

THE IMPACT OF ROLE MODELS ON OUT OF TREATMENT AFRICAN-AMERICAN ADDICTS: AN INSIDE PERSPECTIVE

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Abstract

This article describes the findings of a qualitative study that examines the influence that positive role models in recovery from drug addiction had on a sample of 20 African-American male addicts. This article explains the effect of stigma and shame on drug addicts. It provides insight and understanding of what deters them from disclosing their drug use and seeking treatment, and explains the positive influence that recovering role models had on the addicts in this study in their decision to stop using drugs. These findings provide an insider perspective of drug addiction, and increase our knowledge of how to more effectively engage drug addicts. Data was collected using one-time taped interviews with 20 African-American male drug addicts. The findings suggest: (1) drug treatment was often perceived as ineffective, a last resort, or as punishment for addicts' behavior; (2) many respondents feared being stigmatized and shamed once they disclosed their drug use; (3) most reported having difficulty imagining their lives as different following treatment; (4) the strongest influence participants' reported was of former addicts acting as positive role models who engaged participants in a safe, non-judging manner around stopping their drug use. By exploring this topic we learned how this sample interpreted "entering treatment," the barriers they encountered, and what influenced their decision-making process regarding treatment. This study helps recognize the benefits of using former drug addicts as role models to do outreach with active addicts due to their ability to understand and relate to this population.

Keywords: Drug addict, shame, recovery, role models

Introduction

Purpose

The abuse of drugs, especially illegal ones, has reached what some consider epidemic proportions in the U.S. Drug abuse is known to destroy families, careers, physical and mental health, communities and

neighborhoods. It impacts all races, ethnic groups and levels of socio-economic status. Treatment for drug abusers and addicts has been proven to be effective, however, for a variety of reasons there is a percentage of those who need drug treatment that do not seek it. Many factors that might influence motivation and readiness for treatment (e.g., health insurance, employment, housing, and education) have been the focus of previous research studies (Lundgren, et al 1999). However, few studies have explored addicts' perspectives on why they are reluctant to enter treatment. Decisions about seeking treatment are also likely to be influenced by how addicts have constructed the meaning they assign to treatment, which also can act as a "barrier" to seeking treatment. The goal of this research study is to identify and examine these "barriers," in relation to the research questions, and develop a model for how these barriers might influence participants' decisions to seek drug treatment. This study specifically explored barriers to drug treatment identified by respondents and discusses them within a theoretical framework. It focused exclusively on African-American men, due to their predominance among addicts, and research findings indicating that African-Americans, especially men, are less likely than whites to seek treatment (Longshore, Hsieh, & Anglin, 1993; SAMHSA, 2013). This study will (a) build on previous work that examines external barriers to treatment, (b) help researchers and treatment providers gain a broader understanding of the obstacles to treatment experienced by addicts, and (c) will focus on factors deemed relevant in the literature, specifically stigma and shame, among the drug addicted population.

Although there are abundant studies on drug treatment programs and treatment outcomes, there are few studies which test whether or not the theoretical models explaining deviant behavior (e.g., drug abuse, and social stigma) are relevant for understanding the resistance to drug treatment among adult African-American male addicts. This study answered the following questions: 1. What does entering drug treatment mean to the twenty African-American male injection drug users (IDUs) interviewed? 2. What specific factors do participants describe as barriers to entering drug treatment? 3. What specific experiences or individuals influenced participants' decision about entering drug treatment? This examination consisted of conducting in-depth intensive interviews with (20) African-American male IDUs to learn what their experience has been regarding injection drug use and seeking drug treatment. The purpose of this research is to examine barriers to drug treatment, illustrate the impact and influence role models can have, and to gain a deeper understanding of the important role they play in helping drug addicts in their decision to stop using drugs.

I.

Since 1997 Harm Reduction initiatives and Treatment on Demand programs have been developed and implemented with great anticipation and expectations for reducing the spread of HIV/AIDS and helping drug addicts to access drug treatment, especially IDUs, who tend to do society the most damage. Despite efforts to expand drug treatment and reduce the number of individuals addicted to drugs, the reality is that those efforts have had a minimal impact on solving the problem of getting drug abusers, especially IDUs, to seek treatment (SAMHSA, 2013). And, some reports show no differences or impact at all since the new initiatives have been implemented (Shavelson, 2001, p. 6). According to recent data from the Substance Abuse and Mental Health Service Administration (SAMHSA, 2013) Treatment Episode Data Set (TEDS), the proportion of non-Hispanic Blacks declined from 25 percent of admissions in 2001 to 20 percent in 2011, suggesting a problem getting this population into treatment still exists.

In the fall of 1998 the Center for Substance Abuse Treatment (CSAT) began the National Treatment Plan Initiative (NTP) to provide an opportunity for those in the substance abuse treatment field to explore ways to improve substance abuse treatment by building on recent advances in the field, and by bringing together the best ideas about how to pursue action to effect needed change. “Changing the Conversation” was one product of the NTP that presented a set of guidelines and recommendations drawn from the work of panels and individuals who participated in six CSAT sponsored public hearings and submitted comments. One key area of concern identified by those hearings was that of “reducing stigma and changing attitudes” around drug use and drug treatment. The issues determined to be key, according to the CSAT project and the NTP, are to: (a) conduct systematic research to better understand how those individuals at risk for, or suffering from drug abuse, are affected by multiple and overlapping forms of stigma; and (b) understand more fully the views and attitudes of various population groups regarding substance abuse treatment. The panels addressed stigma as a powerful, mark of disgrace and reproach that impedes treatment and recovery. The panel was also concerned about the impact of other types of stigmas, based on types of drugs used or how they were administered (injecting), as well as the impact of additional stigmas around race, gender, employment and their effect on treatment (CSAT, 1999).

Since that CSAT initiative, research has shown that treatment for addicts and recovery from addiction can be influenced positively by a variety of social supports (McLellan, et al, 1998, Salzer, 2002), especially those supports provided by recovering addicts acting as role models offering emotional support. They do so by demonstrating empathy, understanding, and guidance to those addicts in need. Other initiatives, such as “Faces of

Recovery,” another SAMSHA project, and ManyFaces1voice, through the documentary film “Anonymous People,” have also gained momentum in helping put a face on recovery and show addicts that recovery is possible, and addiction can be successfully treated (Williams, 2013). Presently, approximately 20% of the Black non-Hispanic opiate addicts nationwide still do not seek treatment for their drug problem (Liebman, et al., 1993; Boyle, 2000; Epstein & Gfroerer, 1993; SAMSHA, 2013). For a variety of reasons addicts continue to be a very difficult population to attract to treatment, however, the trend to reduce and diminish the stigma and shame associated with addiction has helped many, both addicted and non-addicted to understand addiction and treatment from a disease model perspective and as a public health issue that can be successfully treated.

This study was designed to understand what prevented addicts in this sample from seeking treatment? What were the internal barriers that prevented them from seeking drug treatment? How did those barriers influence decisions to seek or resist drug treatment? What or who influenced their decision to seek treatment? The answers to these questions are very complex with many factors to consider. The following section discusses the issue of race and its role in decisions about drug treatment.

Although addicts as a whole are a difficult population to attract to treatment, studies show that African-American addicts are even less likely than whites to seek drug treatment (Longshore, et al, 1993; Marsh, 1990; Lundgren, et al, 1999; Liebman et al., 1993). Few studies have explained the factors affecting access of this population to the drug treatment system. Other studies suggest that treatment motivation might be lower among African-Americans due to their negative views toward treatment (Kline, 1996), and that African-Americans are less likely to use drug treatment services because those services are viewed as "unfriendly" (Ashery, 1992). In his book Cocaine Kids, Terry Williams (1989) describes the power and lure of the drug world, especially for black youth, and its underground economy. His study examines the status and prestige the drug trade provides to young black men, and their use of it to “make a place for themselves by seeking rewards they are unlikely to attain in the regular economy” (1989, p.132).

In a Heroin Lifestyle Study of African-American male injection drug users, Hanson, Beschner, Walters and Elliott (1985) found that preserving their self-image and feeling in control of their drug use were two important factors affecting African-American addicts’ motivation in seeking drug treatment, and a “highly significant aspect of their control is avoidance of treatment” (p.179). According to Hanson et al., avoiding treatment allows African-American addicts to feel they are in charge of their lives and allows

them to maintain their independence. For them, seeking help by entering drug treatment means loss of freedom and the ability to care for themselves.

In addition to the above reasons for avoiding drug treatment, there are other significant factors that researchers have found to influence African-American addicts' decisions about treatment. Hanson's findings indicate that seeking treatment entails giving up a lifestyle that accompanies injection drug use, which means "abandoning many of the conditions and activities that make an addict's life seem meaningful (Hanson et al., p.179)." W.J. Wilson's (1987) research on social dislocation and the "concentration effects" (p.58) of out-migration of working and middle class blacks on inner cities causes us to examine the impact of the above on the African-American men who live there and use and sell drugs. His description of the conditions of poverty, joblessness, lack of positive role models, and the role of drug use in an underground economy helps us understand the "meaningful existence" Hanson found in his study.

Further, Anderson's (1999) study of street life examines the impact of poverty, joblessness, and social alienation issues of this population as well as the emergence and function of the drug economy, many factors which still exist today. His work explains the power and meaning of street life for African-Americans, especially those involved in the drug economy, many factors that still exist, which explains the difficulty and resistance these men face when they consider giving it up. Anderson also found that, due to urban poverty, social dislocation, joblessness, and lack of opportunities for advancement, many blacks get locked out of mainstream occupations and migrate to the drug culture, which becomes "work for them." According to him, through the drug trade many black men can attain a sense of power, status, and prestige that are, for the most part, attributes unavailable to them in the wider, mainstream society. This is considered a form of capital and can be very difficult to give up for a life of unemployment or low-paying jobs, welfare, being stigmatized and stereotyped, and to be alienated from the wider society and its institutions (Anderson, 1999).

Regardless of the reasons African-American drug addicts do not seek treatment, the research clearly suggests that more studies are necessary to better understand this problem. And, that the spread of HIV and Hepatitis C through sharing contaminated drug injecting equipment still continues. Studies show that the AIDS epidemic associated with sharing needles has especially affected African-American IDUs (Leukefeld,1988), and that HIV infection among African-American male IDUs comprise 46% compared to 21% Whites, and 30% Latinos (CDC, 2013) . There is an ongoing concern regarding the enrollment of this population into treatment programs, and ways to develop drug treatment services to meet their culturally diverse needs (Kline, 1996; Longshore, et al, 1992; Longshore, Grills, Anglin and

Annon, 1998). The issue of enrollment of African-American addicts in treatment needs to be examined in order to develop innovative outreach efforts to attract African-American addicts into drug treatment.

In order to achieve higher rates of enrollment of African-American IDUs, we need to better understand not only how African-American addicts see themselves, but also how they perceive drug treatment. We need to know what it means to an addict to be identified as such. We also need to understand what barriers they experience, how those barriers develop and are socially constructed as well as how they influence the decision to seek or avoid drug treatment.

Research Design and Method

Method

The research described in this article was designed to examine African-American male drug addicts' interpretations of what entering drug treatment means, the barriers to entering treatment they experienced, and what or who influenced their decision to enter treatment. Specific attention is paid to stigma, shame, and fear and the impact of those factors on decision-making, and their role as possible barriers to treatment. Over the years, qualitative research methods have proven to be an effective means of data collection and analysis in studies on drug abuse. As explained by Denzin and Lincoln (1994), qualitative research methods emphasize the process and provide an in-depth understanding of subjective, perceived meanings, interpretations, and behaviors of those individuals studied. Qualitative research can also help "humanize a stereotype" (Agar, 1996, p.107) such as drug addict.

Grounded Theory method was chosen for this study because of its usefulness in exploring problems that are not easily understood, its utility in defining concepts related to a particular phenomenon, and understanding how problems are seen and addressed by those being studied (Strauss & Corbin, 1990). Grounded Theory methods allow for an exploration of an unfamiliar area, the interpretations and meaning of addiction and drug treatment from a social and psychological perspective. This is an area where there is much room for development and deeper understanding. It was determined to be the most effective way to obtain very sensitive and extremely personal data from a hard to reach population.

This methodological approach allowed the researcher to gather first-hand information by entering the interviewing process without any a priori theory to prove. Grounded Theory is a way of arriving at a theory suited to its supposed uses (Glaser & Strauss, 2009), and approaches a method of discovering theory from the research, generating hypotheses and concepts directly from the data. It also allowed for a deeper understanding of this

population while providing what Geertz (1973) calls a "thick description" of a particular behavior. Through this method the researcher was able to explore how the participants in the study attribute meaning to their actions by examining the social constructions of drug addiction, their emotions, ideas, definitions and knowledge about drug treatment and drug use. Grounded Theory methods allowed the researcher to "link respondents' subjective consciousness and choice to larger social structures" (Charmaz, 1990, p. 1161). Rich interviews were obtained by encouraging respondents to talk openly and freely about themselves and their experiences in an environment that was safe and in which their beliefs and perceptions were treated with sensitivity and sincerity (Agar, 1973, 1996).

The Grounded Theory approach also provided a method with which to explore emerging themes of social isolation and dislocation, poverty, joblessness, as well as shame and stigma and their influence on addicts' decisions to seek or avoid drug treatment. Using Grounded Theory methods also allowed for an open-ended, flexible method of studying an interactive process dealing with relationships, emotions, and personal and sensitive information. Much attention has been paid to the availability of treatment resources, the efficacy of various treatment modalities, and outcomes of treatment. However, the "barriers" to treatment described in this study have received little attention in the literature. A Grounded Theory approach was the best research method for arriving at a conceptually based explanation for the phenomena being studied, and building a theoretical framework while collecting and analyzing the data.

The research questions asked and the qualitative data obtained in this research study through intensive in-person interviews was analyzed on an ongoing basis following the guidelines of grounded theory methodology (Charmaz, 1990; Locke, 2000; Agar, 1996, 1996; Strauss & Corbin, 1990). Data was collected and simultaneously coded according to "process, actions, assumptions, and consequences rather than for topics" (Charmaz, 1990, p.1168), which allowed the researcher to develop and test analytic insights against new observations. Emphasis was focused on patterns of behavior and meaning to account for variation and develop conceptually based explanations (Locke, 2001). This was achieved by tracking the frequency and distribution of particular phenomena (comments, phrases, explored meanings) as they emerged, identifying systematic patterns and/or relationships among them (Agar, 1996). Those systematic patterns and relationships were formulated and modified on an ongoing basis, using a constant comparison method, and continuous questioning throughout the data collection phase of the study. Memo writing was used in the initial phase of data analysis to keep track of concepts in need of further exploration. It also helped outline further data collection by modifying

questions and to clarify concepts. Further analysis was conducted by listening to the audio-taped interviews, reviewing hard-copy transcripts and interviewer notes searching for themes that emerged consistently or with force from the data. Transcripts were reviewed methodically multiple times to interpret and determine the relevance and validity of themes and key points while creating conceptual categories and building a theoretical framework. This process was also used to refine ongoing data collection while making discoveries from the data. Once new discoveries were made, the researcher followed through with exploring them by returning to the literature to gain a deeper understanding of the relationships among and between categories.

Following a thorough literature review, transcripts were reviewed again, using a constant comparison method, looking for unexpected themes or concepts overlooked previously. From this process the researcher was able to develop theories which contribute to the understanding of IDUs, their entry into drug treatment, and what that process means to them. It also provided a framework for making predictions about this population and phenomenon. Community outreach workers and treatment program staff were used to identify IDUs appropriate for the study. The interviewer engaged potential participants in a preliminary discussion about injection drug use and their treatment experience to determine if they were appropriate for the study. The interview guide (see Appendix 1) was pre-tested and examined by a committee of researchers for problems with the questions, wording, or delivery. The same person conducted all interviews to further ensure consistency and continuity of the interviews. Also, participants' responses were probed with follow up questions regarding their understanding of the questions and the meaning of their answers.

Sample

This study consisted of a convenience sample of twenty African-American male drug addicts. All men were injection drug users (IDUs) ranging in age from 33 to 54 years old, and met the eligibility criteria of having been addicted to drugs at some point in the past. Length of abstinence from drugs and alcohol was not a factor in this study as initially participants who had never been in treatment were targeted. However, due to the difficulty in locating those individuals, participants were asked to answer questions that reflected their thinking prior to entering treatment. Participants were recruited from area homeless shelters and drop-in centers, half-way houses (HWH), drug treatment programs, and self-help groups. Although extremely helpful in providing a beginning understanding of this little-known population, this sample clearly has limitations due to its self-

selection. It is therefore, not representative of the population and findings cannot be generalized to all African-American male addicts.

Procedures

Whenever anyone was interested in participating in the research study, they were screened to determine if they met sampling criteria, and if so, an interview was scheduled. Some interviews were conducted on the spot if an appropriate space was available. Initial contact with addicts was also made by outreach workers and/or the staff at HWH programs or the drop-in center. Participants were screened to determine appropriateness for the study. Questions included ethnic background, gender clarification, and history of drug use and treatment.

Participants were interviewed one time to discuss their history of drug use, perceptions of drug treatment, family drug use, and their thoughts and feelings around seeking and entering drug treatment.

Interviews began with questions regarding demographic information such as, “Are you from this area?” and “Where did you grow up?” These questions usually led into the participant talking about his childhood years and family. Following questions about education, work, and living arrangements, and if the participant was comfortable enough, the discussion turned to questions about drug treatment and his drug use. Participants generally spoke openly and freely about themselves without much probing, however, some wanted to tell me their whole life story, causing the researcher to redirect the conversation from time to time. When clarification was needed, the interviewer asked and went back to parts of the conversation that were unclear. As the conversation flowed, participants were asked open-ended questions from the interview guide in whatever order they seemed to naturally fit. The interviewer used discretion when pursuing questions that were not in the guide but developed during the conversation.

Interview Guide

The interview questions were divided into three categories. First, a certain amount of demographic information was solicited by asking questions about family, education, employment, living arrangements, and health insurance. Second, questions were developed to obtain information regarding the participants’ understanding and experience of drug treatment services. Also included were questions about their own drug use and experience with the drug treatment system. Third, questions were asked about the images respondents had regarding drug treatment, expectations of drug treatment, respondents’ experience in drug treatment, and about life after treatment.

Data Analysis

The research questions asked and qualitative data obtained in this research study through intensive in-person interviews was analyzed on an ongoing basis following the guidelines of grounded theory methodology (Charmaz, 1990; Locke, 2001; Agar, 1996, 1996; Strauss & Corbin, 1990). A Grounded Theory approach allowed for developing and testing analytic insights against new observations. Researchers focused on patterns of behavior and meaning to account for variation and develop conceptually based explanations (Locke, 2001). This was achieved by tracking the frequency and distribution of particular phenomena (comments, phrases, explored meanings) as they emerged, identifying systematic patterns and/or relationships among them (Agar, 1996). Those systematic patterns and relationships were formulated and modified on an ongoing basis, using a constant comparison method, and continuous questioning, and memo writing throughout the data collection phase of the study.

Further analysis was conducted by listening to the audio-taped interviews, reviewing hard-copy transcripts and interviewer notes searching for themes that emerged consistently or with force from the data. Transcripts were reviewed carefully multiple times to interpret and determine the relevance and validity of themes and key points while creating conceptual categories and building a theoretical framework. This process was also used to refine ongoing data collection while making discoveries from the data. Once new discoveries were made, they were followed up by exploring them and returning to the literature to gain a deeper understanding of the relationships among and between categories.

Following the thorough literature review, transcripts were reviewed again, using a constant comparison method, looking for unexpected themes or concepts overlooked previously. From this process theories were developed which contribute to the understanding of drug addicts, their entry into drug treatment, and what that process means to them. It also provides a framework for making predictions about this population and phenomenon. Reliability and validity were addressed in several ways including methods related to the sample, the questionnaire, and analysis of the data. Agency outreach workers and treatment program staff were used to identify participants for the study. The interviewer engaged potential participants in a preliminary discussion about their drug use history, and their treatment experience to determine if they were appropriate for the study. The interview guide was pre-tested and examined by a committee for problems with the questions, wording, or delivery. The same person conducted all interviews to further ensure consistency and continuity of the interviews. Also, participants' responses explored deeper using follow up questions

regarding their understanding of the questions and the meaning of their answers.

Conclusion

The findings of this research show that, of the many things which influenced this sample of 20 drug addicts to seek help stopping their drug use, the impact of recovering addicts as role models, was key. Although their experiences, perceptions, and motivation regarding their addiction varied, nearly all participants described their involvement with recovering addicts as a significant factor in helping motivate them to change. Many participants reported that prior to their involvement with recovering addicts the thought of stopping their drug use seemed too unrealistic. Some reported not knowing anyone that didn't use some type of substances. Others revealed that they had been introduced to drugs by family members, and that using drugs was fairly common in their environment. What they reported to be uncommon was the presence of anyone to model positive behavior with regard to abstinence from substances. Many reported having little exposure to recovering or abstinent individuals, and if so, they were extremely doubtful and reluctant to believe or trust that those individuals claiming to be abstinent were legitimate, or to trust that they (addicts) could stop using. One of the most powerful motivating factors consistently reported by respondents was the experience of being around individuals they knew from somewhere in their lives, who used to inject drugs and live a similar lifestyle, and now were living a drug-free life as a result of treatment.

Many respondents came from impoverished neighborhoods where drug and alcohol use, unemployment, and crime rates were high, and education and job skills of individuals was relatively low. According to respondents, opportunities to enter the alluring lifestyle of drugs and crime were "right there, everywhere" and it was all too easy to join in. As Terry Williams (1989) described, the drug economy and underground network of power, status, and prestige is often too appealing to young African-American men trying to "make a place for themselves, and attain the rewards they are unlikely to attain in the regular economy" (p. 132).

Many stated that once they began using drugs they began losing connections with family and friends, and started sinking deeper and deeper into a life of loneliness, isolation, and fear. With connections to healthy, positive forces in their lives gone, many respondents reported losing hope and spinning further out of control as a result of injecting drugs. For many respondents seeing someone they knew who had previously been addicted to drugs and had stopped was reported to be a great source of hope and inspiration. It was a positive influence on many respondents' decision to enter drug treatment programs and stop using drugs. According to most of

the respondents, having that experience proved to them that people addicted to drugs can and do stop.

Respondents said that by connecting with those individuals who had stopped they saw first-hand that it could be done, and believed it. They also reported that those family members and friends who had stopped were among the first to believe in them and their ability to stop. According to respondents, former addicts became positive role models for them, providing the encouragement and support they needed to overcome obstacles, and to begin changing their lives. As one respondent put it, “seeing these guys who were drug-free put me in a position to be helped.” The positive effect of seeing family and friends quit using drugs was reported to be a major factor in the movement from the “pre-contemplative” and “contemplative” stages to the “action” stage of what Prochaska and DiClemente call The Trans-theoretical Model of the Stages of Change (1986).

What became obvious throughout the interviews was that many respondents reported they didn’t know anyone that didn’t use drugs of some sort. It was the culture, or life, they were accustomed to; “people get high.” To them life without drugs seemed “empty,” “boring,” and unappealing, despite how horrible their lives became due to their drug use.

Being exposed to recovering people that respondents knew were former addicts, and who they trusted to be telling them the truth, provided the inspiration and hope that proved to be a positive influence in their decisions to enter treatment. It helped the respondents to believe that it “just might work” for them too, and begin the transition from the “emotional safety” the drugs provided, to a “hopeful,” place where they felt they “belonged.” They spoke about connecting with recovering people and allowing them to help put the respondent in, according to one participant, “a position to be helped.” A place many respondents had never been. To do that, though, they had to trust, and that didn’t *just happen*.

Practice Implications

Although researchers have studied the problems of substance abuse for some time, much of the literature prior to the late 1990s focused on programs, clinical interventions, and outcomes of drug treatment programs. However, some qualitative and quantitative studies of individual drug users have focused on the turning points in their lives leading to abstinence (Jorquez, 1983; Maddux & Desmond, 1983). These studies discuss alternative explanations for stopping drug use as well as a variety of reasons for doing so. Although the subjects of these studies had been to treatment, and the foci was not on barriers, but abstinence, there is important information to be gleaned from the findings about how and why drug users stopped.

Less attention has been given to those who did not use treatment services, or why they didn't. This unexamined population became a major focus of attention, especially as it pertained to the ongoing spread of HIV, via sharing contaminated needles, and unsafe sex practices among drug addicts. Greater emphasis was placed on tracking and understanding those who avoided drug treatment in an effort to engage them in treatment and reduce, if not stop, their risky behavior. By better understanding ones' avoidance of treatment, strategies and policies could be developed to fund and implement effective outreach practices designed to engage active drug addicts and direct them to treatment.

Practices that provide treatment on demand or that mandate treatment through drug courts and similar initiatives show that a percentage of addicts will get the help needed through those interventions. However, the long term effects or outcomes of those initiatives are not yet known and if addicts don't buy into the goals and philosophy of drug treatment or view abstinence as a positive, the results might be less than impressive. For this population change is difficult to mandate or promote, especially when you examine their lives in a broader context, taking into account the racial prejudice, lack of economic opportunity, stereotyping and stigmatizing, and any other obstacles they encounter.

This study suggests there is a way of minimizing, if not eliminating, the barriers to drug treatment experienced by this population and those addicts of other gender and race as well. It is here that the findings of this study offer the greatest contribution to the field of substance abuse treatment research and practice. The study shows the importance and value of outreach efforts that are clearly effective in reaching addicts and influencing them to enter drug treatment. Those outreach efforts do so by attracting rather than mandating or promoting treatment, and, as this study shows, the results are positive. When the positive effects of drug treatment are exhibited and modeled by former addicts, the chances of reaching current or active addicts and helping them enter treatment increase.

The findings of this study show that the recovering addicts interviewed possess certain credibility and skill in connecting with active addicts that has a powerful influence on those they encounter. The ability to establish a "human connection" from an individual who has walked in similar shoes as an addict allows that person to truly understand the struggle and plight of the other person, regardless of race, culture, class. Recovering addicts are able to relate to the stigma, shame, and other struggles that active addicts report experiencing, as well as the intense desire to anesthetize their pain. They also know the emotionally safe feeling that drugs provide, and they understand the extreme fear of life without the comfort and safety of the drug. By having this knowledge and personal experience, a trusting rapport,

or “human connection,” can be developed between active and recovering addict. This connection is often what is necessary to provide the opportunity for the active addict to see and hear that change is possible, especially coming from an experienced and knowledgeable person.

This study shows clearly that this population (African-American drug addicts) can be reached and influenced to enter drug treatment. It shows that the barriers to treatment experienced by addicts can be overcome, and that some individuals (recovering addicts) are well equipped or suited to provide outreach to active addicts. The value, importance, and impact that recovering individuals can have on addicts to enter treatment is clearly demonstrated in this research and warrants further exploration in future studies.

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