

PATHS LEADING INTO AND OUT OF INJECTION DRUG USE

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HIGHLIGHTS

- Not all people who become addicted to injecting drugs start out in the same place. While a few of the respondents for this project grew up in families imbedded in a culture of illegal drug use, this was not the norm. When asked if, as a young person, they had thought about what they would like to do when they grew up, women typically mentioned wanting to go into the helping professions and the most common aspiration from men was, to become a police officer.
- Just as people who inject drugs are drawn from diverse backgrounds, so also there are varied conditions under which people make the shift from other forms of drug use to injecting. Some follow the generally expected route of seeking a greater rush. Others may slip into injecting because they wish to part of the life style of their boy/girlfriend. Many seek the additional intensity secured through injecting in an effort to, at least temporarily, forget about adversity. Major life crises such as the death of a partner or other close loved one, the removal of one's children by child protection services, and/or job loss often trigger intensified escape routes such as injecting. Finally, some who were initially prescribed medications for pain, turn to injecting as an intensified form of relief.
- Regardless of the diverse life paths that bring people to injecting, the prolonged use of addictive substances such as those that are typically injected lead to physiological changes through which one's body and brain become dependent on continued use. One of the respondents described this process by saying, "People need to realize that we're not normal until we get our drugs."
- While the forces driving people who are addicted are typically referred to as craving, the depictions provided by the respondents of this study could more accurately be described as desperation. The physical pain that arises when people do not have the drug to which they have become addicted is considered minor in comparison to the

emotional agony. “I wouldn’t wish it on my worst enemy.” “If I had a gun, I would have killed myself.”

- Once caught in this desperate state, people who are addicted find themselves doing things to acquire drugs that they never would have considered possible. Such behaviours then fuel self-loathing and separate them from non-addicted family, friends, and the general public.
- As the suffering inflicted by both internal and external disdain grow, people who inject become driven further and further into the unrelenting cycle of doing whatever they “have to do” to acquire the drugs that will provide at least temporary relief. When people are desperate bad things happen.
- One respondent described injecting as Russian roulette. The death of friends who have overdosed and the threat of overdosing one’s self are just considered “life” among those who inject.
- People who are injecting drugs typically refuse to seek medical attention because of the shame they must endure. Many medical professionals treat them as having created their own problems. One user remarked, “I don’t seek it [medical attention] til I’m so sick I’m dying.”
- Such avoidance of medical attention, creates many problems: illnesses become increasingly severe requiring prolonged intensive treatment, users attempt to treat themselves through methods that can make problems worse, and they save and share prescriptions.
- Unfortunately, the blaming punitive view of addiction that is common within our society makes undoing the cycle of addiction very difficult. Those who have been down the road of addiction but managed to find pathways out describe a number of keys to success: drug replacement therapy that allows for maintenance or a gradual decline in usage; recognition by themselves and others that “slips” or temporary relapses are a normal part of the recovery process and should not be considered failure; treatment as a normal person without others continuing to blame you for

your past, as in the “once a junkie, always a junkie” perspective; being around others who are engaged in alternative life styles; finally, to be given opportunities to engage in meaningful activities and forge connections with others through parenting, family involvement, support groups/services, helping others, educational opportunities and/or employment.

INTRODUCTION

Drugs are a regular part of our lives. Virtually all of us use drugs from time to time and many of us use some type of drug on a regular, or even daily, basis. We drink coffee to stay alert, take medications to help us sleep, consume alcohol to have fun or to get a break from the strains of our daily lives, smoke tobacco because the habit has a reassuring or calming effect, rely on antibiotics to fight infections, follow prescriptions to regulate our blood pressure or cholesterol, and last but certainly not least, turn to drugs to make our physical and/or mental pain bearable.

The Canadian Alcohol and Drug Use Monitoring Survey indicates the recreational, or non-prescribed, use of drugs is now clearly the norm rather than the exception in our society (Health Canada, 2011). Four out of five Canadians, 15 years of age or older, consume alcohol (Health Canada, 2011). Almost one out of every two Canadians has used cannabis at some time in their life. One in 10 have used hallucinogens, cocaine, speed, ecstasy, and/or crystal meth within the past year. In addition, such consumption starts early in life, with 16 being the average age at which young people begin to drink alcohol and/or use cannabis.

Unfortunately, the desired physical and psychological effects of drugs are sometimes counterbalanced by equally or even stronger undesired side effects. Over the long run, drugs will help some of us live longer, happier, and more productive lives while condemning others to extreme hardship or even premature death. Many of us would not be alive today if we had not had access to pharmaceuticals. On the other hand, many also would not have died from the side effects, interactions or overdoses associated with prescribed, over-the-counter, and/or illegal substances.

Injecting is one of the most dangerous and deadly means of consuming drugs. The immediacy and intensity of the effect derived through injection enhances the odds of severe drug interactions and/or overdose (Fischer et al., 2004; Vlahov et al., 2004; Kerr, Small, Hyshka, Maher, & Shannonm 2013; Sherman et

al., 2009). The injecting process itself places people at risk of contracting blood-borne pathogens such as Hepatitis C or HIV as well as developing many other medical conditions such as soft tissue infections (Binswanger, Kral, Bluthenthal, Rybold, Edlin, 2000; Lloyd-Smith et al., 2005; Public Health Agency of Canada 2006, p. 39; Jackson et al., 2002; Purcell et al., 2007; Takahashi, Baernstein, Binswanger, Bradley, & Merrill, 2007; Wood, Kerr, Tyndall, & Montaner, 2008). Furthermore, any and all health problems are magnified by delays in seeking medical treatment caused by the reluctance among people who inject drugs (PWID) to confront the stigma many health-care workers attach to injecting (Butters & Erickson, 2003; Napravnik, Royce, Walter & Lim 2000; Stajduhar et al., 2004).

There is no single explanation of how or why each of us has come to find ourselves where we are today. Rather, when we look back over our lives, we see a tangled web of interacting circumstances. After decades of research, it has become clear patterns of drug use stem from the intermingling of a multitude of conditions, ranging from individual aspects such as the physiology of our brains and the psychology of our thoughts and behaviours, to the social-psychology of our encounters and relations with other individuals or groups, and the sociology/anthropology of the larger institutional and cultural contexts within which we live our daily lives (Khobzi et al., 2009; Feng et al., 2013; Hser, Longshore, & Anglin, 2007). Even though there are always multiple directions into the future, the odds of moving in one direction versus others are strongly influenced by the mix of physiological, psychological, sociological, and anthropological conditions within which each individual finds him/herself embedded.

This report describes the experiences of individuals who have used drugs by means of injection at some point in their lives. Attention is directed toward not only their circumstances prior to injecting but also the combinations of conditions that led to either increased or decreased drug usage over time.

You will come to see that just as injection drug use is set in motion by a spiral of physiological, psychological, and social forces, so too is the reversal of this spiral dependent upon addressing issues of brain chemistry, thought patterns, relationships, and social

inclusion. While biological, psychological, institutional, and cultural forces assume varying degrees of salience for different individuals at different times in their lives, each comes to the fore at particular junctures in the life courses of all respondents.

METHODOLOGY

The research project on which this report is based is funded by the Cape Breton District Health Authority with the objective of improving health promotion and care services for those whose injection drug use places them at high risk of negative mental and physical health outcomes. The research team includes principal investigators from Mental Health and Addictions Services, The AIDS Coalition of Cape Breton, and Cape Breton University. Over the course of the research, a multi-sector advisory committee has reviewed and offered recommendations on the most efficient and effective means of reaching the articulated objectives. In addition to the organizations that are part of the research team, this committee has representation from Public Health, the Opioid Recovery Program, and individuals with lived experience of injection drug use. The protocol for all phases of the research has been reviewed by ethics boards for both the Cape Breton District Health Authority and Cape Breton University. While the general direction of the research has been informed by input from many organizations and individuals, the views expressed in this report are those of the authors and should not be considered as in any way reflecting the position of the sponsoring organization or that of the advisory committee.

The project has been conducted in three phases. The first phase focused on understanding the lived experiences of people who inject drugs. The second phase sought to elicit health-care providers' perspectives on working with patients who inject drugs. The third and continuing phase of the project is directed toward health promotion, exploring potential avenues for enhancing harm reduction and prevention measures particularly among youth.

The information presented in this report is drawn from the first phase of the project which involved 20 semi-structured personal interviews with individuals who were consuming drugs by means of injection and five focus-group sessions with approximately 12 volunteers who act as natural helpers, distributing clean injection equipment. Both the interviews and the focus-group sessions were conducted at the AIDS Coalition of Cape Breton (ACCB). The

interviews ranged from 45 minutes to 1.5 hours in length and the focus-group sessions ranged from 1.5 to 2 hours. All interviews and focus-group sessions were audio taped and transcribed to ensure accurate reflection of the views of the participants. This information was then thematically analyzed using ATLAS.ti.

The report is divided into three primary themes based on the primary research objectives: the general life experiences of those who have injected drugs, their experiences interacting with the health-care system, and finally their recommendations for positive future directions. In an effort to stay as close as possible to the voices of the respondents, each topic or theme is introduced by a direct quote from one of the respondents in this study.

OVER THE LIFE COURSE

As we follow the life courses of those who have injected drugs, we will see varied early life experiences and different reasons for making the switch from other methods of drug use to injection. Whereas some describe themselves as having been born an addict, others consider their addiction to have developed more gradually through repeated exposure. Some make the switch to injecting in the pursuit of heightened pleasure whereas others are trying to deal with psychological or physical pain.

In contrast to this diversity of early life experiences, what all the long-term drug users interviewed for this report hold in common is a sense of having lost control to drugs at some point in their life. As a consequence of such loss of control, they describe themselves as engaging in behaviours that distanced them from the person they were before they got “hooked”. In many cases, these behaviours also drove an ever broadening wedge between themselves and non-injecting family, friends, and the larger community. In the long-run, while the chemicals entering their bodies were at work altering their brains, stigmatization was at work dividing them from others and reinforcing internal dialogues of disappointment, failure, and hopelessness. Hence, a self-perpetuating cycle develops including physiological craving, fueled by negative thought processes, reinforced by social exclusion.

WE’RE NOT ALL THE SAME.

Even though low socio-economic status and childhood hardship certainly increase the odds of prolonged intense drug use (Hadland et al., 2012), early life experiences may be quite varied. While a few of the injection drug users interviewed for this study grew up in families where illegal drug use was a regular part of their lives, this was more the exception than the norm.

Previous research has shown that injection drug use is likely to be most detrimental when it arises out of difficult earlier life conditions (Abelson et al., 2006, p. 552; Trenz et al., 2012). One

respondent in this study described the problems she experienced as a child with her mother using and her stepfather selling drugs. She found herself on the streets and using drugs at such an early age that she had little opportunity to conceive of any alternative life.

I ran away from home at the age of nine and living on the streets and people taking advantage of me and stuff. I guess that made me lose my mind and the only thing they could do was lock me up in a hospital.

Another respondent wanted to follow in the footsteps of his father who he perceived as leading a glamorous life by selling drugs.

I wanted to be a drug dealer. I wanted to be like my dad. Yup, because my father sold a lot of drugs and he had a name made for himself.

Unlike the afore-mentioned respondents, most of those interviewed neither expected nor wished for their lives to unfold as they had. When asked if, as a child, she had considered what she would like to be when she grew up, one respondent summed it up as, “Yes, and this isn’t it.”

Respondents mentioned wanting to become coal miners, veterinarians, lawyers, nuns, teachers, lab technicians, social workers, and corrections officers. It will probably come as a surprise to many readers that a commonly mentioned aspiration of male users was to become a police officer.

Believe it or not, I wanted to be a cop when I grew up.

Women tended toward the helping professions.

Just help kids. I love them. That or elderly people... even to go in and read stories to people who didn’t have their families - just to brighten their day up. That would make my day.

MY FATHER WAS PRESCRIBED PERCOCET.

While a few of the respondents for this project started using drugs when they were under ten, most began in their early teens. Some did not use anything other than alcohol or marijuana until they were in their thirties. First experiences typically were with whatever drugs they could get their hands on – over-the-counter medications such as Nytol or Graval; sniffing gasoline, nail polish, or liquid paper; street drugs such as Speed, Heroin, or Ecstasy, or personal, parent's, or other family members' Percocet.

My father was prescribed Percocet and Diazepam and things like that. So, I started dipping my hand in the cookie jar.

Lectopam 6s because I couldn't drink. All my friends drank beer and booze and I hate booze".

IT'S NOT LIKE I WOKE UP ONE DAY AND SAID THIS IS THE DAY I'M GOING TO BECOME AN IV USER.

No one who was interviewed for this project indicated injecting as their first method of drug consumption. In keeping with earlier research, there are many different conditions under which people start to inject drugs (Khobzi et al., 2009, p. 549; Small, Wood, Lloyd-Smith, Tyndall, & Kerr, 2009). For some, the switch occurred because they were seeking greater intensity and/or going along with others. If drugs were being used for psychological coping, injection was likely to coincide with a particularly difficult life event. Likewise with physical pain management, as the pain increased so did the lengths taken to cope.

IF SEX WAS A NINE, OPIATE USE WAS A TWELVE.

Those who described themselves as using drugs "for fun" were most likely to consider the switch to injecting merely another step in a logical progression.

Once you snort it for so long, you don't get high anymore and you have to go to something else and the next step is injecting.

The high is better... It's harder, hits you quicker. It's instant. ...I was never the type to do things half assed. I give a 100 percent; and everything I do, I do full bore.

For those seeking the high, the switch typically occurs when friends who are injecting seem to be having more intense experiences.

Everyone around me was using at the time and I was watching people dropping to their knees... Then I wanted to try it out so somebody injected me with some cocaine and I dropped to my knees.

IT'S LIKE THEY SAY, IF YOU PUT THE HORSE AT THE WATER, HE'S GOING TO END UP DRINKING IT SOONER OR LATER.

The normalizing effects of prolonged exposure are powerful. If the people around you are injecting, you are likely to come to see this form of drug use as a reasonable way of coping with boredom, stress, and/or physical/mental anguish (Rice, Milburn, Rotheram-Boras, Mallet, & Rosenthal, 2005; Simmons, Rajan, & McMahon, 2012).

During a meeting of natural helpers, one participant described a young man who said he would never inject drugs because he had seen what this had done to his parents. By the time he reached his early twenties, he was injecting along with the rest of his family.

Even if initial experiences with injecting are negative, being with others who inject may still lead in this direction.

First time I tried it before I actually got into it I was like 16 and I injected a Dilaudid and all it did was make me throw up the whole day and night... So then, I was like, I'm never going to do that again. Then I moved to Sydney

and ran into an old friend and he was using intravenously and asked me if I wanted a shot and I said no the first couple of times and the next time he asked and I did it and fell in love with the rush. After that, it was just to get the rush. I was 23 when I started to inject heavily.

I WANTED TO IMPRESS A GUY.

Some respondents started injecting because they wanted to fit into the life style of their partner or desired partner.

The biggest reason is because I wanted to be with my boyfriend. Not that he wanted me in that life style, but I just wanted him not to have to run out and hang with other people. I can be cool doing that too.

Although men who are not injecting sometimes move into relationships with women who are injecting, it is more often the other way around. Because injection drug use is much more common among men than women, it is usually non-injecting women who enter relationships with injecting men. Regardless of the direction, prolonged exposure to others who are injecting, dramatically increases the odds of any particular individual beginning to inject (Rice, Rotheram-Boras, Mallett, & Rosenthal, 2005; Simmons, Rajan, & McMahon, 2012).

THE PIT FOLDED.

Employment issues also trigger injection drug use for some. The types of physically demanding unstable jobs that form the mainstay of the Cape Breton economy bring not only demands for physical stamina but also considerable risk of injury and/or unemployment. While some turned to drugs to dull the pain of injury so they could continue to work, others started injecting to escape the void thrust upon them by unemployment.

Mine was, I was at work and I couldn't keep up anymore so I went to the doctor's and I told him, I said I got a

crippled arm and scoliosis and he said well here's Percocets, try these.. I couldn't stay late unless I had a pill and I would stay to like eleven o'clock at night. Actually, one time I worked right through to the morning.

I... wanted to make more money, wanted my kids to have everything. I pushed myself to the limit and as soon as I had any pain, I would eat another pill.

When I hit the ground, I thought I paralyzed myself and I didn't go to the hospital. And since then I pretty much always had a sore back and I found using opiates I wasn't in pain anymore. But then the next day when I woke up the pain was twice as bad. So then, there was this continuation of getting the pill to get rid of the pain.

I got addicted by being hurt, two broken bones in my neck and one in my back. I used to work 12 hour days. The doctor prescribed the meds and now I'm addicted.

Life course analysts emphasize what are termed turning points (Hser, Longshore, & Anglin, 2007). These turning points are key events that redirect one's future. Job loss is such an event for many people.

Well ah, a lot of guys, myself too, wouldn't go near anything like that... And [then] the pit folded [mines shut down].

Fear of job loss and the psychological strain of unemployment are pervasive looming realities in our communities. The following quote reflects the sentiment of many respondents when asked, "Why do you think so many people are using drugs these days?"

The reason I would say, in Cape Breton,... It's a depressed economy.

I LOST MY SON AND EVERYTHING WENT DOWNHILL.

The loss of one's children is a similar turning point in the life courses of many people. Most users do the best they can to hold

their lives together for the sake of their children. However, if their children are removed from their care, they are likely to be plunged into desperate attempts to quell not only their physiological and/or psychological pain but also feelings of shame, meaninglessness, and hopelessness.

Yes. It all started when they apprehended my baby because that's when the changes started and I ended up shooting up pill after pill after pill. I didn't care if I lived or died.

I know a lot of people that use that lost their kids to Children's Aid and that like seems to make them worse rather than better.

I stopped when I had the kids. I never touched nothing then I ended up signing them over to my mother because my boyfriend was an alcoholic.

I was scared to mention it at first to Children's Aid, but I said if the judge wants the truth, then I will tell the truth. When I told the truth about snorting the Perc, they ended up taking my baby from me. I didn't know what to say, the truth didn't work, they took my baby.

IT GOT TOO MUCH FOR ME TO HANDLE SO I TURNED TO DRUGS.

Among those who used drugs to diminish psychological pain, injecting often began when life simply became too much. As the pressures of life intensified, so did the means of escape.

It was like a buildup of things that happened to me... The only way I knew how to deal with my problems was drugs. Only this time I turned to something harder than weed and alcohol.

The girl that I was with for 5 years passed away so I started that day... So, I kept using it to numb out my feelings.

MY FRIENDS AND STUFF, WARNED ME, LIKE THEY WARNED ME BUT I DIDN'T LISTEN TO THEM.

Given that people often switch to injecting when their life circumstances are so severe they scarcely care whether they live or die, warnings are unlikely to make much of an impression. Even when long-term users try to explain the dangers to newcomers, they seldom are successful in changing the person's mind once they are determined (Goldsmat, Harocopos, Kobrak, Jost, & Clatts, 2010, p.7; Harocopos, Goldsmat, Kobrak, Jost, & Clatts 2009).

The drugs are more powerful than the information.

I had warnings what this road leads to and like I was four years I wasn't doing opiates or anything. I seen how people's lives changed and what it done to them but I still did it anyways. Know damn well what's going to happen and look at the risks and still did it anyways.

Ya, the first time I was going to inject, the guy told me he didn't want me to do it but he knew eventually I would, had my mind set on it.

He told me that my grandmother would say; [stay] the fuck off that shit because there's only two places that you'll end up, dead or on the streets hookin. Or in jail, and I am in jail doing weekends.

Although most knew what to expect from watching others, some had little contact with those injecting drugs before they started.

Nope, didn't know nothing. I was blinded. Walking blind into the fire.

IT'S LIKE HAVING THE FLU, ONLY A THOUSAND TIMES WORSE.

As one's body and brain come to require the continued presence of drugs, doing without becomes physically and psychologically intolerable.

You can't sleep, when you have nothing, you can't sleep. You might dose off and think you slept, but you don't sleep. Dose off for ten or fifteen minutes and it's back to the pain again... I seen me waking up at six o'clock saying hurry up ten or eleven o'clock because you couldn't go to the dealers house till ten or eleven right?

I seen myself laying on the bathroom floor, bawling my eyeballs out, thinking I'm dying.

I couldn't keep water down. It was bad. I couldn't walk, I couldn't wash. I was sore. I was just in rough shape, really bad shape.

I had to go back and get another pill. Mental, like crying and stuff and physical because you can't move. All you can do is lay there and cry until you get that next fix into you.

Ahh, it's sheer torture. Hell. It's torture. I wouldn't wish it on my worst enemy. ...You know it's just a nightmare.

It was not uncommon for people to say they thought they were going to die, wished they would die, or had suicidal thoughts.

If I had a gun, I would have killed myself.

I JUST KEPT ON TAKING IT TRYING TO NUMB OUT THE FEELINGS.

As bad as the physical "sickness" sounds, it is nothing compared to the psychological desperation set in motion by sustained drug use. Through the use of MRIs, we now have a much clearer picture of the changes in our brains brought about by certain forms of drug use (Erickson, 2007). One of the most pronounced changes is a redirection of neural pathways. Over time, the

pleasure reactions stimulated by other activities/experiences become over shadowed by those associated with drug use. As the brain's capacity to experience other forms of happiness/well-being diminish, drugs become the only relief.

In this research, even those who began injecting to minimize physical pain eventually found themselves responding to psychological demands. Erickson (2007) describes this as your brain becoming hijacked by the drugs.

Now we are talking emotions as well as pain.

Because I talk to a lot of people that are on prescriptions, people with pain like me, and I talk to them about certain pills. Does it help them or whatever? And, everybody tells me, you know it helps your head more than the pain. Most of the pain medication is no good for pain, it's just a real nice mind pill, gives you false hope actually.

It's the only relief that I get from the anxiety that I deal with everyday. The problem is that it's not real. It's temporary and eventually it's the addiction that causes you most of the anxiety. Because you're sick and opiate withdrawal is horrific and that's where the vicious cycle begins and why it's so hard to quit.

You will gain psychosis as you go and that changes your opinion of the world and you feel that the world is looking at you. So realistically, it's not all the world. It's not all society, it's what's inside of you too.

PEOPLE NEED TO REALIZE THAT WE'RE NOT NORMAL UNTIL WE GET OUR DRUGS.

Koob (et al., 2004) describes the fundamental transition from drug use to dependence as:

a shift from positive reinforcement driving the motivated behavior to negative reinforcement driving the behavior. The notion of dependence on a drug, object, role, activity or any other stimulus-source requires the crucial feature of negative affect experienced in its absence. The degree of dependence can be equated with the amount of negative affect which may range from mild discomfort to extreme distress (p.739-740).

In the case of severe dependence, one's future becomes transformed from seeking pleasure/happiness to running away from misery. Because of increasing tolerance, over time "the fix" becomes not so much about getting high but rather a requirement for simply being able to function.

So, you start injecting and you get that high again and then you're doing it because you're sick, you don't even get high, but you need it.

I literally take the medication so I can get up and walk around... I was on medication for all my medical defects and then they took that away from me so I did whatever I had to do.

That's when I kinda realized I was addicted cause I needed the drug to function. It was more I was dependent than addicted. I depended on that drug everyday in order for me to function properly. Like to get up and go to the grocery store for a loaf of bread I needed a pill to go outside.

IT'S THE END OF LIFE AS YOU KNOW IT.

Once what is described as "the sickness" takes hold in earnest, getting drugs take precedence over anything else.

Food is not an important factor to me when I'm looking for something to use.

Our fridges are pretty bare and I imagine that mine is no different

than anybody else's. You can sit in mine. You can go inside sit in there and see if the light goes out.

I have a mental health worker that comes, picks me up, and takes me down there. She's supposed to pick me up at 11, but I left at 9 o'clock in the morning cause I woke up so sick. I seen her downtown and she says "Oh are you gonna go up to the thing?" and I'm like, I made an excuse up that I had to go do something because I was going to get a pill. I didn't care about nothin' else because I needed a pill. Ya know what I mean. I picked that over having a good meal yesterday. A free meal.

I could have a fridge full of food and still not eat it. I'm too sick.

I'm shaken' and I'm vibratin' and I know I'm hungry and I'm not eating. I waste away to nothing.

A major dilemma for many users is how to generate enough money to pay for the ever-increasing demands of their bodies and brains. Previous research has described how PWIDs often find themselves stealing, dealing, or engaging in sex work (Morris et al., 2012).

Using drugs destroyed my life. I lost everything. I sold everything. Anything that was worth money, I sold it to get drugs.

When you're sick you'll try anything to get money to get it. So, I've conned my Dad and banks. I've done lots of different stuff to get what I needed and so has every other addict. Stuff like that happens and I understand the one side of it but maybe a lot of society doesn't.

I was, like, I got to the point where I didn't care how I made money... That's using different drugs and that's when I was into the stripping and prostitution and stuff.

Oh, I was sick, deathly ill... You don't think consciously about what you're doing to get your money. You could have put fifty dollars there and I would have taken it. I'm sick right. I'm not thinking, I'm stealing this from [a friend]. That's a pill. Thank God I'm not going to be sick.

And I'm gone. Just walk straight there and the whole time I'm not thinking I just stole from [my friend]. I just don't want to be sick. You get it and whew, I'm not sick anymore. You're cold, you're just so emotional. It's everything right. Then you feel good and then you start to realize you stole fifty dollars and then you go out and try and find fifty dollars to replace that fifty dollars. Maybe you didn't notice it yet and I can get it back. You're not doing it because you hate that person or you want to hurt them... I just did it because I didn't want to be sick any more. That I was so sick, I can't even explain it. You have to go through it.

The sale of drugs is often just another means of paying for one's own drugs. When considered alongside prostituting and stealing, selling takes on a different light. One user described how she ended up in jail because she was charged with trafficking for acting as an intermediary for someone else who was selling drugs.

IF YOU'RE AT THAT SICK POINT, YOU'RE GOING TO DO PRETTY WELL ANYTHING.

The desperation to get "the fix" compels people toward ever more risky behaviours.

I was drawing water out of a mud puddle to do it.

I knew one guy, he took spit to mix his coke with and he almost lost his arm.

Breaking into the sharps container and taking dirty rigs out and using them... I'd say that's the riskiest thing I ever seen.

EVERYONE OVERDOSES

When embedded in a life of persistent injecting, experiences most people would find terrifying, and even many users found so early

in their usage, become commonplace. Virtually all respondents said they had overdosed at least once. One person who casually said he had “gone down a few times”, indicated later in the interview he had in fact overdosed more than twelve times.

I had to wake my wife up and everything and tell her that I thought I was having a heart attack cause like my heart was beating really fast and my mouth was really dry. Like, I got really scared, like I usually don't get scared like that.

Ya she stopped breathing on me and I really thought I was losing her. I was holding her and saying God don't take her from me. I love her.

I overdosed and was unconscious for almost a week and when I came to I had to learn to walk all over again cause all the muscle mass in my legs deteriorated and I had pneumonia in my lungs and that's the reason I had to stay so long.

In addition to the threat of overdose, many people who inject drugs also have had collapsed veins and abscesses (Phillips & Stein, 2010). A few mentioned having septicemia. Next, there were some severe instances of cellulitis and endocarditis.

That [cellulitis] was really bad. It spread from my wrist to my shoulders, and they drew with a marker where the red was and if it went any further past the mark they were going to amputate my arms.

I ended up in the hospital with endocarditis. At that time they thought I had cooked the valves in my heart. I was on a close watch with monitors, antibiotics, and a lot of IV bags to make sure nothing serious happened and that was for about a week and after the week I was released because I was lucky that it didn't harm anything.

There were, of course, also blood-borne pathogens.

I knew the HepC was a big thing, not that I didn't think it could happen. I just figured that it wouldn't. I can't

explain it. I did think of it, but I never studied it. Nothing ever happens to me, right. Well I learned that lesson right, cause now people are throwing things at me.

NO, I HAVEN'T BEEN AROUND NONE OF MY FAMILY SINCE I STARTED INJECTING.

It is evident from the above descriptions and other research studies (Jackson, Parker, Dykeman, Gahagan, & Karabanow, 2011) that those who inject drugs lead lives that are likely to distance them from non-injecting family and friends.

I just find that ... [my family] look down on me because I inject drugs so it's all like hush hush. I call it the underground world because it's totally different from like working people or people that don't use needles.

Well when he [father] found out I was in jail and what for he wouldn't even talk to me.

I had no family, I had no support, I was pretty much alone.

I find they look down on you too. My family members do anyway because they are up there ya know. My aunts are LPNs and teachers and stuff.

Even those who regularly pop pills or drink, consider themselves to be “better than” people who inject.

They will run down addicts and sit there and pass Percs back and forth and eat them and say they aren't addicts... They are talking about addicts but don't realize that they are addicted.

You feel discrimination, like if you're doing pills and people are snorting, they talk you down cause you put a needle in your arm. I say you are at just as high a risk as me cause that straw you are using can give it to you that way too... They probably have Hep and shit like that.

YOU'RE BEING JUDGED EVERY SINGLE DAY.

Although the circumstances leading up to and following their adoption of injection drug use may vary, the one thing those who find themselves dependent on drugs hold in common is a pervasive feeling of being judged. There was neither one focus-group session nor one interview where discussions of being perceived as worthless outcasts did not arise.

I mean you're low on yourself anyway because you're a drug addict... you feel so belittled and nothing anyways, right.

When you're walking down the road and someone knows you're an IV user, you're being judged.

You're labelled like you have a cross on your forehead.

I find anyway, and a lot of people that I talk to that are IV users, they find the same thing that they just look at you like your garbage.

Today's society, it's just too judgmental ya see.

This expression of the prevalence of stigma is of course not unique to the respondents in this study. Rather, such public attitudes are described by virtually all those who work with drug users, and particularly injection drug users (Treatment Strategy Working Group, 2008, p.26; Durrant, Fisher, & Thun, 2011).

As PWID become increasingly ostracized from non-using family, friends, and the larger society, their bonds with those with similar life experiences are likely to grow stronger because those are the only friends they have (Khobzi et al., 2009: 554).

We all kind of stick together. It's like we're all one big family because we know what it's like.

I TEND TO HATE MYSELF.

Research repeatedly has demonstrated that the social self is equally, if not more, powerful than the individual self in directing thoughts and behaviours (Baumeister, 2000). As the stigma and exclusion associated with injection drug use expand to encompass virtually all aspects of life, it becomes difficult, if not impossible, for even those with the strongest self-esteem to psychologically combat such pervasive disdain. Whether exhibited prior to or following the onset of injection drug use, many of those people who inject drugs also have mental health challenges (Lemstra, Rogers, Thompson, Moraros, & Buckingham, 2011; Risser, Cates, Rehman, & Risser, 2010).

Well it makes you depressed right because some people just, people are mean ya know... They see ya and they say oh there's another junkie walking. Oh there's another foot in the grave ya know, things like that right?

When you suffer with depression as badly as I have it, everything becomes introverted. I lock myself in my basement. That's where I spend most of my time.

I hate the way I look, I hate the weight I gained. I hate a lot... I hate myself a lot of the time.

I go home and I stay in my house. I think a lot of it is guilt.

My biggest regret..., was not all my material possessions; it was the hurt that I caused my mother and father, brothers and sisters and the girlfriend and all that and friends.

And the hurt that I caused my family, that was a big one because I don't want to hurt my family.

IN SUMMARY

We live in a culture where both prescription and non-prescription drug use are common methods of coping with physical and/or

psychological pain. Furthermore, the area in which this study was conducted is subject to heightened levels of the physical, psychological, and social ills known to be associated with high levels of unemployment and poverty. People often turn to drugs to escape the hopelessness and powerlessness they experience in their daily struggles. As such struggles become increasingly severe so also do the means of escape. While drugs may provide short-term relief, in the long-run they are likely to exacerbate rather than diminish the troubles within which people find themselves embroiled. With increasing tolerance comes increasing demands for money to buy drugs to keep physical and psychological distress at bay. Without access to employment, there is often no way to acquire money for drugs except by engaging in illegal activities such as selling drugs to others, prostituting, and/or stealing. These activities then serve to increase social stigma and exclusion. Over time, people find themselves backed into a corner out of which it difficult for them to extricate themselves because of psychological dependence and social exclusion.

SEEKING MEDICAL ATTENTION

PWID are reluctant to seek medical treatment because of the potential consequences of exposing their track marks and by association their illegal drug use (Neale, Tompkins, Sheard, 2008; Kerr et al., 2006, p. 66). Although there are some concerns about the potential for police involvement, there is much more fear of being denied medical care in the future if one is labeled an injection drug user.

When PWID are forced, often by fear of death, to seek medical attention, it is usually at emergency departments or walk-in clinics. The ability of physicians working in such facilities to provide effective treatment is likely to be restricted by: the severity of the patient's illness; the failure to divulge the exact details of their drug use; limited medical histories; and little, if any, capacity for follow-up.

Even under optimal conditions, when PWID seek medical attention promptly and medical personnel do everything in their power to help, the worldviews and life experiences of physicians and PWID are likely to be so far apart that it is difficult for them to collaborate on mutually workable plans of action (Gray, 2010). While this report presents such interactions from the perspective of PWID, a companion report offers health-care provider perspectives.

Last, but certainly not least, it is not surprising that both physicians and patients become frustrated and annoyed when they expect some easy or quick fix. Given the life circumstances within which many PWID find themselves entangled, the capacity to redirect their lives is likely to stretch beyond considerations of individual motivation and/or primary health care.

HE CALLED ME A JUNKIE AND TOLD ME TO GET OUT OF HIS OFFICE.

Whether through their own personal experiences or the experiences of friends, those who participated in this research unanimously came to feel most medical professionals judged them as unworthy of the care accorded other patients. While a

few were fortunate to have family doctors with whom they could speak openly, the majority found themselves essentially cut off from the health-care system once their drug use became visible.

Before I used and stuff, it was so easy. He [my family doctor] was nice to me and easy going. When I went in and told him, listen, this is how it is, I'm an addict; I need to get a methadone program. I need something, please. He treated me like, he was so nice before and then it was like I was scum on the bottom of his shoe.

He [respondent's doctor] loved me, he even always asked my mom how I'm doing, you know... I always kept up with my appointments but after that it changed... He's just different towards me.

I personally have never had a good experience with a doctor, nurse or any medical professional as soon as they found out I was an IV user.

HE TREATED ME THE SAME, IF I WAS USING OR NOT USING.

A few respondents had physicians who were more understanding.

He never treated me any different or looked at me any different cause I was a drug user. He treated me like I wasn't a drug user.

When PWID have access to concerned medical professionals, problems can be averted or addressed before they compound.

She tells me like when IDUs [injection drug users] use that, your veins can only take so many pokes pretty much and they collapse.

I think it kinda scares her where I'm injecting she gets kinda mad at me. She doesn't like where I inject. She says cause it's the main artery and I shouldn't be injecting in there.

I NEVER HAD A PAP SMEAR IN 19 YEARS.

When individuals lack a comfortable relationship with any medical practitioner, preventative measures fall by the wayside.

Like one time I had to go get a pap test and I made my boyfriend come with me because I was mortified [because of injecting] and I said I just don't want to go in there by myself so he came in the room with me just because I didn't want to be there.

I never had a pap test since before I was a user. That's bad. And that's because it's mortifying and I hate the way he made me feel and I don't want to be there.

But when you're feeling degraded you don't want to go and get stuff checked out, do ya really.

I DON'T SEEK [MEDICAL ASSISTANCE] TILL I'M SO SICK, I'M DYING.

Social degradation and humiliation are powerful drivers of human behaviour.

I just stayed on the streets. I never went to see a doctor the whole four years I was using.

I didn't really go for medical attention when I was using.

It's mortifying, it's degrading. Just to get passed that part alone ya know [is hard].

Before, when I had my own doctor, I made a point, like if I had a doctor's appointment I went. I would get on the bus and go for an hour if I had to and get out to see him. Now I'll sit with the problems for months before I would be forced to go and see somebody.

Even if users can get past the degradation, they fear the long-term repercussions of revealing their drug use to the medical community.

I have a problem today with opiates. But if I go to Detox today, they'll red flag me and six months later, if I need something, I won't get it because they red flagged me. So they are almost discouraging me from going in for the help right. Like if I come off them, I don't want to go back on them, but there is a time that you legitimately need pain pills and if you go to a Detox for opiates, they red flag you and it doesn't matter what you're in the hospital for, you are not getting pain killers.

I don't need to be black listed. I work construction, there's a very good chance that some point in time in the future, the odds are that I'm gonna get hurt right. It's just the nature of the beast with the type of work I do and then I have to lay in a hospital bed suffering in pain because I went to a Detox a year earlier trying to come off of opiates. And they say, oh my God we can't give him a narcotic, he's an addict. It's sad boy, it really is.

I LET IT GET WORSE.

Avoiding contact with the health-care system can have long-term and sometimes life-threatening consequences.

I put off the abscess on my arm and it was huge, to the point it got so huge that my boyfriend said you're going to end up losing your arm or something even worse if you don't go get it looked after. So, that kind of scared me.

I had a gallbladder thing. I don't know if that's because of injecting. I let it go for about 3-4 months and that's why I ended up in the hospital.

It could have got real bad. It did actually, a doctor was driving down the road and he said I'm a doctor and I see your foot because I had a man's sandal on and he said I advise you to get to a hospital. That's how bad it was. But, I just let it heal on its own.

I have problems with my teeth now... It causes a lot of pain and I won't go to the dentist till it absolutely... I got the Ibuprofen 600s and that's why I have them because I get toothaches... I've been taking antibiotics too before it gets abscessed.

I had an abscess and my hand - went three times the normal size... I should have went the next day and I put it off just because I knew, like I knew that I had all the track marks on me and as soon as they seen that. I went as soon as the track marks went away but it got really bad. I couldn't bend my hand or nothing. I had to go up every day for IV antibiotics; whereas, if I had of caught it when it was early, I would have just taken antibiotics orally but instead I had to go up every day for a week or two weeks.

Oh, it had to be about two weeks [I delayed getting help]. The reason I went, well [my friend] made me go... By the time I got to the hospital, they said it could have got a lot worse.

I went up because I was scared because I had a cyst on my arm from using, from banging needles, so I went up and I tried to, you know, play it off and say that I'm using drugs, not coming right out to say I think I just OD'd and I got a big cyst. I think they knew because they treat you awfully different, I find that well to them, I'm just a junkie. That's the way they look at ya, as harsh as that is.

IT PLAYS TRICKS ON YOUR MIND.

Even when the severity of their illness forces PWID into emergency departments or walk-in clinics, their physical, psychological and/or social discomfort often weakens their resolve before they get to see anyone. If one considers the earlier statement that long-term users need access to drugs to physically and mentally function, the long waiting periods characteristic of emergency departments and walk-in-clinics are often impossible to endure.

The wait times, it discourages people from going.

I won't go to emergency cause you are there for hours upon hours. Then you can't leave cause you are coming down and your mind is going crazy. It plays tricks on your mind. You start losing your temper and they got the security guards and mental health and they won't let you leave cause you are losing your mind, It's just crazy.

Every time I try to get into those walk-in clinics they're packed solid. I have anxiety, extremely bad anxiety, and I can't sit for a long period of time... I'll start to cry. I just start to cry.

FEEL LIKE I DON'T BELONG.

Because many PWID lack family physicians, they are likely to end up at walk-in clinics or emergency departments for much of their medical care. The consensus among focus-group participants was that they could expect to be treated as deserving of care by about one out of ten medical staff in such facilities.

I felt ashamed when I was using but before I was using I felt, well, fine. I'm going to the hospital. It's no big deal. But it's like when I was using, it was like, oh God, everybody knows and I felt like a piece of shit, for the lack of a better word.

The hospital treats you like you're bad news. Junkie in the hospital.

She [the nurse] was the judge, jury, and executioner.

Respondents felt medical staff blamed them for their problems.

They don't think that I should need them to help me because I'm ruining my life, I'm making myself sick and stuff. So why should I be trying to get medical attention.

You know if they're giving you medical treatment and they see track marks on your arm they do get taken aback and very offended.

Sometimes those who are injecting do not even make it to the hospital.

The ambulance wouldn't take him to the hospital, and the cops wouldn't take him to jail... The cops and the paramedics left him on the back of this fuckin' step. Threw a blanket over him, would not take him, wouldn't put him in the car. He died. He was my buddy. He's gone now.

THEY TREATED ME WITH RESPECT.

When PWID reflect the one in ten medical professionals who has treated them as someone worthy of compassion and care, they are relieved and grateful.

They were fabulous. They explained what they were doing to me. Talked me through it all and told me not to worry about anything. So I felt very comfortable there... That was the first and only and that was 3 years ago. I was using then; just trying to get on the methadone then.

I woke up in the hospital, handcuffed to the bed... I remember fighting with a police officer who picked me up off the railroad tracks and I swung at him because he pulled me up by my sore arm... So when I opened my eyes and I realized that I was in the hospital, I could hear the nurses talking and stuff and I shut my eyes again because I was listening and I was handcuffed and stuff. And, I heard the nurse saying when's that piece of shit going to wake up? You should have seen him last night - he punched and screaming and hollering. I ain't gonna give him nothing na na na na na. He's nothing but a na na na na na na na... I think it was about 5 or 10 to 2 because at 2 o'clock they do a shift change... She was telling all of this to this other nurse and then all of a

sudden I heard her say ok well good luck with your shift when he wakes up, like this here. So I open my eyes and the one come around and said oh you're awake are ya dear? I said, yup. She said are you hungry, would you like anything? She was super nice, super nice. But I was nice too at this particular time. I was probably an asshole the night before. I don't know. I can't remember right. They were trying to contain me so I probably was fighting, and kickin', and punching and hollering right. I can't remember but the other nurse was really nice. She brought me a sandwich, and I mucked it up and she brought me a drink of juice and then she came back and said do you want another sandwich, and I said, yeah.

I actually had a good experience with a paramedic... He was the sweetest person in the world and I couldn't ask for a better person at the time. I never felt more safe in my life. Sometimes all you need is a sympathetic ear right. He was so awesome, I swear to God I wish I knew his name because I would send him a letter or something. He actually did his job, he didn't care that I was a drug addict, or that I had a disease or anything else you know. All he was worried about was getting me to that hospital and making sure I was ok, you know what I mean?

I GOT HEP C FROM USING AND IT'S ALMOST LIKE PEOPLE DON'T WANT TO TOUCH YOU, LIKE THEY'RE GONNA CATCH IT.

The high prevalence of Hepatitis C and HIV among injection drug users is well known (Treloar, Rhodes, 2009; Hutchinson, Bind, Goldberg, 2005). While this certainly would have been cause for concern before the means of transmission of these illnesses was understood, one would expect such fear to have abated now that protective measures are regular protocol. Unfortunately, PWID describe medical personnel as still approaching them as a threat.

I went up to get blood work done a couple of times, and you know there's a few good people. I'm not gonna say

they're all bad. But, they make you feel uncomfortable like they want to put double gloves on like I'm gonna give them something, and that's mortifying. I feel bad enough that I got the HepC let alone you degrading me because I got it.

He knew it from my charts. He knew I had HepC so I guess he thought I was lower life than he was.

Even PWID who do not have Hepatitis C or HIV are likely to find themselves treated with suspicion because of the known association between injecting and blood-borne pathogens.

They look at you like you have something; that you're a walking disease as soon as they find out that you're an IV user.

Again, there were reports of the one in ten who took a different approach.

I told them straight out I have Hepatitis C and they said like thank you very much for telling me and they never doubled gloved or nothing like that. But you know some will put two sets of gloves on with me and put on these things on their eyes. But the nurse that I had there, she was great ya know. They put a hot towel around my arm first to see if they could get some veins to come out, she couldn't get no veins, she never got pissed off or nothing, she came back with the little vials and said we can do it this way.

I'M NOT DOWN FOR INJECTION BECAUSE I HIDE IT QUITE GOOD.

Obviously, if a person believes revealing something is likely to have short or long-term negative repercussions, they are likely to do what they can to keep that aspect hidden. In this case, that would be their needle tracks. Some PWID even invent alternative explanations for their health problems in an attempt to avoid the stigma associated with revealing their addiction.

I use a lot in my legs. It's just the last couple of years that I started doing it in open spots.

I only had one abscess treatment at the hospital and when I went up there I made sure I stuck something in there to make it look like a thorn because I knew what they were gonna do.

One of the greatest fears associated with seeking help is that revealing their usage might cause someone to take their children away.

I lost one child due to drug use and everything else yeah, so it's to me Children's Aid that causes me to avoid going to get help.

I remember the day,... I was never so heart broken in my life... They came and took him instantly that day when I left Detox. They were there 45 minutes later, no questions asked, it was like nothing I can imagine.

You tippy toe around because you're scared to death, you're scared to talk to people because if they think the child is in trouble they have to, they're obliged to call, which is a good thing but.

ADDICTS HAVE PAIN TOO.

From the perspective of prescribing medications, there is obviously a dilemma created for physicians when patients are adding their own drugs to the mix. There may not be any good answer within the immediate grasp of either physician or patient.

It controls me because I don't have it. If I had a bottle of pills prescribed to me every day, I could control it, but I can't control it because I don't have it. I'm day to day trying to figure out how I can get it, who I can help to get it. It's a full-time job and I think that's why when I get a prescription of Benzos, I take them all at once and try to forget because I am so depressed with my life.

If those who are addicted are not prescribed drugs to help them be “normal” as described above, they resort to increasingly desperate means to acquire their drugs.

This was all a one-shot deal but this doctor would not give me four of the friggin Oxys a day instead of giving me the Percs for break through pain and this for breakthrough pain. I said it don't work. He said, well I won't give you them anymore and I said no, no, no. I was selling them to go buy some more Oxys so I could make it through the friggin day.

I was scripted for two Hydromorphs a day, four two's for breakthrough pain, but that's taken away now. So I'm on the methadone, trying the methadone like, but the methadone don't work for the pain I am in, so I'm still doing the pills right.

If you are in pain and you believe someone can relieve that pain but the person refuses to do so, you are likely to see that person as cruel.

When I left, they wrote me a prescription for 21 Percocets... He said because you're going to be in pain for awhile, he said, trying to walk around on that foot. I couldn't believe it because that was the first time in two years now that anybody gave me something for pain when you actually needed something for pain. All the other ones were just like cold hearted and just want you out of there more or less, you're not getting nothing just get lost, beat it.

WHEN I GO IN HIS OFFICE, HE AUTOMATICALLY THINKS I WANT SOMETHING JUST FOR MY DRUGS OR SOMETHING.

The capacity of PWID and physicians to agree on a course of action is severely hampered by suspicions and accusations of drug seeking.

It doesn't make you feel good cause you're really sick and they don't realize how sick you are. They think you are just faking. I got to the point where if they are thinking I'm faking it I wait until I get really sick and I'll show you how sick I am, then you will have to medicate me.

So it was like, I don't want you to do nothing on me because then you'll think I need something from you.

He was almost saying that I was lying. That's how it felt, like you're a drug addict, but you just want to abuse the methadone type deal. I can't explain it. It was almost as though I felt like a liar, that I was lying about how bad my addiction was because I wanted to get high off the methadone or something. It's almost like how it was, as sad as that sounds.

I was crying or upset or something. You think you are going to get a pill or something like that. They put words in my mouth. If you are expecting us to give you another Valium or something, you're not going to get it...

Sometimes I just wanted a hug or someone to talk to or you know something like that and instead they treated me like all I wanted was more pills... It wasn't even about that it was something different and instead I got more upset and got me more nerved up.

THE NIGHTMARE OVER THE METHADONE

Methadone treatment programs have been shown to contribute to positive change for both users and the larger community (Gossop, Stewart, Browne, Marsden, 2003; Kerr, Small, & Wood, 2005; Sambamoorthi, Warner, Crystal, & Walkup, 2000). As described earlier, once PWID find themselves dependent on drugs, the intensity of their physical and psychological desperation can push them to virtually any lengths to acquire drugs. When they realize their life has spiraled out of control, many PWID turn to opioid-recovery programs for help. Being denied access to such programs is seen by most as refusing them their only possible lifeline.

I'm an addict, I need to get a methadone program... He said I will give you nerve pills and sleeping pills to get you through it. What's sleeping pills and nerve pills gonna do, it's just going to give me another addiction as far as I'm concerned with the nerve pills.

Yeah, I went to Detox and I was in Detox for 72 hours and they wouldn't even give me methadone or anything... He was telling me I wasn't hooked to opiates; he was telling me that I was hooked to cocaine so he wouldn't give me my methadone. So it came that my blood work came back and I had opiates in my system but he still wouldn't give me methadone. He kept saying you can have Valium 10s but you can't have methadone. He said that I wasn't too far into it. He didn't feel anyways. I had track marks all over my arms and I was pretty messed up but...

Obviously, I'm asking you for help because I don't want to get high no more. You know it's not fun, it's more of a hassle and the sickness, I mean who wants to be sick?... I just would never want to relive that again. I'm not lying, you can watch me drink the methadone and make me sit there for an hour, if that's what it takes.

I want to be normal again. I want to get a job. I want to go back to school again but I can't do it on my own without methadone. I cannot get off of it unless I have methadone to get off it.

She gave me hope and then she lied to me... She told me to come do the Daytox for two weeks and I got up every day and got on the 7:00 o'clock bus... I never missed a day for two weeks. She told me to do that and get a drug counselor and she'll put me on methadone. I did everything she said and then she told me I don't fit the criteria because I never did Detox before... That is why I was doing Daytox, because I had a son and I had no support so she said we'll do it this way. You do the Daytox, get a drug counselor and I will put you on the methadone. She lied to me and I will never forget that. That girl, she could have killed me.

If you go in there and you have opiates in your system, you should have your drink of methadone after a few hours. I even saw the doctor up there and she examined me and said I needed methadone that I was withdrawing really bad and they still wouldn't give me methadone. She even wrote down 60mls of methadone and they still wouldn't give me methadone. He was trying to convince me that Valium 10s would work for me. Well no, it's not going to work. It will make me sleep.

I go to Daytox and they show me the film, and the person showing the film said this is one of my favorite films, and you're going to love it. The film was completely about how methadone maintenance changes people's lives for the better and how these poor heroin addicted people are going to work every day and all, just because they are able to get a drink of methadone every day. So, they are showing me this film about how great it is and denying me at the same time. There's not that many things that I would say bad about my experiences with Detox, but that was ridiculous, if you ask me.

How would I get on the Methadone program? I don't know where to go. I am stuck. Like, I am stuck. If only they knew how much I use. If they would believe me, that's the thing. They ask me how much I do in a day. I'm not lying to them - at least two rockets a day... I don't sell them, I just buy them for me to use.

Without access to an opioid-recovery program, Detox becomes a revolving door.

It's just ridiculous to me why they can't just put you on a maintenance program. I don't get it. Why they would rather see you every six weeks back in Detox, treating you over and over again.

I've been in Detox eight times in the last year. Obviously, I'm still using. That has nothing to do with Detox per say, but I've been trying to get methadone maintenance for two years now and they won't give it to me. When I asked

them why, they told me that I don't meet their criteria. When I asked her what the criteria was that I didn't meet, she said I can't discuss the criteria with you. I can only say that you don't meet it. There's a lot of people other than me that have been denied methadone.

I find a lot of the younger generation is using that Detox as a roundabout way of getting through the month.

While one might consider it reasonable for the medical system to attend to those in most need first, the opposite is true for those who inject opiates. In this case, those who are in the most desperate situations are the least likely to have their needs addressed because they are likely to be judged as unlikely to "succeed".

I was turned down.... He said I was too much of a risk.

I find that the methadone program is extremely biased.

Ya know, they don't look at it like everybody needs the same health that is an addict.

They pick and choose.

It is so bad.

Even those who manage to get methadone struggle with the fear of reprisal for wrongdoing.

In that clinic, they talk about all these second chances and that in life, but yet they took my methadone one day. I came out of a rain storm and it was really cold and I couldn't really pee and she wanted me to have a urine test, so I got a little bit out and when I gave it to her, she touched my hand and she was trying to tell me my urine was cold. I said it can't be cold, you touched my hand. That's why I lost my carries and then I asked them to give me another urine test but they refused and I was clean and they took my carries away.

Well it hurts. Now I got to walk from home to get my methadone everyday and I have gout and sore legs.

Some days I don't even want to go get it... [The fear of being cut off] plays on me. It's rushing me off the methadone program. I just went down to 50 last week and I want to go down quick and quick and quick because I feel like they have that much control over me, I'm scared they're just going to cut me off.

Those who have had their methadone removed, describe the withdrawal as worse than anything else they ever experienced. Consequently, some are reluctant to give this approach another try.

When those who were taking methadone were questioned about what would happen if their methadone was removed, their responses were similar to the following.

I couldn't even think of that. I would be right back where I was... I was ready to do myself in, that's how bad it was. And I don't talk about killing myself, you know that right. So, I mean, you can be weaned off it... Soon I would like to be weaned down even if it's two mls every two weeks just to be off it.

WHO WOULD I GO TO FOR HELP? WHO WOULD HELP ME?

Very early in our research it became evident many of those who inject feel they are left with no alternative but to rely on themselves or their friends to fix whatever problems they encounter. During interviews we specifically asked, "When you have a health problem, how often do you try to treat it yourself rather than going to a doctor?" What we heard were responses like the following.

Nine times out of ten.

All the time. I won't go to a doctor no more.

If it is something to do with the IV use, I try to fix it myself because I don't want the doctors to know. They do look

down on ya. As soon as they see the marks on you, they look down on you, so I try to fix that problem myself.

BUT THAT'S WHERE WE RUN INTO A LOT OF PROBLEMS TOO WITH PEOPLE SELF MEDICATING AND THEN WE END UP WITH WORSE PROBLEMS.

Users describe how they drain their own abscesses, share medications, and hope for the best.

I did have an abscess to the point where I couldn't even walk or put my shoe on but I just stayed home and let it heal itself. I never went to the hospital.

My boyfriend helped me out of my overdoses. The first one, I don't remember, but I remember saying this is the best fun I had all day. And that's all I remember. The next thing I remember is waking up and he's on top of me hitting me. I'm like, you got two seconds to get off me, cause he's just hitting me and banging my head. I get up and I'm soaked. They threw three buckets of water on me and I still didn't come to and I woke up. I think about it all the time, it was really freaky.

I lanced a few times though, I did. I don't know if I can get into detail but I was shootin' crack cocaine one night and I was cuttin' it down with vinegar actually, and I did a huge, huge cook down. And I missed the whole thing and my arm come up like a softball and I mean it was huge and nothing worked. And it was getting pretty sore, red and burning, and I was embarrassed by it I guess you could say. So, I took a syringe and I stabbed it I guess about 18 times it had to have been, and then I made a little incision, not too much though, about a half an inch. No a quarter of an inch incision and then I just grabbed at the base of it and all this green, yellow, blue, whatever color you could possibly think of came out of it and it smelled like death, like death.

I do. I drain the pus out. Well last night, like yesterday, I couldn't even put my boots on. Just before I showed up here I was almost screaming trying to put my boots on because it's on my belly just before my pelvic bone on the waist band of my pants so when I would bend over, it was hurting and I was scared to death it was going to bust right.

Say if I had an abscess kind of infection there and it was a bump, I will poke it or cut it myself and squeeze it out, then clean it, wrap it, put the cream on it. I try to keep antibiotics on hand at home that I can just take for three or four days if I need them. I'll get where ever I can get them. I know the different kinds that I can take. I won't just take them for a cold; I know the difference after so many years of using. I know what's bad and what isn't bad, so I tend to treat it myself.

When individuals lack access to mainstream health care, they conserve whatever medications they are given (Starrels, Barg, & Metley, 2008). For example, it is commonplace among PWID intentionally to refrain from taking a full prescription of antibiotics because they may need them in the future. Likewise, they share leftover antibiotics with friends.

I know damn well that there's antibiotics passed around all the time. You gotta watch certain kinds cause you can get different antibiotics for different infections in your body. Cause ya gotta watch antibiotics cause your body produces antibiotics and ya can't get used to them or it'll fuck ya up. Certain kinds are really good for abscesses so if ya go there and get some and ya have a few left and your buddy needs some ya help him out.

I had antibiotics from the last one and I just finished them off.

If someone may have an antibiotic, I borrow or they will give me some of theirs that's left over or something right.

Other users expect people to share their mental health medications as well. One respondent described being

bombarded by a group of people begging for some of their drugs every time they went to the pharmacy to get their Ritalin prescription refilled.

My friends and people that know, when I have the nerve pills, they want them, want them, want them, want them. And I am kind, so here you go and whatever. But I got to stop doing that because I need them. I need them because look, I picked at myself already because I never had them for two weeks.

[My father] gives me a few nerve pills to take the edge off. He's scared I might take a seizure cause I already took one before. I was so sick I took a seizure.

IN SUMMARY

Neither the individuals themselves nor the general health-care system are equipped to deal with the increasing prevalence of drug dependence. While injecting drugs is risky, the health problems associated with such behaviour are exacerbated by adversarial interactions between PWID and many health-care providers. It is important to note that when health-care providers treat PWID as undeserving of the resources required for their care they are in fact setting in motion the very conditions that increase strains on the health-care system. In an attempt to avoid the anxiety and humiliation involved in encounters with technicians, nurses, and physicians, PWID delay seeking treatment until their conditions are life threatening and often requiring of intensive long-term treatment. Even more problematic is the lack of avenues available to those who want to redirect their futures away from physical and psychological drug dependence.

WHAT COULD HELP?

Throughout this report, it has been reiterated over and over that feelings of exclusion follow PWID wherever they go. They see the condescension and blame that permeates the larger society reflected in the eyes of family and friends and even among those working in health and helping professions. Consequently, many find themselves left without anyone they feel cares enough to try and help.

I THINK THAT PEOPLE THAT DON'T WANT TO [STOP], SHOULDN'T BE LOOKED AT ANY DIFFERENTLY THAN SOMEONE THAT DOES.

The first step in facilitating movement toward a better life for PWID is accepting them as valuable people. When asked about services they felt would be most helpful, even those who were no longer injecting stressed the importance of compassion for those who were still using.

I think the people that don't [stop] should be treated more special than the people that do - they could die. I know when I was using and didn't want the help I didn't care if I lived, I didn't care if I woke up the next day. People that don't want to stop using it's sad because look what they have been through in their past right and it's like they are drowning in their sorrows and using to get rid of it.

Those who want to keep doing them...keep providing the clean gear and stop the spread of HepC and AIDS.

They're doing drugs to numb the pain because there's not that many people out there that they can talk to or that they feel they can talk to so they don't get judged or discriminated.

The fact that respondents stress the importance of harm reduction should not, however, be taken as indicating they all want to

continue that life. When asked what they would like to tell others about being someone who injects, the most typical response was “don’t do it”. If those who have injected for a long-term really wanted the life they were living, they would not be so adamant in their warnings to others.

It's the death of your life to use. Your life ends until you stop using and then it will begin again. Your life stops. You don't go forward, you will go backwards but you will not move forward until you stop using.

I guess I would tell them that it's not something that you want to get into.

Eventually my goal is after I take care of myself I would like to warn the children.

I would love to be a spokesperson or even go into schools and tell my life story. When I do become straight and sober long enough, I would like to help.

Once I see someone that never shot up before and they are just about to try it in my house or around me, it's not going to happen... I am telling you guys what's going to happen to you, you will either go to jail, Detox, die, overdose, lose your kids, everything.

When people see me using and... they ask how does it feel. I say the good part or the bad part, man. There is 2 parts to every story to be told. And they say the good part and I say no man you got to know the bad part first... I never stuck a needle in someone's arm who never did it before. I'd say, I'm not doing it. I'm not having that addiction on me.

Yeah, get in the schools, and this and that – Boy Scouts, or schools... I would go and give them my two cents – in a polite fashion. But I would scare them straight. Try to. Know what I mean? Not scare them but, oh yeah, I'll tell them what I went through. And I would be above board.

A lot of my friends know what I've been through my whole life and they come talk to me and I end up counseling them. I can relate in every situation. I lost a baby and buried it, lost my child, lost my dad, lost my grandmother you know, so in every category I can relate to, so they talk to me and I counsel them. They usually want me to do the programs with them and I used to try to do that stuff with them, but I can't. I got to keep reminding them that they got to do it for themselves.

I would ... like to go around to different schools... Like, please take my advice. I've lived it you know, because I heard people saying this happened and this happened, but you just don't think it's going to happen to you. I would like to prove it.

There appear to be four primary ingredients associated with redirecting one's life away from injection drug use: 1) drug replacement therapy, 2) supportive counseling, 3) opportunities for alternative identity formation, and 4) contact with people who are not injecting drugs.

I CAN HONESTLY SAY WITH ME, IF I COULD GET A DOCTOR TO GIVE MY MEDICATION BACK, I WOULDN'T INJECT ANYMORE.

The majority of those who describe moving away from injection drug use have done so through the prescription of methadone.

All I'm taking is methadone, Tylenol when I need it for a headache or something and Ibuprofen because I get little leg cramps... But usually, I deal with it because the methadone is pretty good.

I love... my methadone doctor.

Last night I said, I got a box of chocolates for ya and he's [methadone doctor] like all I want is your health, it's the best Christmas present you can give me. And you know, it makes me feel good, like you know, do you really care about me that much?

My methadone doctor is... really good. I just find he's easy to talk to and he's easy going. And not only him, I had another methadone doctor... and he was so awesome. As soon as I walked in I said I'm a drug addict and he checked me over, listened to my heart and stuff, seen my arms and said I'm putting you on methadone right away, no questions asked and you don't need to talk no more. I know you're an addict and I am here to help you.

I'M REALLY SCARED. I'M SCARED I WILL RELAPSE.

Anyone whose mind and body has become dependent upon drugs knows that getting past the horror of withdrawal is followed by the much more difficult challenge of confronting the continuous battle that lies ahead (Deering et al., 2011). PWID talk about how critical it is that they have someone to talk to when they need them.

They [Detox] give you methadone the first time you're in, they wean ya down, and they make you leave after two weeks... You're still an addict, whether you're feeling sick or not, you're still an addict, you still want that high... That's just setting you up to fail, in my eyes.

There is no one there [at Detox] to find out what happens after ya leave. Like I'm leaving, but my boyfriend is still using and that's where I have to be so I'm walking right back into it.

You want to use, you feel like it's the end of the world, you get suicidal, just the thoughts that go through your head, it's insane. It's almost like they should have a Mental Health in the Detox. You know what I mean? Some people get to the point where they just can't do it anymore, mentally too much. Some people are in Detox and they make them wait for their drink or other medications they are sick and they can't wait

I CONSIDERED A SLIP LIKE YOUR RIGHT BACK INTO IT BUT YOU'RE NOT.

A failure of PWID to conform to the expectations of medical staff should not be confused with a lack of desire to change their lives. MRIs are now shedding light on the severity of the brain restructuring that occurs as a consequence of prolonged drug usage (Erickson, 2007). The struggle to keep one's self from using is more powerful than those who have never taken such drugs can imagine. Given the difficulties people who inject drugs face, the periods of time for which they do not use should be celebrated as success rather than the times when they are using being looked upon as failure.

It's coming on 4 years, with a couple of slips here and there... still striving to get away from it.

One thing I like to use when talking to an addict is trying not to take those lights for granted. How many times did they fail with light bulbs before they got one to light up? If you don't try and fail, you won't do it.

I am trying to get off it now slowly. Sometimes I get on it for a few days but noticing myself getting into the pattern and I would stop.

I changed almost my whole life. I'm trying to get on methadone now... I didn't care, my addiction came first but I'm trying to get past that. I'm trying to change my whole outlook on life now, right. It takes time, but ya can do it ya know. Just ya gotta look after yourself first and try and not let your addiction take control of ya. I think that's one of the biggest things is our self esteem.

That's one of the first steps to recovery is you gotta admit the drug had the power over you and you have the power over it now.

A number of respondents talked about the difficulties of trying to give up everything at once.

I think there should be smoking allowed in Detox. I don't know why they took it out, you're addicted to everything

else, at least let them smoke. One thing at a time. I can understand no smoking in the hospital, that's cool, but why can't there be certain breaks that staff take you out? It's like a jail. Yeah, we're addicts but we don't deserve to be locked up. Who wants to be in a Detox that locks you up? Even if you're in the hospital and you're admitted, you're allowed to go out for a smoke and stuff so why is it you can't in Detox.

I WANT TO TELL MY STORY AND BE AROUND PEOPLE THAT HAD THE SAME EXPERIENCES.

The longer individuals are removed from the daily lives others take for granted, the more difficult it is for them to feel comfortable interacting with non drug users. As with any frightening first step, this anxiety can be eased by being in the company of other people who are trusted.

They [the people at Detox] don't understand how hard it is to just walk in those doors, you know what I mean. It takes a brave person or a strong person just to get the courage to walk in the door.

So I think they should put a lot more NA meetings around. And there's no support for the people on methadone at the clinic I am in, no counseling.

I think there should be... meetings or just a place to go where everybody talks just to get counseling.

SOMETIMES ALL YOU NEED IS A SYMPATHETIC EAR.

Equally important as being with others who share your life experiences, is developing trusting relationships with people who can help you navigate the challenges that lie ahead. Previous research has pointed out many challenges that arise between injection drug using clients and health-care professionals (Neale, Tompkins, Sheard, 2008; Ning, 2005). The most common theme

running through virtually all discussions of moving away from injection drug use was the need to talk.

[In Detox] I thought there should have been more programs instead of just walking around and lying in bed... Because when you're an addict, you need to talk right then and there, you can't wait twenty minutes. Sometimes you just need to right then and there because in twenty minutes you had time to sit there and think about it and then you feel stupid.

THEY TREATED US LIKE WE WERE JUST NORMAL PEOPLE.

It is well known that identity creation and maintenance is a socially negotiated process. The more others repetitively draw attention to any aspect of one's self, the more deeply that aspect becomes embedded in one's psyche. Just as the conceptualization of oneself as only a "junkie" encourages continued use, it stands to reason that the strongest draw away from injecting is the acceptance of one's identity as someone in addition to, or other than, "just a junkie" (Larkin, Wood, & Griffiths, 2006, p. 213).

None of us are one-dimensional. Creating an alternative life for people who inject drugs requires reinforcing aspects of who they are outside of their physical/psychological dependence on drugs (Hser, Longshore, & Anglin, 2007; De Maeyer et al., 2011). In the beginning, this may simply take the form of doing something other than or in addition to seeking or using drugs.

I did a program down in Middleton, Addictions' Services and I tell you it was probably one of the best experiences of my life. The staff, even the hospital staff at Soldier's Memorial, like the cleaning staff, right from the janitors right up to the people that were serving us were beautiful, beautiful people... It was a life changing experience. ...They treated you like a person... not like a pet.

I think there should be programs everyday [at Detox]. I went to Choices in Halifax and I'm telling you it was the best experience I ever had in my whole life... It wasn't like

a jail, they took you out on activities like swimming and AA dances. I went to an AA dance and it was one of the best dances I've ever experienced in my whole life. They made it fun. We went mini golfing, we did all sorts of things. Yeah, we're addicts but we don't deserve to be locked up. Who wants to be in a Detox that locks you up... You have to have your mind occupied so you don't constantly think. I think that would make a big, big difference. Get a pass to the Y and take everybody swimming.

Because identities are socially negotiated, those with whom injection drug users interact must offer them the chance to be someone else. People cannot enter into different lives unless they are given an opportunity to do so. The first step to finding such a place is building a trusting relationship with at least one person who sees you as someone other than a “junkie”. It is only after such accepting relationships are established that others can assist users in expanding their thinking to include different possible futures.

I loved him [a counselor]... He used to take a wand, hit you on the head with it and say you're cured.

She didn't treat me like or look at me like, what I had done to myself or what I've been doing or anything like that, she just treated me like a human being as if we would have met on the street or you know.

Unfortunately, professionals who work with people who inject drugs may see them as having less capacity to take control of their lives than do the users themselves (Ersche, Turton, Croudace, Stochl, 2012, p.6). Whether it is the user him/herself or others with whom he/she interacts, belief in the capacity to change is a necessary foundation for making such change happen.

I WISH THAT PEOPLE WOULD REALIZE THAT PEOPLE CAN CHANGE AND DO TRY TO, AND NOT JUDGE THEM FOR THEIR USE.

As mentioned earlier, even if PWID have very different lives going into their dependence on drugs, the two things they come to hold in common are physical alterations in their brains/bodies and social stigma. One of the reasons it is so difficult to move beyond detrimental drug use is because one must fight on so many fronts at the same time. Unlike other forms of drug use, the physical scarring associated with injecting can unexpectedly throw a person back into the socially degraded category of “junkie” at any time.

I feel upset and discouraged and I feel like I am not being treated fairly, like I'm labeled as a junkie and that's it.

Even after you become straight, you're still treated like an addict because of your past.

Addicts are looked down on, no matter how much they change their lives or how hard they try to change their lives, people don't see it that way. I was in labour, having a baby, my mother in law was in the room. She didn't know I was an addict. The nurse said, “We can't find a vein for us to take blood. If you didn't do drugs, we wouldn't have this problem.”

IF I DIDN'T HAVE MY SON, I WOULD BE DEAD.

Just as the deprivation of valued identities thrusts people into injecting, so also the potential for forming new identities offers a lifeline out. Users who move away from debilitating drug use typically do so because they see their usage as diminishing their capacity to be the person they feel they really are or could potentially be.

I was... incarcerated and I begged them for bail and I said listen, I don't want to be this person. It's my addiction. That's why I'm stealing, it's my addiction... The incarceration had a big motivation to getting me clean. I knew then, this is not my life. I'm not meant to be locked up behind bars, like what the hell am I doing?

Part of programming is realizing the power your addiction has over you. It does. Then you have to change that around. That's part of recovery which fits back into your mental health, your self esteem and everything... I gotta get the power over the addiction. And even though I know that I have that addiction, I've gotta eat or I gotta make sure my kid gets changed or have a shower... I gotta be somewhere at 10 o'clock in the morning.

The most common alternative identities available to PWID are those of spouse and/or parent.

I think I'll always be addicted to drugs. I just got to overpower my addiction. The life I have now is more important to me than drugs or needles. I'll do whatever it takes to stay clean.

My daughter was born and after my daughter was born I just went around my apartment and gathered up all the needles and everything else that I could possibly find, burnt spoons and everything and I just fired everything out and said enough is enough and that's when I started to put the methadone program first. I made that my priority to practice and then I started to heal myself and then my daughter was born and that completed the healing process and after that my weeks of my life were filled.

I already lost one child due to drug abuse and ah I didn't plan on losing my second child to drug abuse. I couldn't go down that path again or you know, I think if I would have gone down that path again it would have ended with a 12 gauge shot gun. I got my daughter for support. My daughter is my everything, my overall strength.

Now that the kids are ok, my baby is with his grandmother and the other is with family too now and going to school, they're fine now. Now I have time to get help and look for different... like you know, I was homeless for a long time and being homeless and a drug addict, you know what I mean? I was fortunate enough that I didn't sell my body. I might have sold my body once or twice but I always had

somebody to help support myself. So I'm kinda grateful for that, that I didn't go down that path. I did though, but I didn't continue to disrespect myself. I don't like disrespecting myself at all.

Because of the self-hatred that can develop out of social degradation, moving away from debilitating drug use is often driven more by concerns for others than by concerns for one's self.

I tried to get help, but I couldn't get on the methadone and if I could have got in on the methadone as soon as Children's Aid took my son I would have been clean right then and there, but I couldn't get on it. There wasn't a program available. I had to pretty much beg for it and when I begged for it, I still didn't get it. It took three years... and I had to go all the way to Wolfville to get it.

MY MOM WAS LIKE SO WORRIED ABOUT ME.

Being around friends and family who inject encourages injecting, and being around friends and family who do not inject encourages not injecting (Hser, Longshore, & Anglin, 2007). For the lucky few who had continuing support from family and friends, it was this support that often made the difference between life and death.

I had to write him a letter about his addiction throughout life and ended with mine. And my dad and I are close now. I talk to him at least once a week. My mom and I are not so close. The rest of my family not so close.

Hell, I didn't want to go to Detox for that reason, but I needed to go and I had to prove to my parents that I didn't want to, you know what I mean. I said, Dad, I have to show you something, and I lift up my sleeves, my dad is like four hundred and some pounds and like I seen him cry. I felt like the biggest, you know what I mean. That broke my heart, my father never cries and to have him cry so I said, Dad I want to get help. I'll book the bed.

I never overdosed, but I wish I did sometimes, things get so bad, but if it wasn't for my wife, I probably would have. I'm just lucky that my wife is the way she is because she's really downhill now man. She never expected this type of life.

She [mother] really wants me to stop but it's so hard to do. I never told her what my father said to me. He wants me dead, wants me to die. If I told my mother that, she would get mad.

My mother really, really loves me right. She was always worried about me and coming down stairs to see if I was breathing and stuff.

Because of me and my addiction problems, she [mother] went back to school and got her nursing degree. Now she wants to work with addictions more because of me.

When he was seven months old, Children's Aid gave me a choice, it's either your baby or your boyfriend. I chose my baby of course and then when he was about one or two, I went back to school and I was doing ok but I struggled because I kept on doing drugs and kept on mingling with the people and skipping school to get high and stuff like that.

[My success in not using is] definitely [because of] the methadone and the people that I associate myself with. That has a big impact. Like, if I hung around say people I used with, I couldn't. I mean I have but I knew I was ready after so long. I couldn't have done it right away... I just couldn't even look at a needle because it just brought me back.

When I first got on the methadone, I cut ties with everybody that was using and didn't want to be around them... Now I can't say that I would feel very comfortable watching someone do that in front of me but I'm comfortable enough to be around people talking about it. But I think being around someone actually crushing one or

cooking one, I don't think I'd be able to watch that, not ready for that yet. I may never be.

My mother realizes that now right. I tried to explain that to her. I just did it because I didn't want to be sick any more.

Although all the respondents in this study described themselves as having lost control to drugs at some point in their life, there is variation in both the extent and duration of use. In keeping with other research (Boeri, 2004), those who were able to hang onto jobs and maintain connections more in keeping with “regular” everyday life also were less likely to become cutoff from their families.

My family is always there for me. No matter what happens my family is there. They tend to not judge me cause I have a job and I look after myself... I know that's rare among users.

Just as the respondents described themselves as having changed in very fundamental ways when they became consumed by drug use, so also they became very different people when they moved away from this life.

I would do things that I would never do now. I can't believe I was downtown bumming... Don't matter if there was a snow storm out there... Every day, all winter... I can't believe that I actually did that. Now, like I'm so embarrassed.

I WOULD BE DEAD IF IT WASN'T FOR THE AIDS COALITION.

One's ability to keep up the fight depends on others who are fighting by one's side. Numerous respondents mentioned the critical role those at the AIDS Coalition play in creating a safe place where they can seek support.

You're a big part of my life you know. A lot of the reasons I get the help I need is because of ...this AIDS Coalition. I can't leave that out. It's a big part of my life.

Places like this for people who want to stay off the drugs or stay on the drugs. The AIDS Coalition, it's a great place.

I probably would have come in a lot quicker. I said that several times to my [friend], oh if I knew the AIDS Coalition existed way back when, I would have been clean a lot quicker.

If I feel the need to use I'll come and talk now that I know you're here to talk to. Back then I didn't know. I can't ever see me going back to that life.

No, I don't really go to my family because my mom and dad are old and I don't want to lay all my problems on them. So when I have to talk or it gets really bad and I really need, I come [to the AIDS Coalition], ya know.

Addiction's Services, ...all them at Daytox, they were really good... They treated me really good... They've been there for me and I can really say it. I could count on them like I could count on [the AIDS Coalition]. With my recovery, they helped a lot at the beginning. I still see my counselor ..., he's awesome.

Given the situations described in this report, it is not surprising those who inject drugs have become fearful of approaching most "regular" health care and helping professionals. However, they will come to those working in the AIDS Coalition where they feel they are accepted and safe.

I think that with a nurse here at [the AIDS Coalition] it's a more comfortable atmosphere and to people, you gotta have that comfort..., especially to people who are using drugs because we don't trust too many people, right.

IN SUMMARY

Just as biological, psychological, and social conditions reinforce one another in the development of drug dependence, so also they reinforce one another in the establishment of alternative life-course directions. Once set in motion, positives can build on positives just as negatives build on negatives.

As described earlier, over time people's minds and bodies come to demand a certain level of drugs to allow them to function, or as long-term users word it, "to be normal". Consequently, the first step in being able to extricate oneself from illegal drug usage is the provision of a legal alternative that allows for gradual rather than abrupt cessation.

Although the treatment of such biological demands is a necessary prerequisite for movement away from drug dependence, opportunities for building a different life also depend on psychological and social factors. Just as being deprived of valued identities such as one's job or role as a parent thrusts many users into injecting in the first instance, so also providing opportunities for users to create a life that offers something other than social disdain is necessary if they are going to be able to do anything other than seek to escape the realities of their lives through drugs. While users themselves can benefit from coaching on psychological coping strategies, their capacity to become a different person also requires others offering them places in their families, social groups, communities, schools, and workplaces. What we need to move away from most is a way of thinking one respondent described as "Once a junkie, always a junkie".

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