

## The drug experience: heroin, part 7

**In his latest Background Briefing, Professor David Clark looks at the research of Patrick Biernacki in the mid-1980s showing that people can recover from heroin addiction without treatment.**

Many people believe that if you try heroin, then you are on the path to ruin. They consider that addiction to heroin is inevitable, and the route to being drug-free again is extremely difficult, if not impossible. Many treatment professionals believe that it is essential that a person who becomes dependent on heroin has treatment to recover.

In this Briefing, we describe research showing that recovery from heroin addiction without treatment is possible. We also look at the characteristics of this recovery process, since we need to learn from this research to help others take this pathway.

The subjects in Patrick Biernacki's study were 101 people, who had to have been addicted to heroin for at least one year, and had been free of addiction for two years. They had not received treatment for their heroin addiction. Subject interviews were analysed by Grounded Theory.

Biernacki described the findings of his research under four main headings: resolving to stop; breaking away from addiction; staying abstinent; and, becoming and being 'ordinary'.

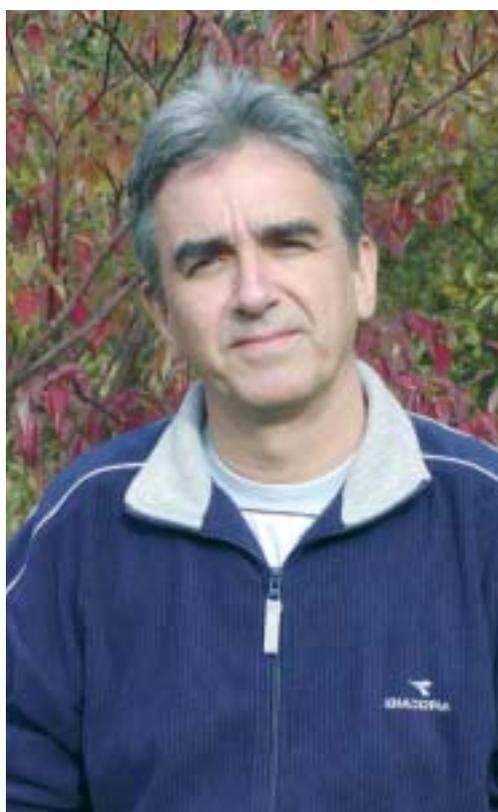
**Resolving to stop** fell into three broad categories. A small number of the sample (4-5 per cent) stopped using without making a firm decision to do so. These people simply drifted away from their addiction and got involved in other things. They seemed to be people who had become dependent on heroin, but had never developed a strong commitment to the illicit world of addiction.

For two-thirds of the sample, ideas of stopping heroin use developed rationally and were stated explicitly. The rational decision to stop often occurred after an accumulation of negative experiences, along with some significant and disturbing personal event. The experiences were usually expressed in terms of serious conflicts between continued drug use and other desires.

The third category involved people (about 30 per cent) who had hit rock bottom or had experienced an existential crisis. The decision to stop 'emerged out of a highly dramatic, emotionally loaded life situation'.

**Breaking away from addiction.** When people who have become dependent on heroin resolve to stop using the drug, they are often uncertain about what they should do with their lives instead.

While their life with heroin may now be perceived in a negative light, this does not mean that they know what line of action to take. This point is particularly pertinent to those who have



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immersed themselves in the world of addiction, since they have lost most of the conventional social relationships in their lives.

Biernacki emphasised the absence of recovery models. 'There is little, if any, subcultural folklore to give them insight into how they might go about ending their addiction. In fact, they may feel they are treading a path on their own.'

One of the reasons for the dearth of recovery models is that people who become abstinent without

treatment generally cease to associate with those who remain addicted. In fact, in many cases, ending these associations is a necessary condition for becoming abstinent.

'Thus few, if any, stories circulate in the addict world about people who have succeeded in their voluntary efforts to stop further opiate use. And those addicts who try to quit, but fail, commonly return to the addict world and serve to reinforce existing beliefs in the futility of attempting to quit without undergoing a formal course of treatment.'

Many people who come to the point of resolving that they must stop using heroin are doubtful of whether they can abstain successfully and permanently. They remember initial resolutions to stop using as being fragile and weak, and they remember past failures of trying to stop.

The situation is made worse by the fact that the person is likely to be suffering from low self-esteem. They must also now deal with feelings of anxiety, which they may not have done for years, because they could mask previous anxiety with their heroin use. The person will also have to face the physical symptoms of withdrawal, in what is likely to be in a poor physical and psychological condition.

These problems are worse for those people who have been caught up in the world of addiction and have cut themselves off from family, friends and mainstream social life.

When considering what will replace their addict lifestyle, the person may have serious doubts as to whether they can establish and maintain relationships with 'ordinary' people. They share little in common with non-users and also face the stigma that is associated with heroin addiction.

They may also worry about their criminal record, their lack of education and skills, whether they are employable, and whether they can keep off the drug. 'All in all, they have many and often justifiable fears that they will not be able to get along with people in the conventional world.'

At the same time, those problem users who have managed to maintain good relationships with people who are not involved in the world of addiction generally have an easier time moving through this period and realising their desire to change their lives. They can find support from non-users and realise their new identities.

*Recommended Reading: Patrick Biernacki (1986) Pathways from heroin addiction: Recovery without treatment. Temple University Press, US.*