The drug experience: cocaine, part 3

Professor David Clark continues his examination of the seminal study by Dan Waldorf and colleagues on heavy cocaine use. This Briefing focuses on stopping use of cocaine.

In the last two Background Briefings, we focused on the most comprehensive ethnographic study of heavy cocaine users, conducted by Dan Waldorf and colleagues in Northern California. They interviewed 267 current and former heavy users of cocaine, a sample that did not include people in treatment programmes or in prison. Most of the respondents were 'solidly working- or middle-class, fairly well-educated, and steadily employed'.

This research challenged many of the prevailing myths. In this Briefing, we look at the process of giving up use of cocaine. Waldorf and colleagues interviewed 106 quitters – 30 of these had received some form of treatment, whilst 76 stopped using cocaine without treatment.

When respondents were given a list of personal reasons for quitting, the most common (47 per cent of sample) was given as health problems. The next most cited reasons were financial problems (41 per cent), work problems (36 per cent) and pressure from spouse and/or lover (36 per cent). Only 7 per cent cited actual arrest, although 28 per cent cited fear of arrest as a reason for quitting.

Respondents were also given an open-ended summary question on the most important reason or reasons to quit. Sixty-one per cent mentioned some form of psychological problem or stressful state caused by cocaine as the most important reason to quit. The next most common reasons were financial problems (23 per cent), and severe or recurrent health problems or concerns (19 per cent).

There was great diversity in actions that respondents took to quit using cocaine. Some made a number of attempts to stop before they actually succeeded. They despaired over the hold the drug had over them and had great difficulty in maintaining a resolve to stop using.

However, over a half of the sample stopped using on their first try, although this was not always easy. Two-thirds of the untreated cases stopped on their first attempt, while only one in five of treated cases did so.

More than 40 per cent of all quitters reported making some sort of geographic move as part of their successful attempt to quit. Two-thirds of these people said they moved to another city or state, at least in part to help them stay away from cocaine.

The most frequently used strategies for stopping to use cocaine were social avoidance strategies. Nearly two-thirds of the quitters said they had stopped going to places where cocaine was being used, or had made conscious efforts to avoid seeing cocaine-using friends. Over 40 per cent had also sought out new friends who did not use cocaine.

More than 75 per cent of the sample became more concerned about their physical health while quitting, and acted upon these concerns. Two-thirds improved their eating habits, and a half undertook new programmes of physical conditioning.

Over half of the quitters sought out new interests, with 39 per cent participating in sports to help them avoid using cocaine. Similarly, 55 per cent of the sample used informal help, such as family or friends, to stop using cocaine.

Only 17 per cent of the sample started using other drugs after quitting cocaine. Of those that did, the majority used only marijuana, which almost all had used before and during their cocaine use. Whilst 21 per cent drank more alcohol, most drank less after giving up cocaine.

Most of this diverse sample had used cocaine heavily for a good number of years – but few were ever merely cocaine abusers. Moreover, their use had not led them to becoming stigmatised. The majority worked regularly, maintained homes, and were responsible citizens – '...a commitment to their everyday lives gave them a stake in normalcy and bonded them to the conventional world'.

The sample were different to heroin addicts in other studies, many of whom came from disadvantaged backgrounds, had been criminalised and stigmatised, and had few private resources (*eg* education, jobs).

For many of the present sample, prolonged use of cocaine stopped being fun and starting disrupting rather than enhancing everyday lives. Since these lives had meaning and value, the difficulties caused by cocaine became powerful spurs for cessation.

The researchers were 'pleasantly surprised' by the relative ease with which so many cocaine users managed to quit. Their strategies were in general fairly commonsensical social avoidance strategies designed simply to put distance between themselves and the drug.

Most of the quitters were able to manage the cravings they experienced after stopping cocaine use. They realised that cravings were only transitory – distractions caused them to subside. New interests and activities provided such distractions. Many quitters found cravings '...little different from yearnings one might feel for an old lover – one feels the desire, but with time it subsides and one thinks of him or her less and less'.

These findings emphasise the importance of one's personal and social identity in influencing drug use. A commitment to a conventional identity and everyday life helps form the social-psychological and social-organisational context within which control and cessation of drug use is possible.

It is commonly stated that drugs come to dominate identities and lives. This was true in the most problematic cases in the Waldorf study. However, for the bulk of the sample, identities and lives usually dominated drug use. This is a critical fact that must be remembered when we try to help people overcome problems caused by drugs and alcohol.

Reference:
'Cocaine changes: the experience of using and quitting' by Dan Waldorf, Craig Reinarman and Sheigla Murphy. Temple University Press, USA.
Parts one and two of this Briefing were published in DDN, 14 November 2005 and DDN, 28 November 2005.

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