worked independently of one another and identified categories that were defined with similar meanings. It is noteworthy that some members of the research team used the same words as the label for categories and had similar definitions for these categories. It may be useful to devise a strategy for utilizing this technique in multiple transcripts for the development of codes. Having a team consisting of experienced qualitative researchers may be useful in advancing this technique for code development.

The code verification through intercoder agreement had a degree of effectiveness but never reached its goal. Open coding does not have a discrete end point and occurs throughout the axial coding process as data are continuously evolving (Corbin & Strauss, 2007). Attempting to challenge open coding as a continuous occurrence may have related to issues in reaching the coding goal. The technique seemed to effectively reduce rates of disagreement in individual codes as the coding progressed. Analyzing rates of agreement by individual code did provide information that was valuable in conceptual issues relating to codes and guided how codes were defined but a more systematic
approach may be more useful. Reaching expected rates of matching (Miles & Huberman, 1994) may be a viable option and different results may occur with a smaller team with experience in qualitative research.

**Limitations**

A limitation for the study is the sample of participants included in the study. There was a limited representation of diversity in the population. More research may be needed to examine how this model may apply specifically to people with varying racial or ethnic identities or coming from varying socioeconomic backgrounds. It is expected that this model will have meaning for these populations considering the overlap in results of this research and other work that includes or focuses on various groups. The fact that women were included in the study and their data contributed to the overall model is a strong point for the study. Limiting the data collection to individuals that are going through substance use treatment increased the likelihood that individuals would identify as addicts. The sample limited the ability to determine what happens to individuals that do not experience addiction. It may be beneficial to examine how this model fits with non-addict populations and to examine ways these individuals experience their involvement in the drug world.

The model is focused at the individual level but there is a very limited inclusion of the impact of social institutions and larger systems at this level. A more comprehensive model would include the social institutions as a factor. Social institutions contribute to conventional opportunities, change probabilities for negative effects of distribution, and have a direct impact on decision-making. In a very crude way the social
institutions may have some resemblance to the role of social relations but it is acknowledged that social institutions are a separate entity contributing to the process. Focusing research on populations commonly experience marginalization from social institutions would allow for incorporation of this component. This limitation could be due to the attempt in focusing at the individual level but could also be related to the sample that was used for this study.

There are also limitations in the methodology used in the study. Although innovative techniques were used by having a team approach these techniques were not utilized in their full potential. It is acknowledged that these techniques have not been clearly established as tools for use. It would be beneficial to create a means for interpreting rates of code overlap associated with the code development technique and also to create a system to implement this technique. The verification of the completion of open coding through intercoder agreement also may need to be refined as a technique. It may be necessary to re-examine acceptable rates of code agreement based on the approach but it also may be possible acceptable rates of agreement to be reached with a grounded theory approach.
Chapter Six: Summary

This study developed a framework for analyzing distribution and use behaviors at the individual level to build on the limited research relating to the co-occurrence of drug distribution and substance use. The grounded theory approach allowed for a framework to be developed through the ongoing analyses and data collection. 15 participants were interviewed over various stages in the process of analysis and were the source of data for the study. Innovative techniques were utilized in the analyses by having a research team involved in verifying analyses. The core phenomena that were identified through analysis were involvement and integration with the drug world. The model proposes that decision-making and social interactions contribute to drug world and non-drug world behavior engagement while the effects of those behaviors inform decision-making processes. Social relations contribute to the individual’s decision-making and the decision-making processes contribute to the social relations individuals engage in as well. The stories of participants consisted of combinations of two stories. The first story told how individuals became involved with the drug world with distribution being a way to support their own addiction. The second story told how individuals became involved in similar behaviors because of the lifestyle associated with the drug world. The story of disintegrating from the drug world tells the experiences relating to stopping integration and involvement with the drug world. The primary themes of these stories were failure by use and a multifaceted integration into the drug world while the co-occurring themes
were separation from conventional society, strategic use, degraded character, and accumulation of non-support. The contributions made relate to the field’s understanding of addiction and provide a framework for the psychological analysis of substance use and drug distribution at the individual level through individuals’ involvements in the drug world.

Approaching a topic typically studied in the fields of sociology and criminology from a counseling psychology perspective has shown to be valuable, as other researchers have found (Mann & Glaser, 2014). Without the sociological perspective the drug world would not be understood as a cultural force that has an impact on the individual. The criminological perspective demonstrates patterns of behavior of individuals involved in the drug world as well as individual and community ramifications from peoples’ involvements in the drug world. Approaching this topic from a unique perspective allows a psychological understanding of the processes involved in an individuals’ involvement in the drug world to be illuminated. The psychological understanding of substance use and drug distribution provided in this paper moves the field towards an integrative approach to the problem of addiction. A psychological framework for drug distribution and substance can be utilized in addition to approaches taken at the institutional level and approaches from law enforcement.

The experiences involving addiction consist of more than solely engaging in substance use behaviors. A wide array of behaviors including distribution can be a part of involvement with the drug world and individuals’ experiences with addiction. Individuals construct meaning of addiction through their experiences and the processes
that are part of becoming involved in the drug world contribute to this meaning.

Engaging in substance use is the primary component of involvement in the drug world through addiction although additional components contribute to both involvement and use. There is an integrative understanding of the biological, psychological, and social factors contributing to addiction and this understanding accommodates the proposed pluralistic conceptualization of the individual, their behaviors, relationships, and their involvements with the drug world.
References


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In *Drugs and policing: A scientific perspective.* (pg. 21-58) Springfield, IL: Charles C. Thomas.


Appendix A: Interview Protocol

Consent: _____  Recording: _____  Date: __________

Pseudonym: ______________________

(The study is investigating the relationship between the behaviors of drug distribution and substance use, in other words, it is investigating what selling drugs and drug use looks like in people that have done both of those.)

(Drug distribution: exchanging illicit substances for money or credit, or being involved in such an exchange; substance use: using illegal drugs)

(I am interviewing you since you have engaged in those behaviors, so you have a certain expertise on the subject. I am here to help you discuss your experiences in a way that keeps a balance between the big picture and the specific details.)

(All Interviews)
1. What experiences do you have with substance use and drug distribution?

(Only interviews 1-5)
2. How do substance use and drug distribution perpetuate each other?

3. How does substance use influence an individual’s engagement in drug distribution behaviors?

4. How does one’s experience with distribution drugs influence their own substance use?

5. What role does addiction play in these processes?

6. What role does financial status and/or money play in these behaviors?

(Only interviews 6-10)
7. How does becoming immersed in a drug world influence this process?

8. How did your own personality and characteristics have a presence in the process?

9. What role did relationships have in the process?

10. How did your substance use patterns influence this process or have a presence in this process?

11. How were your distribution behaviors present in this process or influencing this process?
12. What was it about the drugs that influenced the process and what role did the drugs have in the process?

13. How did the outside world, the place in the country you’re at, the time in history, and the culture, have an influence on the process?

(Only interviews 11-15)
14. How does your preference in drugs influence the way you manage your use?

15. How does the management of your use relate to the ability or skill you had in distributing?

16. What did it mean for you that you were engaging in illegal behaviors?

17. What were characteristics of people that involved themselves in the drug world with you?

18. What did being involved in the drug world do to who you were as a person?

19. How were you transitioning between behaviors related to your general/daily life, use, and distribution? How did values associated with these behaviors cycle/change?

20. How would your decision-making progress into engaging in behaviors?

21. What contributes to the decision-making about engaging in distribution/use/deviant behaviors?

22. How did interactions with others influence your decision-making? What about actually engaging in behaviors?

23. How did the effects of distribution/use/deviant behaviors impact your decision-making?

(All interviews)
24. Is there anything else you feel that you need to share about substance use and drug trafficking?

(Summarization discussion and responses of participant)
(Thank the individual for participating in the interview)
### Appendix B: Tables

Table 1:

**Demographic Matrix**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age (Age range of distribution)</th>
<th>Culture/ethnicity</th>
<th>Family background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Green</td>
<td>Male</td>
<td>35 (Adol., E. Adult, Adult)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>Crystal</td>
<td>Female</td>
<td>46 (E. Adult, Adult)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>Cloud</td>
<td>Male</td>
<td>22 (Adol., E. Adult)</td>
<td>(White)</td>
<td>Lower SES</td>
</tr>
<tr>
<td>Char</td>
<td>Male</td>
<td>28 (E. Adult, Adult)</td>
<td>Persian</td>
<td>Divorced parents</td>
</tr>
<tr>
<td>Kane</td>
<td>Male</td>
<td>22 (Adol.)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>Socrates</td>
<td>Male</td>
<td>36 (E. Adult, Adult)</td>
<td>(White)</td>
<td>Divorced parents</td>
</tr>
<tr>
<td>Socksea</td>
<td>Male</td>
<td>27 (Adol., E. Adult, Adult)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>The Mailman</td>
<td>Male</td>
<td>50 (E. Adult)</td>
<td>(White)</td>
<td>Single parent household</td>
</tr>
<tr>
<td>Medicine Man</td>
<td>Male</td>
<td>22 (Adol.)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>Riley</td>
<td>Female</td>
<td>21 (Adol., E. Adult)</td>
<td>(White)</td>
<td>Mormon parents</td>
</tr>
<tr>
<td>Ron Burgundy</td>
<td>Male</td>
<td>31 (E. Adult, Adult)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>Jessica</td>
<td>Female</td>
<td>24 (Adol., E. Adult)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>Robin Banks</td>
<td>Female</td>
<td>45 (Adol., E. Adult, Adult)</td>
<td>(White)</td>
<td></td>
</tr>
<tr>
<td>Erin</td>
<td>Female</td>
<td>31 (Adol., E. Adult, Adult)</td>
<td>(White)</td>
<td>Foster care</td>
</tr>
<tr>
<td>Bob</td>
<td>Male</td>
<td>31 (Adol., E. Adult, Adult)</td>
<td>Multiracial/Latino</td>
<td>Military parent</td>
</tr>
</tbody>
</table>

*Note: Adol. = Adolescence, E. Adult = Early Adulthood, & Adult = Adulthood*
Table 2:

**Profile Matrix**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Drug of Choice</th>
<th>Drug(s) of Distribution</th>
<th>Criminal or gang routine</th>
<th>Police encounter/charge</th>
<th>Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Green</td>
<td>Alcohol</td>
<td>MJ, Coke, Acid</td>
<td>Criminal routine</td>
<td>Encounter</td>
<td>(Not P), Exp.</td>
</tr>
<tr>
<td>Crystal</td>
<td>Alcohol</td>
<td>Meth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Char</td>
<td>Opiate pharm (&amp; coke)</td>
<td>MJ, pharm, Molly, coke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kane</td>
<td>Alcohol</td>
<td>MJ</td>
<td>Criminal routine</td>
<td>Distribution</td>
<td>P</td>
</tr>
<tr>
<td>Socrates</td>
<td>Coke</td>
<td>Coke</td>
<td></td>
<td>Encounter</td>
<td></td>
</tr>
<tr>
<td>Socksea</td>
<td>Coke (&amp; heroin), meth</td>
<td>MJ, shrooms, coke, meth</td>
<td></td>
<td>Military incarceration</td>
<td>Exp.</td>
</tr>
<tr>
<td>The Mailman</td>
<td>Alcohol</td>
<td>Weed, coke</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine Man</td>
<td>MJ, opiate pharms, heroin</td>
<td>MJ</td>
<td></td>
<td>Vandalism, probation violation</td>
<td>V</td>
</tr>
<tr>
<td>Riley</td>
<td>Heroin</td>
<td>X, MJ, Heroin, meth, pharm (any)</td>
<td>Gang &amp; criminal routine</td>
<td>Encounter</td>
<td>Facilitated / witnessed</td>
</tr>
<tr>
<td>Ron Burgundy</td>
<td>Coke, alcohol</td>
<td>Coke</td>
<td></td>
<td>Assault</td>
<td>Exp.</td>
</tr>
<tr>
<td>Jessica</td>
<td>Meth</td>
<td>Meth</td>
<td>Criminal routine</td>
<td>Unspecified felonies</td>
<td>Facilitated / witnessed</td>
</tr>
<tr>
<td>Robin Banks</td>
<td>Meth, any</td>
<td>Weed, coke</td>
<td>Criminal routine</td>
<td>Possession, distribution</td>
<td>V</td>
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<td>Lady</td>
<td>Meth, heroin</td>
<td>Acid, meth, shrooms, MJ, coke, X, pharm, heroin</td>
<td>Criminal routine</td>
<td>Unspecified charges</td>
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<td>Bob</td>
<td>X, alcohol, MJ</td>
<td>Acid, MJ, coke</td>
<td>(No gang)</td>
<td>DUI</td>
<td>V</td>
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</table>

Notes: MJ = marijuana, X = ecstasy, & shrooms = mushrooms; P = perpetrator, V = victim, & Exp. = expected that violence would occur
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Multifaceted Integration</th>
<th>Failure by Use</th>
<th>Separation from Convention</th>
<th>Strategic Use</th>
<th>Degraded Character</th>
<th>Accumulation of Non-support</th>
<th>Validation or Empowerment</th>
<th>No Regard for Law</th>
<th>Isolation</th>
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<tbody>
<tr>
<td>Mr. Green</td>
<td>Unconventional lifestyle routine defined</td>
<td>Drug of use defined</td>
<td>Level of separation from conventional routines</td>
<td>Poly, Recovery</td>
<td>Involv.</td>
<td>Loss, growth</td>
<td>Yes</td>
<td>Yes</td>
<td>Expressed inability to talk of subject</td>
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<td>Crystal</td>
<td>Producing paraphernalia</td>
<td>Partial</td>
<td>Recovery</td>
<td>Predisp., involv.</td>
<td>Growth</td>
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<td>Yes</td>
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<td>Cloud</td>
<td>Firearms, routine robberies</td>
<td>Fully</td>
<td>Poly</td>
<td>Involv.</td>
<td>Loss, growth</td>
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<td>Yes</td>
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<tr>
<td>Char</td>
<td>Clubbing, gambling</td>
<td>Fully</td>
<td>Recovery</td>
<td>Predisp., involv.</td>
<td>Loss, growth</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<td>Routine robberies</td>
<td>Partial</td>
<td>Response</td>
<td>Involv.</td>
<td>Growth</td>
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<td>Socrates</td>
<td>“Partying”</td>
<td>Coke</td>
<td>Partial</td>
<td>Poly</td>
<td>Involv.</td>
<td>Growth</td>
<td>Yes</td>
<td>Yes</td>
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<td>Meth</td>
<td>Fully</td>
<td>Poly</td>
<td>Predisp., involv.</td>
<td>Loss, growth</td>
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<td>Yes</td>
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<td></td>
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<tr>
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<td>Poly</td>
<td>Involv.</td>
<td>Loss, growth</td>
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<td>Yes</td>
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<td>Name</td>
<td>Activity</td>
<td>Substances</td>
<td>Involvement</td>
<td>Growth</td>
<td>Loss, growth</td>
<td>Loss, growth</td>
<td>Notes</td>
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<td>Cocaine</td>
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<td>Invol.</td>
<td>Growth</td>
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<td>Jessica</td>
<td>Burglarizing</td>
<td>Meth</td>
<td>Fully</td>
<td>Invol.</td>
<td>Loss, growth</td>
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<td>Yes</td>
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</tr>
<tr>
<td>Robin Banks</td>
<td>Running escort service</td>
<td>Meth</td>
<td>Fully</td>
<td>Poly, Recovery</td>
<td>Loss, growth</td>
<td>Yes</td>
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<tr>
<td>Lady</td>
<td>Producing meth, smuggling coke</td>
<td>Meth</td>
<td>Fully</td>
<td>Response</td>
<td>Growth</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Bob</td>
<td>“Partying”</td>
<td>Partial</td>
<td>Invol.</td>
<td>Growth</td>
<td>Yes</td>
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</table>

Notes: Poly = polysubstance use; Involv. = through involvement & Predisp. = experiencing predispositions; Loss = loss of supportive relations & Growth = increased relations of non-supportive individuals
Appendix C: Figure

Pathways for Involvement and Integration with the Drug World